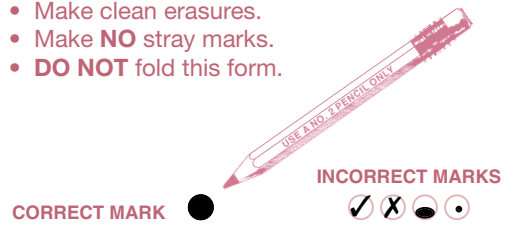


### MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- **DO NOT** fold this form.



ID NUMBER				VISIT NO.		TIME BEGAN			DATE		
						HR	MIN				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MONTH	DAY	YEAR
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jan		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feb		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	June	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sept	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>

EXAMINER CODE		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TEST LANGUAGE
<input type="radio"/> English
<input type="radio"/> Spanish

### 1. Age at time of testing

**Not sent to CAMACS.**

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

### 2. Education (number of years)

If less than 8 years of education, mark "08."

If greater than 21 years of education, mark "21."

If missing, mark "99."

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

### 3. Age at completion of education

If less than 12 years old at completion of education, mark "12."

If greater than 30 years old at completion of education, mark "30."

If missing, mark "99."

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

### 4. Since your last visit, have you had any kind of head injury that resulted in a loss of consciousness? If so, how long were you unconscious?

- No loss of consciousness (LOC)
- LOC less than 1 hour
- LOC from 1–24 hours
- LOC greater than 24 hours
- Unknown/missing

### 5. Alcohol use during the past 24 hours (one drink = one 12 oz. beer, one 4 oz. glass of wine, 1 oz. of hard liquor)

- None—Mark "99" in Q6 and Skip to Q7
- 1 drink
- 2–3 drinks
- 4–6 drinks
- >7 drinks
- Unknown/missing—Mark "99" in Q6 and Skip to Q7

### 6. How many hours has it been since your last drink?

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Missing = "99"

### 7. Non-Prescription drug use during the past 24 hours:

- None—Mark "99" in Q8 and Skip to Q9
- Marijuana/hashish
- Cocaine
- Opiates
- Uppers/downers
- Polysubstance (two or more drugs listed above)
- Other recreational drugs
- Unknown/missing—Mark "99" in Q8 and Skip to Q9

### 8. How many hours has it been since you last used this drug?

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Missing = "99"

### 9. On a scale from 1 to 10, with 10 being normal for you, how would you rate your own memory ability now?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

# REY AUDITORY VERBAL LEARNING TEST

Use the word list printed below for most regular visits. You should use the RAVLT Alternate Word List (not included in this booklet) when the participant has already been tested using the word list shown below within the past year. Regardless of which word list you use, you should indicate here the form that was used:

- Regular word list (printed below)
- Alternate word list (use separately printed English-language word list)
- Spanish word list (use separately printed Spanish-language word list)

**Trial I:** “The next task may seem a bit difficult in the beginning, but usually it gets easier as we go along. I am going to read for you a long list of words. Once I’m done, I’d like to see how many of the words you can recall. You can repeat the words in any order that you prefer; you don’t have to use the same order that I use. Then, I am going to read the same list for you a few more times, to see how many of the words you can eventually learn. Ready?”

**Trial II:** “That was a good beginning. Now I’m going to read the same list again, and again I would like to see how many of the words you can recall, including the words you remembered on the first trial. Again, listen very carefully. Ready?”

**Trials III–V:** “Very good. I’m going to read the list again. Again, listen carefully and try to remember as many words as you can. Ready?”

