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ZAMBIA NEUROBEHAVIORAL BATTERY

- _____ Handout: Beck Depression Inventory-II (CH3)
- _____ Handout: Patient's Assessment of Own Functioning (NP6)
- _____ Handout: Activities of Daily Living (NC2)
- _____ Handout: Substance Use (CH13A)
- _____ Handout: Substance Use History (CH13D)
- _____ Handout: Use of Academic Skills Questionnaire (CN18)

- _____ Neurobehavioral Medical Screen (CH42)
- _____ Behavioral Notes (NP31)
- _____ Hiscock Digit Memory Test (NC3)
- _____ Hopkins Verbal Learning Test - Revised Record Form A (TB15Z)
- _____ Brief Visuospatial Memory Test - Revised (TB16)
- _____ WAIS-III Digit Symbol (ND16)
- _____ WAIS-III Symbol Search (ND18)
- _____ Grooved Pegboard Test (TB31)
- _____ Hopkins Verbal Learning Test - Revised Record Form A (TB15A) - 20 min delay
- _____ Brief Visuospatial Memory Test - Revised (TB16) - 25 min delay
- _____ Trail Making Test A (NP19A)
- _____ Color Trails 1 (NP41A)
- _____ Color Trails 2(NP41B)
- _____ WMS-III Spatial Span (ND30)
- _____ Wisconsin Card Sorting Test - Computerized 64 Items
- _____ Controlled Oral Word Association Test - FAS (NP23A)
- _____ Category Fluency Test (NP27)
- _____ Paced Auditory Serial Addition Task (NP17B)
- _____ Stroop Color and Word Test (NC6-N)
- _____ Halstead Category Test (NP12)

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BECK DEPRESSION INVENTORY-II

FS SCORE:

BECK TOTAL:

INSTRUCTIONS TO PARTICIPANT: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

- 1. Sadness**
 - I do not feel sad..... 0
 - I feel sad much of the time 1
 - I am sad all the time. 2
 - I am so sad or unhappy that I can't stand it..... 3

- 2. Pessimism**
 - I am not discouraged about my future 0
 - I feel more discouraged about my future than I used to be 1
 - I do not expect things to work out for me 2
 - I feel my future is hopeless and will only get worse 3

- 3. Past Failure**
 - I do not feel like a failure..... 0
 - I have failed more than I should have..... 1
 - As I look back, I see a lot of failures 2
 - I feel I am a total failure as a person 3

- 4. Loss of Pleasure**
 - I get as much as I ever did from the things I enjoy 0
 - I don't enjoy things as much as I used to 1
 - I get very little pleasure from the things I used to enjoy 2
 - I can't get any pleasure from the things I used to enjoy 3

- 5. Guilty Feelings**
 - I don't feel particularly guilty 0
 - I feel guilty over many things I have done or should have done 1
 - I feel quite guilty most of the time..... 2
 - I feel guilty all of the time..... 3

- 6. Punishment Feelings**
 - I don't feel I am being punished..... 0
 - I feel I may be punished 1
 - I expect to be punished 2
 - I feel I am being punished 3

- 7. Self-Dislike**
 - I feel the same about myself as ever 0
 - I have lost confidence in myself..... 1
 - I am disappointed in myself..... 2
 - I dislike myself 3

8. Self-Criticalness
 I don't criticize or blame myself more than usual0
 I am more critical of myself than I used to be 1
 I criticize myself for all my faults.....2
 I blame myself for everything bad that happens3

9. Suicidal Thoughts or Wishes
 I don't have any thoughts of killing myself.....0
 I have thoughts of killing myself, but I would not carry them out..... 1
 I would like to kill myself.....2
 I would kill myself if I had the chance3

10. Crying
 I don't cry any more than I used to0
 I cry more than I used to 1
 I cry over every little thing2
 I feel like crying, but I can't.....3

11. Agitation
 I am no more restless or wound up than usual.....0
 I feel more restless or wound up than usual 1
 I am so restless or agitated that it's hard to stay still2
 I am so restless or agitated that I have to keep moving or doing something3

12. Loss of Interest
 I have not lost interest in other people or activities0
 I am less interested in other people or things than before..... 1
 I have lost most of my interest in other people or things.....2
 It's hard to get interested in anything3

13. Indecisiveness
 I make decisions about as well as ever0
 I find it more difficult to make decisions than usual 1
 I have much greater difficulty in making decisions than I used to2
 I have trouble making any decisions.....3

14. Worthlessness
 I do not feel that I am worthless.....0
 I don't consider myself as worthwhile and useful as I used to 1
 I feel more worthless as compared to other people.....2
 I feel utterly worthless.....3

15. Loss of Energy
 I have as much energy as ever0
 I have less energy than I used to have 1
 I don't have enough energy to do very much.....2
 I don't have enough energy to do anything.....3

16. Changes in Sleeping Pattern
 I have not experienced any change in my sleeping pattern0
 I sleep somewhat more than usual 1a
 I sleep somewhat less than usual 1b
 I sleep a lot more than usual.....2a
 I sleep a lot less than usual2b
 I sleep most of the day.....3a
 I wake up 1-2 hours early and can't get back to sleep.....3b

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- 17. Irritability**
 - I am no more irritable than usual..... 0
 - I am more irritable than usual..... 1
 - I am much more irritable than usual 2
 - I am irritable all the time 3

- 18. Changes in Appetite**
 - I have not experienced any change in my appetite 0
 - My appetite is somewhat less than usual..... 1a
 - My appetite is somewhat greater than usual 1b
 - My appetite is much less than before 2a
 - My appetite is much greater than usual 2b
 - I have no appetite at all 3a
 - I crave food all the time 3b

- 19. Concentration Difficulty**
 - I can concentrate as well as ever 0
 - I can't concentrate as well as usual..... 1
 - It's very hard to keep my mind on anything for very long 2
 - I find I can't concentrate on anything..... 3

- 20. Tiredness or Fatigue**
 - I am no more tired or fatigued than usual..... 0
 - I get more tired or fatigued more easily than usual 1
 - I am too tired or fatigued to do a lot of the things I used to do 2
 - I am too tired or fatigued to do most of the things I used to do 3

- 21. Loss of Interest in Sex**
 - I have not noticed any recent change in my interest in sex..... 0
 - I am less interested in sex than I used to be 1
 - I am much less interested in sex now 2
 - I have lost interest in sex completely..... 3

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PATIENT'S ASSESSMENT OF OWN FUNCTIONING

INSTRUCTIONS TO PARTICIPANTS: Please answer each of the following questions by circling the number that best describes your response to each of the following statements. There is no right or wrong answer. Express how you have been feeling lately. It will tell us more about your daily functioning and any problems you might be having in your daily living.

