NEUROCOGNITIVE BATTERY SUMMARY FORM

ARIC

ACHIEVE HEALTHY AGING

ID NUMBER: ☐☐☐☐☐☐☐   FORM CODE: | N | C | S |

DATE: 08/22/2017
Version 3.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐   0b. Staff ID: ☐☐☐
   Month   Day   Year

If a test was discontinued, record the reason for discontinuation using the appropriate letter:

   A = Refusal (participant declines/refuses to perform a test)
   B = Task difficulty (participant could not fully understand the instructions or became frustrated)
   C = Impairment (Visual, hearing, literacy, or limb or motor problem)

	CHECK IF DISCONTINUED	REASON FOR DISCONTINUATION	SCORE
2. Digit Symbol Substitution	☐	2a. ☐	2b. ☐☐
3. Delayed Word Recall	☐	3a. ☐	3b. ☐☐
4. Incidental Learning	☐	4a. ☐	
4b. Symbols	☐		
4c. Digit-Symbol Pairs	☐		
5. Word Fluency (FAS)	☐	5a. ☐	
5b. F total	☐		
5c. A total	☐		
5d. S total	☐		
6. Animals Naming	☐	6a. ☐	6b. ☐☐
7. Logical Memory I	☐	7a. ☐	
7b. Story A	☐☐		
7c. Story B	☐☐		
8. Digit Span Backwards	☐	8a. ☐	8b. ☐☐

	CHECK IF DISCONTINUED	REASON FOR DISCONTINUATION	SCORE
9. Trail Making Test (Part A, TMT A)	☐	9a. ☐	

9b. Time to complete ☐ (minutes)   9c. ☐☐ (seconds) (Max = 4:00)

9d. Number of errors ☐ (Max = 5)

10. Trail Making Test (Part B, TMT B)..........☐...... .... 10a. ☐

    10b. Time to complete ......☐ (minutes) 10c. ☐☐ (seconds) (Max = 4:00)

    10d. Number of errors: ...☐ (Max = 5)

12. Boston Naming Test...............................☐...... ....12a. ☐ ....12b. ☐☐

	CHECK IF DISCONTINUED	**REASON FOR DISCONTINUATION**	**SCORE**

15. Logical Memory II...................................☐...... ....15a. ☐

    15b. Story A ....☐☐

    15c. Story B......................☐☐

    15e. Which story was recalled first? *(check one)*

        ☐ Story A

        ☐ Story B

        ☐ Neither

    15f. Was a reminder offered for Story A?   ☐ ʏ Yes   ☐ ɴ No

    15g. Was a reminder offered for Story B?   ☐ ʏ Yes   ☐ ɴ No

16. For any tests that were fully completed (not discontinued), was there anything that you feel may have substantially influenced the test results for this participant? These might include for example: hearing loss, vision problems, tremor, arthritis in the hands, sedation, or if performed in the home/LTC setting, environmental factors such as poor lighting, background noise or interruptions during the testing session.

    ☐ ʏ Yes
    ☐ ɴ No

    16a. If yes, specify: _____