	TRIAL I	TRIAL II	TRIAL III	TRIAL IV	TRIAL V
<b>1</b>	<input type="checkbox"/> Drum	<input type="checkbox"/> Drum	<input type="checkbox"/> Drum	<input type="checkbox"/> Drum	<input type="checkbox"/> Drum
<b>2</b>	<input type="checkbox"/> Curtain	<input type="checkbox"/> Curtain	<input type="checkbox"/> Curtain	<input type="checkbox"/> Curtain	<input type="checkbox"/> Curtain
<b>3</b>	<input type="checkbox"/> Bell	<input type="checkbox"/> Bell	<input type="checkbox"/> Bell	<input type="checkbox"/> Bell	<input type="checkbox"/> Bell
<b>4</b>	<input type="checkbox"/> Coffee	<input type="checkbox"/> Coffee	<input type="checkbox"/> Coffee	<input type="checkbox"/> Coffee	<input type="checkbox"/> Coffee
<b>5</b>	<input type="checkbox"/> School	<input type="checkbox"/> School	<input type="checkbox"/> School	<input type="checkbox"/> School	<input type="checkbox"/> School
<b>6</b>	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent
<b>7</b>	<input type="checkbox"/> Moon	<input type="checkbox"/> Moon	<input type="checkbox"/> Moon	<input type="checkbox"/> Moon	<input type="checkbox"/> Moon
<b>8</b>	<input type="checkbox"/> Garden	<input type="checkbox"/> Garden	<input type="checkbox"/> Garden	<input type="checkbox"/> Garden	<input type="checkbox"/> Garden
<b>9</b>	<input type="checkbox"/> Hat	<input type="checkbox"/> Hat	<input type="checkbox"/> Hat	<input type="checkbox"/> Hat	<input type="checkbox"/> Hat
<b>10</b>	<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer
<b>11</b>	<input type="checkbox"/> Nose	<input type="checkbox"/> Nose	<input type="checkbox"/> Nose	<input type="checkbox"/> Nose	<input type="checkbox"/> Nose
<b>12</b>	<input type="checkbox"/> Turkey	<input type="checkbox"/> Turkey	<input type="checkbox"/> Turkey	<input type="checkbox"/> Turkey	<input type="checkbox"/> Turkey
<b>13</b>	<input type="checkbox"/> Color	<input type="checkbox"/> Color	<input type="checkbox"/> Color	<input type="checkbox"/> Color	<input type="checkbox"/> Color
<b>14</b>	<input type="checkbox"/> House	<input type="checkbox"/> House	<input type="checkbox"/> House	<input type="checkbox"/> House	<input type="checkbox"/> House
<b>15</b>	<input type="checkbox"/> River	<input type="checkbox"/> River	<input type="checkbox"/> River	<input type="checkbox"/> River	<input type="checkbox"/> River

Missing = "99"

CORRECT:	TRIAL I	TRIAL II	TRIAL III	TRIAL IV	TRIAL V	ERRORS:	TRIAL I	TRIAL II	TRIAL III	TRIAL IV	TRIAL V		
	0	0	0	0	0		0	0	0	0	0	0	0
	10	1	10	1	10		1	10	1	10	1	10	1
	2		2		2			20	2	20	2	20	2
	3		3		3			30	3	30	3	30	3
	4		4		4			40	4	40	4	40	4
	5		5		5			50	5	50	5	50	5
	6		6		6			60	6	60	6	60	6
	7		7		7			70	7	70	7	70	7
	8		8		8			80	8	80	8	80	8
90	9	90	9	90	9	90	9	90	9	90	9		

## REY AUDITORY VERBAL LEARNING TEST (Interference List, Recall Following Interference)

**Instructions:** After Trial V of the primary word list, say "Very good. I want you to try to remember as many of those words as possible because I'm going to ask you about them again a little later." Then say, "Now I am going to read for you a different list of words. Once again, when I'm done, I'd like to see how many of the words you can recall. Ready?" Read the interference list (desk, ranger, etc.) and record responses under Trial VI.

After the subject has recalled as much as possible from the interference list, say, "Now I'd like to see how many words you can recall from the first list—the one we went through five times. Tell me as many words as you can remember from the first list." Record responses under Trial VII.

	TRIAL VI	TRIAL VII
1	<input type="checkbox"/> Desk	<input type="checkbox"/> Drum
2	<input type="checkbox"/> Ranger	<input type="checkbox"/> Curtain
3	<input type="checkbox"/> Bird	<input type="checkbox"/> Bell
4	<input type="checkbox"/> Shoe	<input type="checkbox"/> Coffee
5	<input type="checkbox"/> Stove	<input type="checkbox"/> School
6	<input type="checkbox"/> Mountain	<input type="checkbox"/> Parent
7	<input type="checkbox"/> Glasses	<input type="checkbox"/> Moon
8	<input type="checkbox"/> Towel	<input type="checkbox"/> Garden
9	<input type="checkbox"/> Cloud	<input type="checkbox"/> Hat
10	<input type="checkbox"/> Boat	<input type="checkbox"/> Farmer
11	<input type="checkbox"/> Lamb	<input type="checkbox"/> Nose
12	<input type="checkbox"/> Gun	<input type="checkbox"/> Turkey
13	<input type="checkbox"/> Pencil	<input type="checkbox"/> Color
14	<input type="checkbox"/> Church	<input type="checkbox"/> House
15	<input type="checkbox"/> Fish	<input type="checkbox"/> River