Manner of Inventory Administration:

- | | |
|--|--|
| <input type="checkbox"/> Participant read and answered items independently. | <input type="checkbox"/> Items read by examiner. |
| <input type="checkbox"/> Examiner read items, and marked verbal given answers. | <input type="checkbox"/> Examiner marked answers given verbally. |

SCALE I: MEMORY

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
1. How often do you forget something that has been told to you within the last day or two?	1	2	3	4	5	6
2. How often do you forget events which have occurred in the last day or two?	1	2	3	4	5	6
3. How often do you forget people whom you met in the last day or two?	1	2	3	4	5	6
4. How often do you forget things that you knew a year or more ago?	1	2	3	4	5	6
5. How often do you forget people whom you knew or met a year or more ago?	1	2	3	4	5	6
6. How often do you lose track of time, or do things either earlier or later than they are usually done or are supposed to be done?	1	2	3	4	5	6
7. How often do you fail to finish something you start because you forgot that you were doing it? (Include such things as forgetting to put out cigarettes, turning off the stove, etc.)	1	2	3	4	5	6
8. How often do you fail to complete a task that you start because you have forgotten how to do one or more aspects of it?	1	2	3	4	5	6
9. How often do you lose things or have trouble remembering where they are?	1	2	3	4	5	6
10. How often do you forget things that you are supposed to do or have agreed to do (such as putting gas in the car, paying bills, taking care of errands, etc.)?	1	2	3	4	5	6

SCALE II: LANGUAGE AND COMMUNICATION

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
11. How often do you have difficulties understanding what is said to you?	1	2	3	4	5	6
12. How often do you have difficulties recognizing or identifying printed words?	1	2	3	4	5	6
13. How often do you have difficulty understanding reading material which at one time you could have understood?	1	2	3	4	5	6
14. Is it easier to have people show you things than it is to have them tell you about things?	1	2	3	4	5	6
15a. When you speak, are your words indistinct or improperly pronounced?	1	2	3	4	5	6
15b. If this happens, how often do people have difficulty understanding what words you are trying to say?	1	2	3	4	5	6
16. How often do you have difficulty thinking of the names of things?	1	2	3	4	5	6
17. How often do you have difficulty thinking of the words (other than names) for what you want to say?	1	2	3	4	5	6
18. When you write things, how often do you have difficulty forming the letters correctly?	1	2	3	4	5	6
19. Do you have more difficulty spelling, or make more errors in spelling, than you used to?	1	2	3	4	5	6

SCALE III: USE OF HANDS

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
20. How often do you have difficulty performing tasks with your right hand (including such things as writing, dressing, carrying, lifting, sports, cooking, etc.)?	1	2	3	4	5	6
21. How often do you have difficulty performing tasks with your left hand?	1	2	3	4	5	6

SCALE IV: SENSORY-PERCEPTUAL

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
22. How often do you have difficulty feeling things with your right hand?	1	2	3	4	5	6

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	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
23. How often do you have difficulty feeling things with your left hand?	1	2	3	4	5	6
24a. Lately do you have more difficulty than you used to in seeing all of what you are looking at, or all of what is in front of you (in other words, are some areas of your vision less clear or less distinct than others)?	1	2	3	4	5	6

	To The Right	To The Left	Cannot Tell Whether One Side Is Worse Than The Other
24b. If you are having this kind of trouble with your vision, is it more difficult to see things located to your right or to your left?	1	2	3

SCALE V: HIGHER LEVEL COGNITIVE AND INTELLECTUAL FUNCTIONS

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
25. How often do your thoughts seem confused or illogical?	1	2	3	4	5	6
26. How often do you become distracted from what you are doing or saying by insignificant things which at one time you would have been able to ignore?	1	2	3	4	5	6
27. How often do you become confused about (or make a mistake about) where you are?	1	2	3	4	5	6
28. How often do you have difficulty finding your way about?	1	2	3	4	5	6
29. Do you have more difficulty now than you used to in calculating or working with numbers (including managing finances, paying bills, etc.)?	1	2	3	4	5	6
30. Do you have more difficulty now than you used to in planning or organizing activities (i.e., deciding what to do and how it should be done)?	1	2	3	4	5	6
31. Do you have more difficulty now than you used to in solving problems that come up around the house, at your job, etc.? (In other words, when something new has to be accomplished, or some new difficulty comes up, do you have more trouble figuring out what should be done and how to do it?)	1	2	3	4	5	6
32. Do you have more difficulty than you used to in following directions to get somewhere?	1	2	3	4	5	6

	Almost Always	Very Often	Fairly Often	Once In A While	Very Infrequently	Almost Never
33. Do you have more difficulty than you used to in following instructions concerning how to do things?	1	2	3	4	5	6

- 34. Do you think you are as “bright” now as you were before your accident or present illness?**
- Yes 1
 - No 2
 - I don't know 3

SCALE VI: WORK

- 35. Are you presently holding a job?**
- Yes, Full-time 1
 - Yes, Part-time 2
 - No..... **SKIP TO QUESTION 39** 3

36. What kind of job do you have, and briefly describe your duties:

37. What is your salary per month: _____

- 38. On your job how much supervision is being given to you now?**
- I am closely observed and supervised in almost everything I do 1
 - There is a supervisor around most of the time, but supervision is not really constant. 2
 - I receive only occasional supervision, though there may be more when a new job is given or after a job is completed. 3
 - I usually receive supervision only when being given a new job to do, or after a job has been completed. 4
 - I function very much on my own at work..... 5
 - I am self-employed..... 6

- 39. Are you a student?**
- Yes, Full-time 1
 - Yes, Part-time..... 2
 - No..... **SKIP QUESTIONS 40 & 41** 3

- 40. Are you currently taking regular academic courses or special education courses?**
- All special education courses 1
 - Mostly special education courses 2
 - About an equal number of each type of course 3
 - Mostly regular academic courses 4
 - All regular academic courses..... 5

- 41. What is your approximate grade point average in regular academic courses only (i.e., leaving out grades in special education courses)?**
- Better than 3.7 (A) 1
 - 3.0 to 3.6 (B to A minus) 2
 - 2.0 to 2.9 (C to B minus)..... 3
 - 1.0 to 1.9 (D to C minus)..... 4
 - Less than 1.0 (F)..... 5

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ACTIVITIES OF DAILY LIVING

INSTRUCTIONS TO PARTICIPANT: We are interested in knowing how well you are able to perform common tasks.

•Please circle the number under the “NOW” column that most accurately indicates your current ability level.

•Then circle the number under the “BEST” column that most accurately indicates your highest ability level (this would be the time in your life when you were functioning at your best).

