



COGNITIVE FUNCTION FORM

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: B 09/15/92

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 2 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

PART A: DELAYED WORD RECALL

PLACE A CHECK IN THE COLUMN TO THE RIGHT OF EACH WORD AFTER THE PARTICIPANT HAS READ IT ALOUD AND USED IT IN A SENTENCE.

PLACE A CHECK IN THE 2ND COLUMN TO THE RIGHT OF EACH WORD AFTER THE PARTICIPANT HAS READ IT ALOUD AND USED IT IN A SENTENCE THE SECOND TIME.

AFTER THE COMPLETION OF THE DIGIT SYMBOL TEST, ASK THE PARTICIPANT TO RECALL THE 10 WORDS ORIGINALLY GIVEN:

CHECK OFF ALL THE WORDS RECALLED WITHIN 60 SECONDS.

	<u>FIRST TIME</u>	<u>SECOND TIME</u>	<u>DELAYED WORD RECALL</u>
chimney	_____	_____	book _____
salt	_____	_____	button _____
harp	_____	_____	chimney _____
button	_____	_____	finger _____
meadow	_____	_____	flower _____
train	_____	_____	harp _____
flower	_____	_____	meadow _____
finger	_____	_____	rug _____
rug	_____	_____	salt _____
book	_____	_____	train _____

PART C: WORD FLUENCY TASK

START THE STOPWATCH. RECORD VERBATIM. DO NOT CORRECT ERRORS. IF THE PARTICIPANT STOPS, ENCOURAGE FURTHER RESPONSES. ALLOW 60 SECONDS FOR EACH LETTER. THE NEXT LETTER IS NOT GIVEN UNTIL THE ENTIRE 60-SECOND PERIOD HAS PASSED.

	F	A	S
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

CNF SCORING SUMMARY

PART A: DELAYED WORD RECALL

ADD UP THE CHECK MARKS IN COLUMN 3, PART A AND ENTER THE TOTAL NUMBER OF RECALLED WORDS BELOW:

1. TOTAL WORDS RECALLED (CNFB, Part A):

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PART B: DIGIT SYMBOL SUBSTITUTION

APPLY THE DSS SCORING TEMPLATE TO THE RESPONSES ON PART B AND ENTER THE NUMBER OF CORRECT SYMBOLS BELOW:

2. TOTAL CORRECT SYMBOLS (CNFB, Part B):

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APPLY THE DSS SCORING TEMPLATE TO THE RESPONSES ON PART B AND ENTER THE NUMBER OF INCORRECT SYMBOLS BELOW:

3. TOTAL INCORRECT SYMBOLS (CNFB, Part B):

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PART C: WORD FLUENCY

ADD UP THE TOTAL NUMBER OF WORDS LISTED IN COLUMNS F, A, AND S ON PART C, AND ENTER THAT TOTAL BELOW:

4. TOTAL WORDS LISTED (CNFB, Part C):

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PART D: ADMINISTRATIVE INFORMATION

5. DATE OF DATA COLLECTION:

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month

day

year

6. INTERVIEWER CODE NUMBER:

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