



# NEUROCOGNITIVE BATTERY SUMMARY FORM

ID  
NUMBER:

FORM CODE: 

N	C	S
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DATE: 08/22/2017  
Version 3.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: 

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Month Day Year

0b. Staff ID: 

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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 .....	<input type="checkbox"/>	2a. <table border="1"><tr><td></td></tr></table>		2b. <table border="1"><tr><td></td><td></td></tr></table>		
3. Delayed Word Recall .....	<input type="checkbox"/>	3a. <table border="1"><tr><td></td></tr></table>		3b. <table border="1"><tr><td></td><td></td></tr></table>		
4. Incidental Learning .....	<input type="checkbox"/>	4a. <table border="1"><tr><td></td></tr></table>				
4b. Symbols .....	<table border="1"><tr><td></td></tr></table>					
4c. Digit-Symbol Pairs .....	<table border="1"><tr><td></td></tr></table>					
5. Word Fluency (FAS) .....	<input type="checkbox"/>	5a. <table border="1"><tr><td></td></tr></table>				
5b. F total .....	<table border="1"><tr><td></td></tr></table>					
5c. A total .....	<table border="1"><tr><td></td></tr></table>					
5d. S total .....	<table border="1"><tr><td></td></tr></table>					
6. Animals Naming .....	<input type="checkbox"/>	6a. <table border="1"><tr><td></td></tr></table>		6b. <table border="1"><tr><td></td><td></td></tr></table>		
7. Logical Memory I .....	<input type="checkbox"/>	7a. <table border="1"><tr><td></td></tr></table>				
7b. Story A .....	<table border="1"><tr><td></td><td></td></tr></table>					
7c. Story B .....	<table border="1"><tr><td></td><td></td></tr></table>					
8. Digit Span Backwards .....	<input type="checkbox"/>	8a. <table border="1"><tr><td></td></tr></table>		8b. <table border="1"><tr><td></td><td></td></tr></table>		

**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? ☐ <sub>Y</sub> Yes ☐ <sub>N</sub> No

15g. Was a reminder offered for Story B? ☐ <sub>Y</sub> Yes ☐ <sub>N</sub> 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.

☐ <sub>Y</sub> Yes

☐ <sub>N</sub> No

16a. If yes, specify: \_\_\_\_\_