Please add any comments that you feel will help clarify your responses (e.g., when you started having difficulties and what you think are the causes of the problem).

	Now	Best
1. Housekeeping		
I maintain my house/apartment by myself or only need occasional help for larger jobs	0	0
I only perform light daily tasks (wash dishes, make bed)	1	1
I perform some light tasks, but have difficulty keeping my place clean	2	2
I need help with all housekeeping tasks.....	3	3
I am fully able to do housekeeping, but choose not to do so	8	8

Comments _____

	Now	Best
2. Managing finances		
I manage all of my finances (check cashing, banking, handling money) by myself	0	0
I manage routine small purchases, but need help with banking, checking and balancing accounts.....	1	1
I am not able to handle money accurately.....	2	2
I am able to handle my own finances, but someone else does them for me	8	8

Comments _____

	Now	Best
3. Buying Groceries		
I create my own grocery list and do my own shopping	0	0
I need occasional assistance in buying groceries	1	1
I need someone else to do my grocery shopping for me	2	2
I am able to create my own grocery list and do my own shopping, but someone else does it for me.....	8	8

Comments _____

	Now	Best
4. Cooking		
I plan, prepare, and serve many of my own meals.....	0	0
I prepare meals if someone else provides me with the right ingredients.....	1	1
I heat and serve meals provided by others	2	2
I need to have meals prepared and served to me.....	3	3
I am able to plan, prepare, and serve my own meals but someone else does it for me.....	8	8

Comments _____

5. Planning social activities	Now	Best
I frequently initiate and plan social activities (e.g., going out, having a party).....	1	1
I rarely initiate and plan social activities.....	2	2
I do not plan and initiate social activities.....	3	3

Comments _____

6. Understanding reading materials/TV	Now	Best
I understand reading materials (e.g., novels, newspaper) and TV (plots, etc.) without difficulty	0	0
I have occasional difficulty understanding reading materials or TV	1	1
I have frequent difficulty understanding reading materials or TV	2	2
I am unable to understand reading materials or TV	3	3

Comments _____

7. Transportation	Now	Best
I drive my own car or take public transportation on my own (if you do not own a car).....	0	0
I arrange my own travel using taxis, but do not drive or use public transportation	1	1
I can travel on public transportation or use taxis if I am assisted by another.....	2	2
I do not travel at all.....	3	3

Comments _____

8. Using the telephone	Now	Best
I handle using the telephone without difficulty (looking up and dialing new numbers, etc.).....	0	0
I only dial a few well-known numbers	1	1
I answer the telephone, but do not dial	2	2
I do not use the telephone at all.....	3	3
I do not have access to a telephone	8	8

9. Home repairs	Now	Best
I handle most minor home repairs (plumbing, gardening)	0	0
I need assistance with most minor home repairs.....	1	1
I am unable to do most repairs by myself	2	2
I am capable of making minor repairs but choose not to	8	8

Comments _____

10. Bathing	Now	Best
I handle all of my bathing needs by myself.....	0	0
I need occasional assistance with bathing (getting in and out of the tub/shower, etc.)	1	1
I always need help from others when bathing.....	2	2

Comments _____

11. Dressing	Now	Best
I am able to dress myself and pick out my own clothes.....	0	0
I dress myself, but someone else must pick out my clothes for me	1	1
I need occasional assistance getting dressed or frequently make mistakes in choosing clothes.....	2	2
I need frequent assistance in getting dressed	3	3

Comments _____

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12. Shopping (e.g., clothes, other non-food goods) **Now** **Best**

I take care of all of my shopping needs	0	0
I only make small purchases	1	1
I need someone to go with me on any shopping trip.....	2	2
I am unable to shop.....	3	3
I am able to shop, but choose to have someone else do my shopping for me	8	8

Comments _____

13. Laundry **Now** **Best**

I do all of my own laundry	0	0
I need occasional help in doing the laundry	1	1
I launder only small items (e.g., rinse socks, stockings, etc.).....	2	2
All laundry must be done by others	3	3
I am able to do my own laundry, but choose to have others do it for me.....	8	8

Comments _____

14. Taking/keeping track of medication **Now** **Best**

I take sole responsibility for taking medications in correct dosages at the correct time	0	0
I take medications that are prepared in individual doses by someone else	1	1
I am unable to track my own medications	2	2
I am able to take care of my own medications, but choose to have someone else do it for me	8	8

Comments _____

15. Child Care **Now** **Best**

I am fully able to handle child care	0	0
I need occasional assistance in caring for my children	1	1
I need constant assistance in caring for my children.....	2	2
I do not have children	8	8

Comments _____

16. Work **Now** **Best**

I am efficient at work	0	0
I am not very efficient at work and have difficulty maintaining attention or finishing tasks.....	1	1
I am having a great deal of difficulty in maintaining attention or finishing tasks at work	2	2
I am no longer able to work	8	8

Comments _____

17. Please tell us of any other areas in which you are having difficulty:

18. What do you think are your major areas of difficulty at this time?

- 19. I feel that the difficulties that I am having on the above tasks, if any, are due to:** **Now**
- | | |
|---|---|
| Primarily cognitive problems (e.g., thinking, memory, paying attention) | 1 |
| Primarily physical problems (e.g., fatigue, feeling sick) | 2 |
| Equally cognitive and physical problems | 3 |
| I am not having any difficulties on the previous tasks | 8 |

Comments _____

20. If you are having more difficulty than you used to with the above tasks, approximately when did the difficulties begin?

- | | |
|--|---|
| Within the last month | 1 |
| 1 to 6 months ago | 2 |
| 6 months to 2 years ago | 3 |
| 2 to 5 years ago | 4 |
| More than 5 years ago | 5 |
| I am not having any difficulties | 8 |

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SUBSTANCE USE

INSTRUCTIONS TO CLINICIAN: Ask the participant if he/she has used or even tried any substances from the following categories listed below **EVER** (if Cross-Sectional visit) or **SINCE THE LAST VISIT** (if longitudinal visit). Provide examples of substances from each substance category. (This list does not encompass all illicit substances; these are just a few examples. Refer to your reference manual for a longer list.) Circle the number that corresponds best to the participant's response.

Code "1" if the participant has used the substance 5 or more times in the period of interest.

Code "2" if the participant has used the substance 4 or less times in the period of interest.

For each substance coded "1," complete the Substance Use History (CH13B or ND25) for that substance.