Missing = "99"

CORRECT:	TRIAL VI	TRIAL VII	ERRORS:	TRIAL VI	TRIAL VII
	0	0		0	0
	10	1		10	1
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
90	9	90	9		

**THE REY COMPLEX FIGURE COPY AND IMMEDIATE RECALL SHOULD BE ADMINISTERED NEXT.**

SERIAL #

3/8" spine part

## REY-OSTERREITH COMPLEX FIGURE (Instructions)

**Copy:** (Have ready 3 colored markers—blue, red and green) Present the subject with the original drawing, and ask that he make a copy:

*“I would like you to make a copy of this rather complicated drawing (point). Make sure that you look at the original carefully as you go along, and try not to leave out any parts. There is no time limit. I will start you out with the color blue, but we will be changing colors as you go along.”*

Use colored pens or markers rather than pencils to discourage erasing. Start with the blue pen. Before handing the first pen to the subject, make a check mark at the top of the page in the box labeled □-1. Switch to the red pen after approximately one-third of the drawing has been copied. Make a check mark in the box labeled □-2 before handing the second pen to the subject. Switch to the green pen for the final third of the drawing, marking the box labeled □-3 before handing the third pen to the subject. If the subject asks the purpose of the different colored pens, tell him it is to enable us to see where he starts the drawing and where he ends the drawing.

**Immediate Recall:** Following completion of the copy, remove the drawing (and make sure that no part of it is visible to the participant), and then ask for immediate recall:

*“That was good. Next, I’d like to see how much of this drawing you can reproduce just from memory. Even if you think you won’t be able to remember very much, go ahead and try.”*

If the participant says that he cannot remember anything from the drawing, insist that he still give it a try—*“even if it is just one single line that you remember.”*

Use a single pen for both immediate and delayed recall. After completion of the immediate recall, proceed with the other tests in the NP battery.

# STROOP TASK

The Stroop Task is a measure of divided attentional abilities. Performance is measured by the amount of time required to read each of three cards: (1) blocks of colors, (2) names of colors, and (3) colored words.

**Instructions:** Show subject the first card (with colored blocks, but no text). Say, *“On this next task I want you to read the names of the colored blocks on this page as fast as you can. Try this practice row first.”* The practice row is shown in italics below. Correct any errors or misunderstandings about the instructions. If the subject is color-blind, indicate the problem below and discontinue the task. At the end of the practice trial say, *“That’s good. When I say ‘go,’ I want you to read the rest of the colored blocks as fast as you can without making any mistakes. Ready? Go!”* Time the subject and record any errors below. The subject should read each line from left to right (as though reading text). The subject should be allowed to use his finger to track the items if he so desires. If the subject accidentally skips a line, quickly indicate the error and point to the correct line. Circle any mistakes. Draw a line through any mistake that the subject notices and corrects on his own. Errors are only those mistakes that the subject does not correct spontaneously.

## Stroop Color-Naming (Card 1)

<i>red</i>	<i>green</i>	<i>blue</i>	<i>green</i>	<i>red</i>	<i>blue</i>	<i>blue</i>	<i>green</i>	<i>red</i>	<i>green</i>
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> blue
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red
<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green
<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> blue	<input type="checkbox"/> red
<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green
<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green
<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue
<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red
<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red
<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red

Missing = “999”  
Maximum = “4:00”

**TIME:**

MINS	:	SECS
0	:	0 0
1	:	10 1
2	:	20 2
3	:	30 3
4	:	40 4
	:	50 5
	:	6
	:	7
	:	8
9	:	90 9

**ERRORS:**

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

SERIAL #

3/8" spine part



**Instructions:** Show subject the card with the words that are printed in different colors. "This next card is going to be a little more difficult. This time I want you to read the color of the printing, but ignore the word. Try this practice line." After the subject completes the practice trial say, "That's good. Now I want you to read the rest of the card as fast as you can. Ready? Go!" Time the trial and record any errors below.

### Stroop Interference Trial (Card 3)

blue	red	green	red	blue	green	red	blue	green	red
<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red
<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green
<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red
<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue
<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue
<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green
<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> blue	<input type="checkbox"/> green	<input type="checkbox"/> red	<input type="checkbox"/> green

Missing = "999"  
Maximum = "4:00"

**TIME:**

MINS		:	SECS	
0	1	:	0	0
2	3	:	10	1
4	3	:	20	2
	4	:	30	3
	9	:	40	4
		:	50	5
		:	6	
		:	7	
		:	8	
		:	90	9

**ERRORS:**

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

# GROOVED PEGBOARD TEST

**Instructions to Subject:** "I'd like to see how quickly you can put these pegs into these holes, like this (demonstrate). The pegs are all alike, but as you can tell, the holes are oriented in different directions. You can try out a couple just to get a feel for how they fit."

