



NEUROCOGNITIVE BATTERY SUMMARY for TELEPHONE FORM



ID
NUMBER:

FORM CODE:

N	C	S	T
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DATE: 6/10/2020
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

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Month Day Year

0b. Staff ID:

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0c. Interviewer device: ☐
A=Cell phone
B=Landline
C=VOIP/PC

0d. Participant device: ☐
A=Cell phone
B=Landline
D=Caption

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 = Physical impairment (Hearing loss or aphasia)
- D = Telephone connection (poor quality, dropped calls, echo, etc.)
- E = Distractions (background noise like TV, radio, other voices, etc.)
- F = Interruptions (people, pets, kids, etc.)
- G = Inappropriate aid (clocks, calendars, writing down answers, help from others)
- H = Participant became fatigued
- I = Other (note in notelog)

**CHECK IF
DISCONTINUED**

**REASON FOR
DISCONTINUATION**

1. MME/CDP Hybrid (MCHT) ☐ 1a. ☐

**CHECK IF REASON FOR
DISCONTINUED DISCONTINUATION**

2. CERAD Immediate Recall..... ☐2a. ☐

	b. Trial 1		c. Trial 2		d. Trial 3
1. Trial 1 discontinued?		1. Trial 2 discontinued?		1. Trial 3 discontinued?	
2. Reason for trial 1 discontinuation?		2. Reason for trial 2 discontinuation?		2. Reason for trial 3 discontinuation?	
3. Order Butter named		3. Order Ticket named		3. Order Queen named	
4. Order Arm named		4. Order Cabin named		4. Order Grass named	
5. Order Shore named		5. Order Butter named		5. Order Arm named	
6. Order Letter named		6. Order Shore named		6. Order Cabin named	
7. Order Queen named		7. Order Engine named		7. Order Pole named	
8. Order Cabin named		8. Order Arm named		8. Order Shore named	
9. Order Pole named		9. Order Queen named		9. Order Butter named	
10. Order Ticket named		10. Order Letter named		10. Order Engine named	
11. Order Grass named		11. Order Pole named		11. Order Ticket named	
12. Order Engine named		12. Order Grass named		12. Order Letter named	
13. CERAD Trial 1 Score		13. CERAD Trial 2 Score		13. CERAD Trial 3 Score	

3. Digit Span Backwards..... ☐3a. ☐ 3b. ☐☐

4. CERAD Delayed Recall4a.

4b1. Order Butter named

4b2. Order Arm named

4b3. Order Shore named

4b4. Order Letter named.....

4b5. Order Queen named

4b6. Order Cabin named

4b7. Order Pole named.....

4b8. Order Ticket named

4b9. Order Grass named

4b10. Order Engine named.....

4c. CERAD Delayed total score

5. Oral Trail Making Test (Part A, TMT A)5a.

5b. Time to complete (minutes) 5c. (seconds) (Max = 4:00)

5d. Total number correct... (Max = 25)

5e. Number of errors (Max = 5)

6. Oral Trail Making Test (Part B, TMT B)6a.

6b. Time to complete (minutes) 6c. (seconds) (Max = 4:00)

6d. Total number correct... (Max = 25)

6e. Number of errors: (Max = 5)

7. Word Fluency (FA)7a.

7b. F total

7c. A total

8. Animal Naming..... 8a. 8b.

For all of the tests that were completed (i.e., not discontinued due to factors already noted above), please provide your impression as to whether the tests provide a reasonably accurate indication of the participant's cognitive ability.

Factors Affecting Validity

A = Hearing loss

B= Telephone connection (poor quality, dropped calls, echo, etc.)

C = Distractions (background noise like TV, radio, other voices, etc.)

D = Interruptions (people, pets, kids, etc.)

E = Suspected inappropriate aid (clocks, calendars, writing down answers, help from others)

F = Participant became fatigued

G = Lack of effort or disinterest

H = Emotional issues

I = Other (note in notelog)

9. Do you feel that the tests that were completed provide a reasonably accurate indication of the participant's cognitive ability?

☐ _Y Yes ->END FORM

☐ _N No: There were factors that may have substantially affected the participant's test results (such as significant hearing loss, phone issues, frequent interruptions, etc.).

If no, please indicate which tests you feel may have questionable results and why (select the appropriate reason from the Factors Affecting Validity key).

9a Does the result for MME/CDP Hybrid (MCHT) reflect the participant's cognitive function?

☐ _Y Yes

☐ _N No

If 9a is **No**,

9a1. Type of interference ☐

9a2. Comments _____

9b. Does the result for CERAD Immediate Recall reflect the participant's cognitive function?

☐ _Y Yes

☐ _N No

If 9b is **No**,

9b1. Type of interference ☐

9b2. Comments _____

9c. Does the result for Digit Span Backwards reflect the participant's cognitive function?

☐ _Y Yes

☐ _N No

If 9c is **No**,

9c1. Type of interference ☐

9c2. Comments _____

9d. Does the result for CERAD Delayed Recall reflect the participant's cognitive function?

☐_Y Yes

☐_N No

If 9d is **No**,

9d1. Type of interference ☐

9d2. Comments _____

9e. Does the result for Oral Trail Making A reflect the participant's cognitive function?

☐_Y Yes

☐_N No

If 9e is **No**,

9e1. Type of interference ☐

9e2. Comments _____

9f. Does the result for Oral Trail Making B reflect the participant's cognitive function?

☐_Y Yes

☐_N No

If 9f is **No**,

9f1. Type of interference ☐

9f2. Comments _____

9g. Does the result for Word Fluency reflect the participant's cognitive function?

☐_Y Yes

☐_N No

If 9g is **No**,

9g1. Type of interference ☐

9g2. Comments _____

9h. Does the result for Animal Naming reflect the participant's cognitive function?

☐_Y Yes

☐_N No

If 9h is **No**,

9h1. Type of interference ☐

9h2. Comments _____