	NO	YES ≥5X	YES ≤4X
1. Alcohol	0	1	2
2. Tobacco (e.g., cigarettes, cigars, chew, snuff)	0	1	2
3. Marijuana	0	1	2
4. Cocaine / Crack	0	1	2
5. Methamphetamine (i.e., Crystal Meth, Ice, Glass)	0	1	2
6. Other Stimulants (e.g., amphetamines, Ritalin)	0	1	2
7. Heroin	0	1	2
8. Other Opioids (e.g., Vicodin, Oxycontin)	0	1	2
9. Sedatives (e.g., Rohypnol, GHB, Quaaludes, etc.)	0	1	2
10. Antianxiety Drugs (e.g., Valium, Xanax, Ativan)	0	1	2
11. Hallucinogens (e.g., LSD, mushrooms, Acid, etc.)	0	1	2
12. Dissociative Drugs (e.g., PCP, Angel Dust, Ketamine)	0	1	2
13. Inhalants (e.g., Nitrous Oxide, gasoline, glue, Whippits, etc.)	0	1	2
14. Poppers (e.g., Amyl Nitrate, Butyl Nitrate)	0	1	2
15. Ecstasy (i.e., MDMA, E, X)	0	1	2
16. Other: _____	0	1	2

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CHINESE SUBSTANCE USE HISTORY

INSTRUCTIONS TO CLINICIAN: Refer to detailed instructions on substance categories.

1. Substance: _____
2. Last Use:

--	--

 - Hours ago 1
 - Days ago 2
 - Weeks ago 3
 - Months ago 4
 - Years ago 5
3. Current Age:

--	--
4. Age Of 1st Use:

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AGE AT ONSET OF EPOCH	DURATION (NUMBER)	PERIOD OF DURATION			DAILY QUANTITY USED	QUANTITY UNIT			FREQUENCY AMOUNT (NUMBER)	FREQUENCY PERIOD				PRIMARY ROUTE		IV USE DURING EPOCH				
		Day(s)	Week(s)	Month(s)		Year(s)	Units	Grams		Other	Day	Week	Month	Year	Smoking	Ingesting	Intranasal	Injection	Rectal	Mucosal
Last 7 days		1				1	2	3		1			1	2	3	4	5	6	0	1
Last 8-30 days		1	2	3		1	2	3		1	2	3	1	2	3	4	5	6	0	1
2-12 months ago		1	2	3	4	1	2	3		1	2	3	1	2	3	4	5	6	0	1
Peak Use: _____		1	2	3	4	1	2	3		1	2	3	1	2	3	4	5	6	0	1

1 unit = 1 drink = 1 cigarette = 1 pill = 1 tab = 1 dose

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	Date		Staff I.D.	
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USE OF ACADEMIC SKILLS QUESTIONNAIRE

1. How often do you read in your everyday life:

- Never.....**SKIP TO QUESTION 7**..... 1
- Rarely (less than once per day)2
- Sometimes (at least once per day, but less than 3 times/day)3
- Often (3 times per day or more)4

If participants reads in everyday life, does he/she always or almost always understand (for each item code "yes", "no" or "not applicable/ does not attempt to read).

	NO	YES	N/A
2. Signs and product names	0	1	8
3. Instructions (how to use products, or go places, etc.)	0	1	8
4. Mail, or written messages on mobile phone	0	1	8
5. Newspapers, magazine articles or subtitles on foreign TV/movies	0	1	8
6. Books	0	1	8

7. How often do you write in your everyday life?

- Never..... 1
- Rarely (less than once per day)2
- Sometimes (at least once per day, but less than 3 times/day)3
- Often (3 times per day or more)4

8. How often do you use addition or subtraction?

- Never..... 1
- Rarely (less than once per day)2
- Sometimes (at least once per day, but less than 3 times/day)3
- Often (3 times per day or more)4

9. During a typical day, how many non-family people do you talk with?

--	--

Number of people

10. During all years you attended school, how often did you skip or miss classes except for sick time or sick leave?

- Never missed classes except sick leave 1
- On average, missed less than one week per year2
- On average, missed one week or more, but less than one month per year3
- On average, missed on month or more, but less than 3 months per year4
- On average, missed three months or more, but less than 6 months per year5
- On average, missed 6 months or more per year (missed more than half of the classes)6

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NEUROBEHAVIORAL MEDICAL SCREEN

Date of Birth: _____ MM/DD/YY

Age: _____

INSTRUCTIONS TO EXAMINER: Ask the subject the following questions. If "Yes" is circled for any of the items below, write a summary of the incident in the space provided. Also, list any aftereffects (e.g., changes in vision, headaches, nausea, vomiting, amnesia, dizziness) or related events (e.g., artificial resuscitation, hospitalization).

1. In your lifetime, have you ever...
 - a. Had an open or closed head injury? Yes / No
 - b. Had a CHI with a loss of consciousness? Yes / No
 - c. Been in a coma? Yes / No
 - d. Had a blackout from alcohol and/or drugs? Yes / No
 - e. Passed out from alcohol and/or drugs? Yes / No
 - f. Been unconscious for any other reason (exclude surgery)? Yes / No
 - g. Had a seizure? Yes / No
 - h. Had a heart attack? Yes / No
 - i. Had a stroke? Yes / No
 - j. Fainted for any reason? Yes / No
 - k. Overdosed on alcohol, drugs or medication? Yes / No

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BEHAVIORAL NOTES

EDUCATION:
AGE:

1. **Confounds:** (LIST REASON(S) FOR CONFOUND(S) IN ITEM #28)

	NO	YES
Alcohol	0	1
Drug	0	1
Language	0	1
Education	0	1
CHI with LOC	0	1
Medical	0	1
Psychiatric	0	1

2. **Gender at Birth:** SEE ITEM #28

Male	1
Female	2

3. **Handedness:** SEE ITEM #28

Right	1
Left	2

4. **Ethnicity and Code:** SEE ITEM #28

	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
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5. **Language Tested: Spanish / English** (CIRCLE ONE)

6. **First Language:** _____

7. **Transportation:** _____

8. **Employment:** _____

9. **Affect:** SEE ITEM #28

Euthymic.....	1
Dysthymic.....	2
Dysphoric.....	3

10. **Appropriateness**

Appropriate.....	1
Inappropriate.....	2

11. **Demeanor:** SEE ITEM #28

	NO	YES
Friendly.....	0	1
Cheerful.....	0	1
Anxious.....	0	1
Humorous.....	0	1
Defensive.....	0	1