(Remove all the pegs.) "When I say go, begin here and put the pegs into the board as fast as you can, using only your (dominant) hand. Fill the top row completely from this side to this side. Do not skip any; fill each row the same way you filled the top row. Any questions? Ready, as fast as you can, go!"  
Keep track of time and number drops.

(Remove all the pegs.) "Now, let's try the other hand. Remember to go as fast as you can from this side to this side. (Point out correction.) Ready? Go!" Keep track of time and number of drops.

### Dominant Hand

**TIME:**

MINS	
0	:
1	
2	
3	
4	
9	

**SECS**

0	0
10	1
20	2
30	3
40	4
50	5
6	
7	
8	
90	9

**Hand Tested**

Right

Left

**Drops:**

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

### Nondominant Hand

**TIME:**

MINS	
0	:
1	
2	
3	
4	
9	

**SECS**

0	0
10	1
20	2
30	3
40	4
50	5
6	
7	
8	
90	9

**Hand Tested**

Right

Left

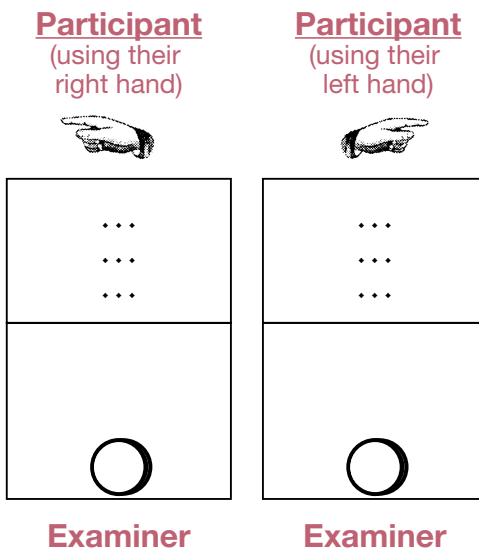
**Drops:**

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

If missing, mark "999" in Time and "99" in Drops. Maximum time = "4:00".

**Instructions to Examiner:** For the right hand trial, the examiner demonstrates that the pegs are placed from the subject's left to right, and from right to left for the left hand trial (the diagram below shows the correct direction of hand movement as viewed by an examiner who is sitting directly across the table from the subject). The dominant hand trial is administered first, followed by the nondominant hand trial.

The examiner encourages the subject to perform the task as quickly as possible, telling him to speed up if necessary. The pegs must be put in the board in the exact order, and in the correct direction. Only one peg is to be picked up at a time and the subject should immediately be told if more than one is picked up. Any factor that might affect the subject's performance should be noted (e.g., sore finger, bandage, etc.).



SERIAL #

## REY AUDITORY VERBAL LEARNING TEST (Delayed Recall)

**Instructions:** Without reading the list again, say: "Remember the long list of words we went through five times? I'd like you now to tell me as many of the words from that list as you can remember."

TRIAL VIII	
1	<input type="checkbox"/> Drum
2	<input type="checkbox"/> Curtain
3	<input type="checkbox"/> Bell
4	<input type="checkbox"/> Coffee
5	<input type="checkbox"/> School
6	<input type="checkbox"/> Parent
7	<input type="checkbox"/> Moon
8	<input type="checkbox"/> Garden
9	<input type="checkbox"/> Hat
10	<input type="checkbox"/> Farmer
11	<input type="checkbox"/> Nose
12	<input type="checkbox"/> Turkey
13	<input type="checkbox"/> Color
14	<input type="checkbox"/> House
15	<input type="checkbox"/> River

Missing = "99"

	TRIAL VIII	TRIAL VIII																																												
CORRECT:	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">90</td><td style="text-align: center;">9</td></tr> </table>			0	0	10	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	90	9	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">20</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">30</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">40</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">50</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">60</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">70</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">80</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">90</td><td style="text-align: center;">9</td></tr> </table>			0	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9
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### REY AUDITORY VERBAL LEARNING TEST Recognition (Trial IX)

Show the subject the list of words and say, "Next I would like to see how many of these words you can recognize. Please circle all of the words on this list that you think were part of the original list that we went through five times. Make sure you only circle those words that you are sure you remember."