12. **Rapport:** SEE ITEM #28

Good	1
Fair	2
Poor.....	3

13. **Cooperation:** SEE ITEM #28

Excellent.....	1
Good	2
Adequate.....	3
Fair	4
Poor.....	5

14. **Effort:** SEE ITEM #28

Excellent.....	1
Good	2
Adequate.....	3
Fair	4
Poor.....	5

15. **Gait Disturbance:** SEE ITEM #28

Severe	1
Moderate.....	2
Moderate/Mild	3
Mild.....	4
None.....	5

16. **Impaired Use of Hands:** SEE ITEM #28

Severe	1
Moderate.....	2
Moderate/Mild	3
Mild.....	4
None.....	5

17. **Speech:** SEE ITEM #28

	NO	YES
Rapid.....	0	1
Average.....	0	1
Slow	0	1
Slurred.....	0	1
Pressured.....	0	1
Stuttering.....	0	1

18. **Sensory - Auditory:** SEE ITEM #28

Adequate.....	1
Poor.....	2

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Date	<input type="text"/>	Staff I.D.	<input type="text"/>	

HISCOCK DIGIT MEMORY TEST

TOTAL:

	BLOCK A (5" Delay)		BLOCK B (10" Delay)		BLOCK C (15" Delay)	
	TARGET	RESPONSE	TARGET	RESPONSE	TARGET	RESPONSE
1.	81359		61827		18475	
2.	92785		18475		85321	
3.	80623		29381		20317	
4.	95321		95321		52187	
5.	75142		48970		76123	
6.	53619		31027		61827	
7.	61827		18475		81359	
8.	18475		85321		92785	
9.	29381		20317		80623	
10.	95321		52187		95321	
11.	48970		76123		75142	
12.	31027		61827		53619	

CORRECT:

CORRECT:

CORRECT:

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HOPKINS VERBAL LEARNING TEST REVISED - RECORD FORM Z

Time Trial 3 Completed: _____ Time Delay Recall Complete: _____ Delay Interval (20 min.): _____

TRIALS 1-3 & DELAY:

PROBLEM	TRIAL 1	TRIAL 2	TRIAL 3	DELAY
1. Lion				
2. Copper				
3. Horse				
4. Tent				
5. Iron				
6. Hotel				
7. Cave				
8. Lead				
9. Tiger				
10. Zinc				
11. Cow				
12. Hut				

Trial 1 Total: Trial 2 Total: Trial 3 Total: Delay Total:

True Positives:

False Positives:

TRIAL RECOGNITION:

PROBLEM	YES/ NO
1. Horse	<u>Y</u> N
2. House*	Y <u>N</u>
3. Hut	<u>Y</u> N
4. Tent	<u>Y</u> N
5. Steel*	Y <u>N</u>
6. Copper	<u>Y</u> N
7. Lead	<u>Y</u> N
8. Mountain	Y <u>N</u>
9. Cave	<u>Y</u> N
10. Tiger	<u>Y</u> N
11. Iron	<u>Y</u> N
12. Cat*	Y <u>N</u>
13. Balloon	Y <u>N</u>
14. Boat	Y <u>N</u>
15. Dog*	Y <u>N</u>
16. Hotel	<u>Y</u> N
17. Coffee	Y <u>N</u>
18. Scarf	Y <u>N</u>
19. Apartment*	Y <u>N</u>
20. Cow	<u>Y</u> N
21. Lion	<u>Y</u> N
22. Zinc	<u>Y</u> N
23. Kwacha	Y <u>N</u>
24. Bronze*	Y <u>N</u>

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BRIEF VISUOSPATIAL MEMORY TEST - REVISED

Time Trial 3 Completed: _____ Time Delay Recall Completed: _____ Delay Interval (25 min.): _____

Form Administered: 1 2 3 4 5 6 (circle one)

	Raw Score	T Score	Percentile
Trial 1			
Trial 2			
Trial 3			
Total Recall ¹			
Delayed Recall			
Percent Retained ²			
Recognition Hits (True Positives)			
Recognition False Alarms			
Recognition Discrimination Index ³			
Recognition Response Bias			
Copy (optional)			

Normative table/comparison group _____

¹Total Recall = (Trial 1 raw score + Trial 2 raw score + Trial 3 raw score).

²Percent Retained = [Delayed recall raw score/(higher value of Trial 2 raw score or Trial 3 raw score)] x 100.

³Recognition Discrimination Index = Recognition Hits raw score - Recognition False Alarms raw score.

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Recognition Trial Scoring Worksheet

Item	Response	
	Hits	False Alarms
1.	YES no	
2.		yes NO
3.	YES no	
4.		yes NO
5.		yes NO
6.	YES no	
7.	YES no	
8.		yes NO
9.	YES no	
10.		yes NO
11.		yes NO
12.	YES no	
Total raw score		
Discrimination Index (Hits minus False Alarms)		
Response Bias (Find the cell corresponding to Total Hits and False Alarms raw scores in look-up table below.)		

Response Bias Look-up Table

Hits	False Alarms						
	0	1	2	3	4	5	6
0	.07	.19	.28	.35	.41	.46	.50
1	.08	.21	.31	.39	.45	.50	.54
2	.10	.25	.36	.44	.50	.55	.59
3	.13	.30	.42	.50	.56	.61	.65
4	.17	.38	.50	.58	.64	.69	.72
5	.25	.50	.63	.70	.75	.79	.81
6	.50	.75	.83	.88	.90	.92	.93

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WAIS-III DIGIT SYMBOL

TOTAL:
(Maximum Score is 133)

1	2	3	4	5	6	7	8	9
—	⊥	□	L	⊏	○	^	×	=

SAMPLES

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

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WAIS-III SYMBOL SEARCH

TOTAL:
(Maximum 60)

INSTRUCTIONS TO EXAMINER: Discontinue after 120 seconds.

TIME LIMIT	COMPLETION TIME (Seconds)	NUMBER CORRECT	NUMBER INCORRECT
120"			

Sample Items

\oplus \ominus \oplus \perp $<$ \vdash \sim <input type="checkbox"/> YES <input type="checkbox"/> NO
\neq \boxplus $\bar{\cap}$ \boxplus \perp \rightsquigarrow \otimes <input type="checkbox"/> YES <input type="checkbox"/> NO
\rightsquigarrow \perp \neq \cap \uparrow \approx \boxplus <input type="checkbox"/> YES <input type="checkbox"/> NO

Practice Items

\neq $<$ \rightsquigarrow \neq \pm $<$ \ominus <input type="checkbox"/> YES <input type="checkbox"/> NO
\uparrow \approx \perp \sim \cap \oplus \approx <input type="checkbox"/> YES <input type="checkbox"/> NO
\approx \ominus $\bar{\cap}$ \pm \perp \neq \uparrow <input type="checkbox"/> YES <input type="checkbox"/> NO

$>$	$\cancel{>}$	$>$	\mathcal{D}	\odot	\sqcup	\cap	YES	NO
\uparrow	\lrcorner	\mathcal{D}	\otimes	\vDash	\triangleleft	\ominus	YES	NO
\cap	\cup	\Rightarrow	\neg	\boxplus	\neq	\uparrow	YES	NO
\sqsubset	\neq	\parallel	$\bar{\cap}$	\llbracket	\ominus	\sqsubset	YES	NO
\sqsubset	$\cancel{>}$	\vdash	\oplus	\vDash	\lrcorner	$\cancel{>}$	YES	NO
\rightsquigarrow	\approx	\curvearrowright	\leftrightarrow	\rightsquigarrow	\ominus	$\cancel{>}$	YES	NO
\Rightarrow	\dagger	\pm	\approx	\vDash	\boxtimes	\cup	YES	NO
\sqsubset	\triangleright	\triangleleft	\vdash	\mathcal{D}	\sqsubset	\lrcorner	YES	NO
\vDash	\dagger	\bowtie	\subset	\rightarrow	\dagger	$\cancel{>}$	YES	NO
\rightarrow	$\cancel{>}$	\Leftrightarrow	$\cancel{>}$	\neq	\boxtimes	\Rightarrow	YES	NO
\vDash	\lrcorner	\pm	\lrcorner	\lrcorner	\boxtimes	\bowtie	YES	NO
\dagger	\rightarrow	\clubsuit	\curvearrowright	\Rightarrow	\rightsquigarrow	\pm	YES	NO
\boxplus	\otimes	\odot	\boxplus	\ast	\boxtimes	\neq	YES	NO
\Rightarrow	\dagger	\pm	\approx	\vDash	\boxtimes	\cup	YES	NO
\llbracket	\triangleleft	\neq	\oplus	\triangleleft	\rightarrow	\vdash	YES	NO

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±	T	⇌	∥	T	L	T	YES	NO
∠	s	≠	↷	X	⊖	∠	YES	NO
∩	z	∠	∥	~	∩	≠	YES	NO
≠	z	∩	∩	s	T	≠	YES	NO
X	△	T	X	≠	‡	L	YES	NO
L	∩	X	∩	⇌	∩	∞	YES	NO
‡	△	∞	∥	↷	∠	△	YES	NO
L	⊗	L	L	?	⊗	∩	YES	NO
⇌	△	1	∩	↷	∠	∥	YES	NO
X	⊗	X	∩	∠	⊗	⊕	YES	NO
1	≠	T	≠	X	∠	∩	YES	NO
∩	∩	∥	∩	X	L	∩	YES	NO
1	≠	∩	T	≠	↷	L	YES	NO
∩	∠	△	z	∩	L	♯	YES	NO

							<input type="checkbox"/> YES	<input type="checkbox"/> NO
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\boxplus	\approx	\cup	\otimes	\oplus	\pm	\boxplus	YES	NO
\vDash	\dagger	\perp	\pm	\dashv	\cup	\rightsquigarrow	YES	NO
\bowtie	\cup	\approx	\dagger	$\cancel{\wedge}$	$\cancel{\vee}$	\boxtimes	YES	NO
\parallel	\rightsquigarrow	\approx	\ddagger	\angle	\rightsquigarrow	\otimes	YES	NO
\oplus	\vee	$\cancel{\wedge}$	\angle	\perp	$\cancel{\vee}$	\oplus	YES	NO
\cup	\oplus	\ddagger	\cup	\otimes	\cup	\Leftrightarrow	YES	NO
\cup	\rightsquigarrow	\ddagger	$\cancel{\vee}$	\perp	\oplus	\boxplus	YES	NO
\angle	\cup	\cup	\dashv	$\cancel{\wedge}$	\approx	\perp	YES	NO
$\#$	\otimes	\pm	\approx	\otimes	\rightsquigarrow	\approx	YES	NO
\neq	\neq	\Leftrightarrow	\approx	\ddagger	\neq	\vDash	YES	NO
\odot	\approx	\otimes	\approx	\neq	\rightsquigarrow	$=$	YES	NO
\boxtimes	\perp	\dashv	\square	\rightsquigarrow	\oplus	\perp	YES	NO
\cup	\approx	\angle	$\cancel{\vee}$	\cup	$\bar{\cup}$	\cup	YES	NO
\rightsquigarrow	\dashv	\bowtie	\neq	\rightsquigarrow	\cup	\dashv	YES	NO
\rightsquigarrow	\ddagger	\angle	\angle	\oplus	\neq	\Leftrightarrow	YES	NO

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	Date		Staff I.D.	
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GROOVED PEGBOARD TEST SUMMARY SHEET

DOMINANT TRIAL

Handedness (CIRCLE): LEFT RIGHT

Time: SECONDS

No. In: PEGS

Dropped: PEGS

NON-DOMINANT TRIAL

Handedness (CIRCLE): LEFT RIGHT

Time: SECONDS

No. In: PEGS

Dropped: PEGS

NOTES:

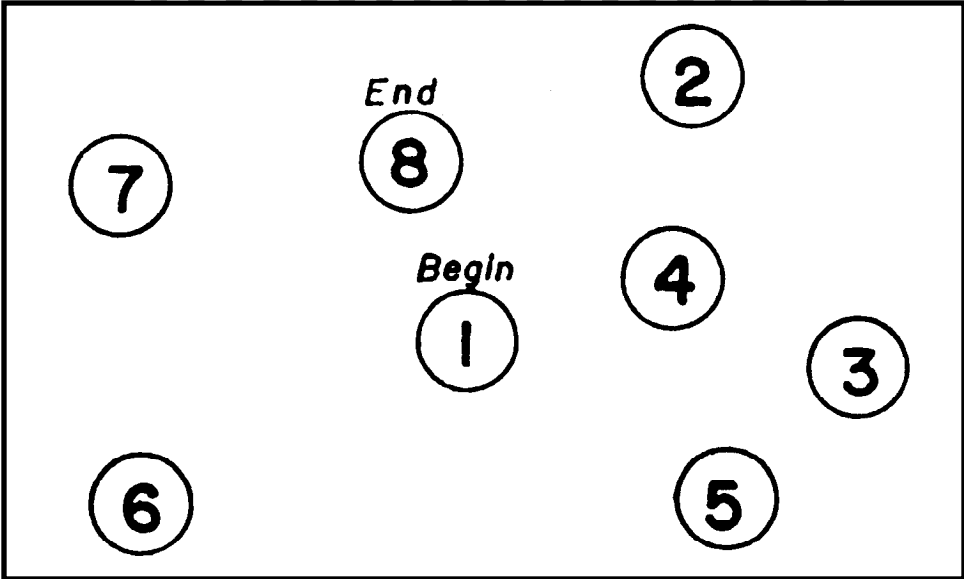
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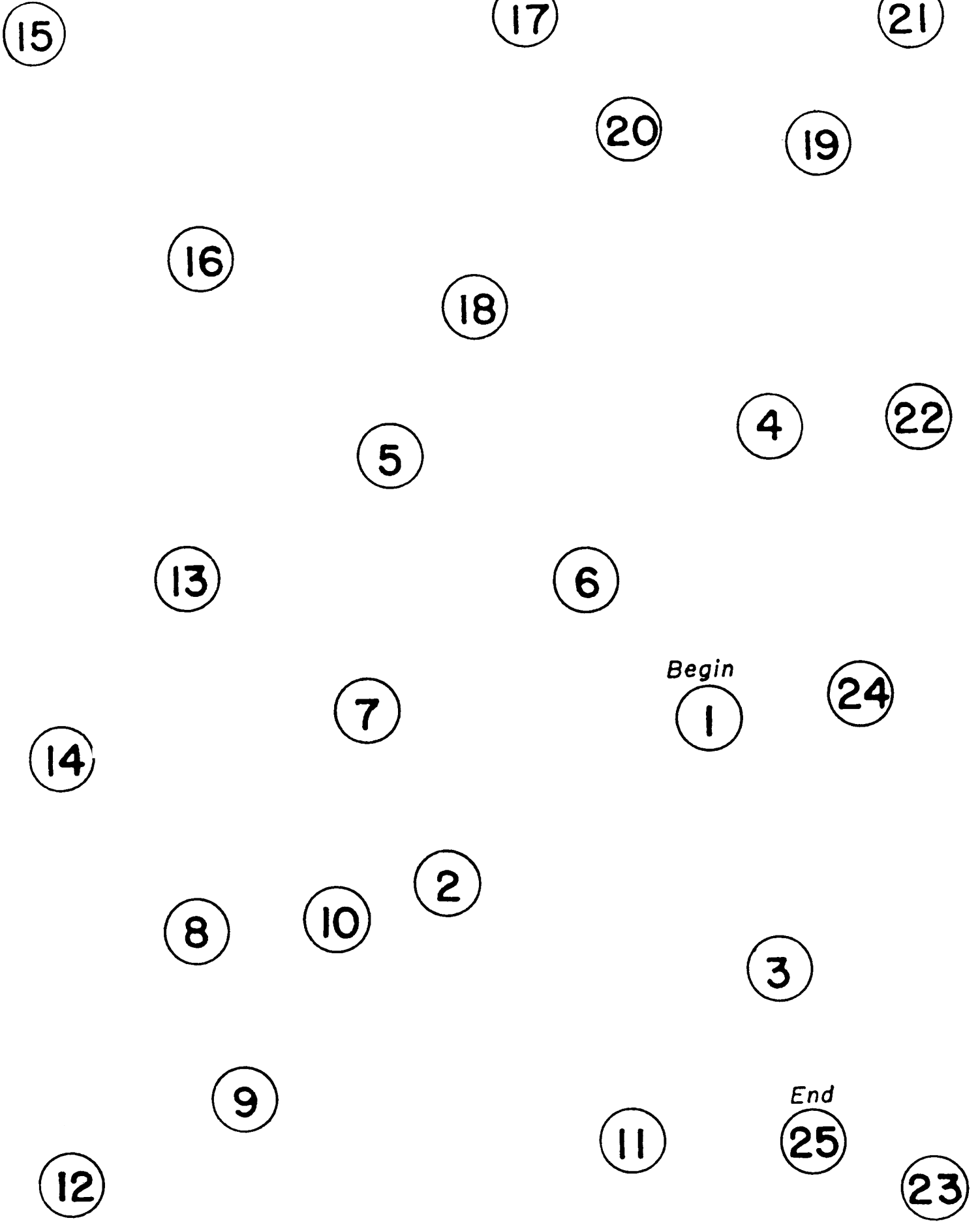
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Date <input type="text"/>			<input type="text"/>	<input type="text"/>	Staff I.D. <input type="text"/>			

TRAIL MAKING TEST - PART A

SAMPLE TIME: PART-A TIME: PART-A ERRORS:

SAMPLE



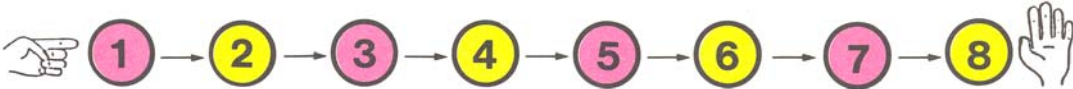
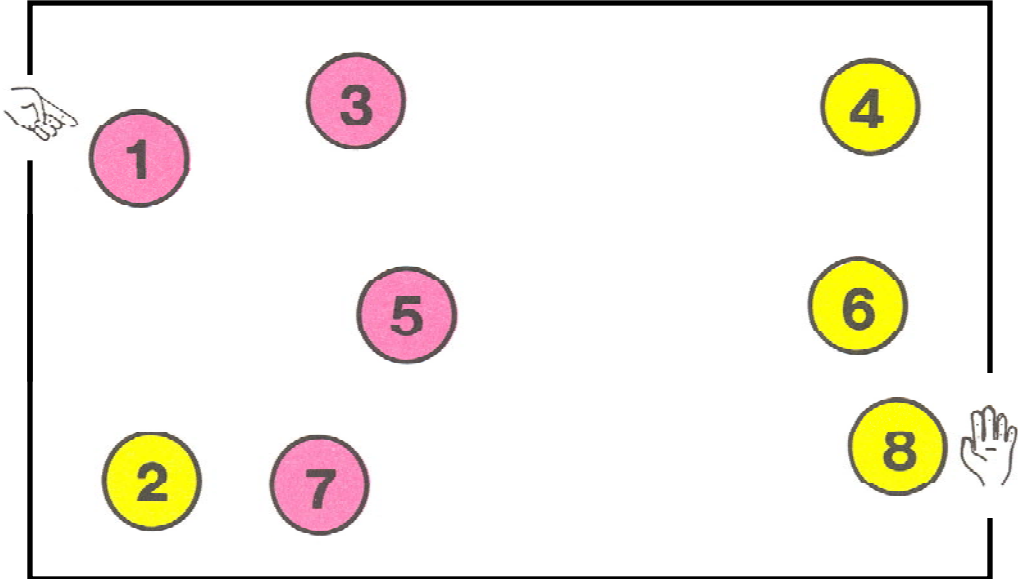