TRIAL IX																																													
RECOGNITION HITS	RECOGNITION FALSE POSITIVES																																												
<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">90</td><td style="text-align: center;">9</td></tr> </table>			0	0	10	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	90	9	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">20</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">30</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">90</td><td style="text-align: center;">9</td></tr> </table>			0	0	10	1	20	2	30	3	4	4	5	5	6	6	7	7	8	8	90	9
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Missing = "99"																																													

## REY-OSTERREITH COMPLEX FIGURE (Instructions)

**Delayed Recall:** Following a delay of approximately 20 minutes, ask the participant for delayed recall (use a single pen for delayed recall):

*“Remember that drawing that you did earlier? I’d like to see how much you can still remember from that drawing. Go ahead.”*

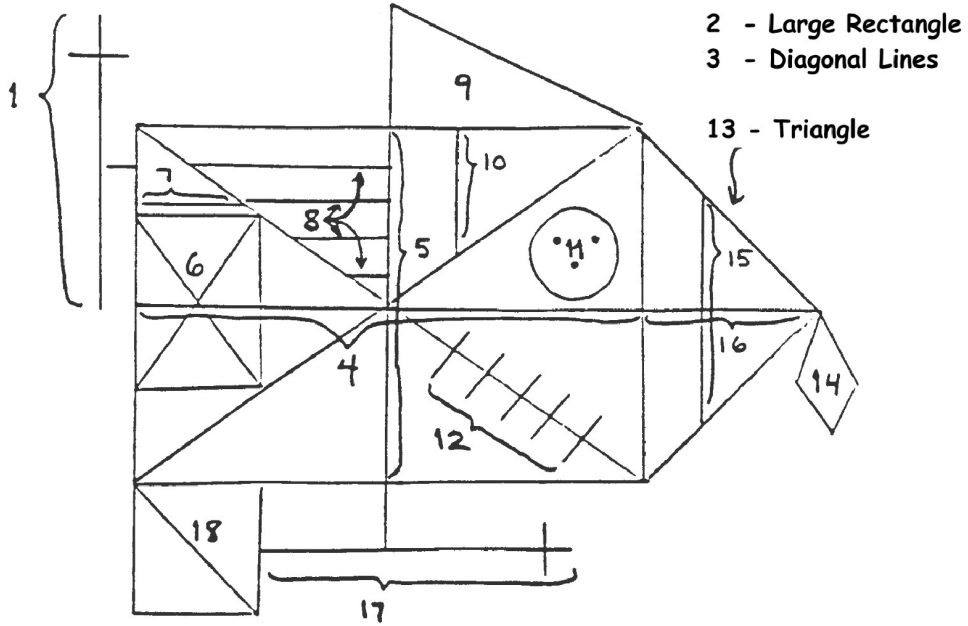
Scoring: The Rey-Osterreith Complex Figure is scored by rating the accuracy of 18 sections of the figure. Each section is rated as:

- 2 points — Correct, properly placed
- 1 point — Correct, improperly placed
- 1 point — Distorted, properly placed
- 1/2 point — Distorted, improperly placed
- 0 points — Not present in the subject’s drawing

The 18 sections of the drawing are indicated on the scoring form. In cases of doubt, the general principle applies that the participant should be given the benefit of the doubt. See Lezak (1983), page 400 for further details.

SERIAL #

# REY-OSTERREITH COMPLEX FIGURE



	Direct Copy	Immed. Recall	20-min Delay
1. Cross (upper left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Large rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagonal lines in rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Horiz. midline in rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vert. midline in rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Small rectangle within (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Small segment above (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Horiz. parallel lines within (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Triangle above (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Short vertical line within (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Circle with three dots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Diag. parallel lines within (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sides of triangle on right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Diamond attached to (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vert. line within triangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Horiz. line within triangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cross below rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Square below rectangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct Copy      Immed. Recall      20-min Delay

Missing = "999"

**TOTALS:**

0	0	0
10	1	
20	2	
30	3	
40	4	
50	5	5
60	6	
70	7	
80	8	
90	9	9

0	0	0
10	1	
20	2	
30	3	
40	4	
50	5	5
60	6	
70	7	
80	8	
90	9	9

0	0	0
10	1	
20	2	
30	3	
40	4	
50	5	5
60	6	
70	7	
80	8	
90	9	9