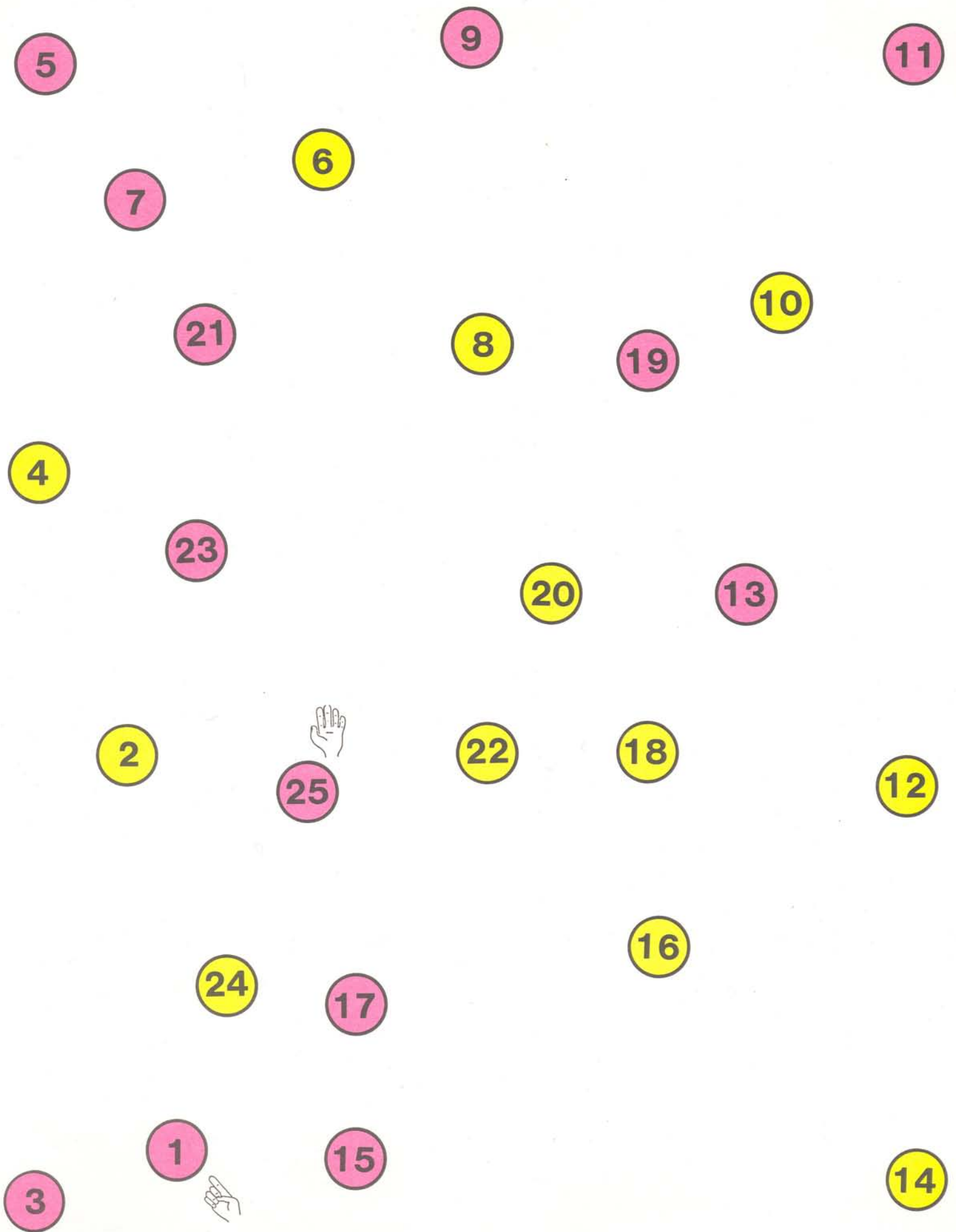
Study No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Visit No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Only
	Date				Staff I.D.					

COLOR TRAILS 1 - FORM A

SAMPLE TIME: TRAILS 1 TIME: TRAILS 1 ERRORS:

Louis F. D'Elia, PhD and Paul Satz, PhD



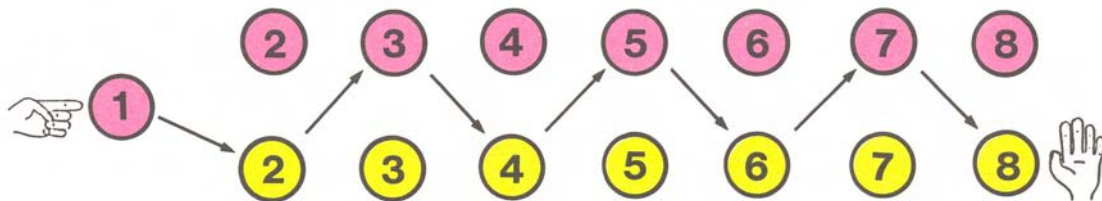
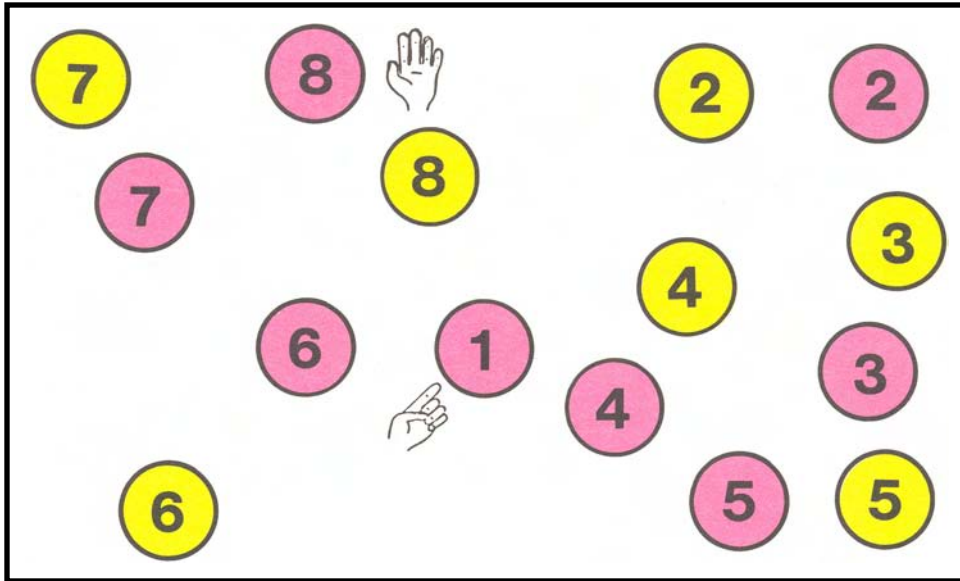


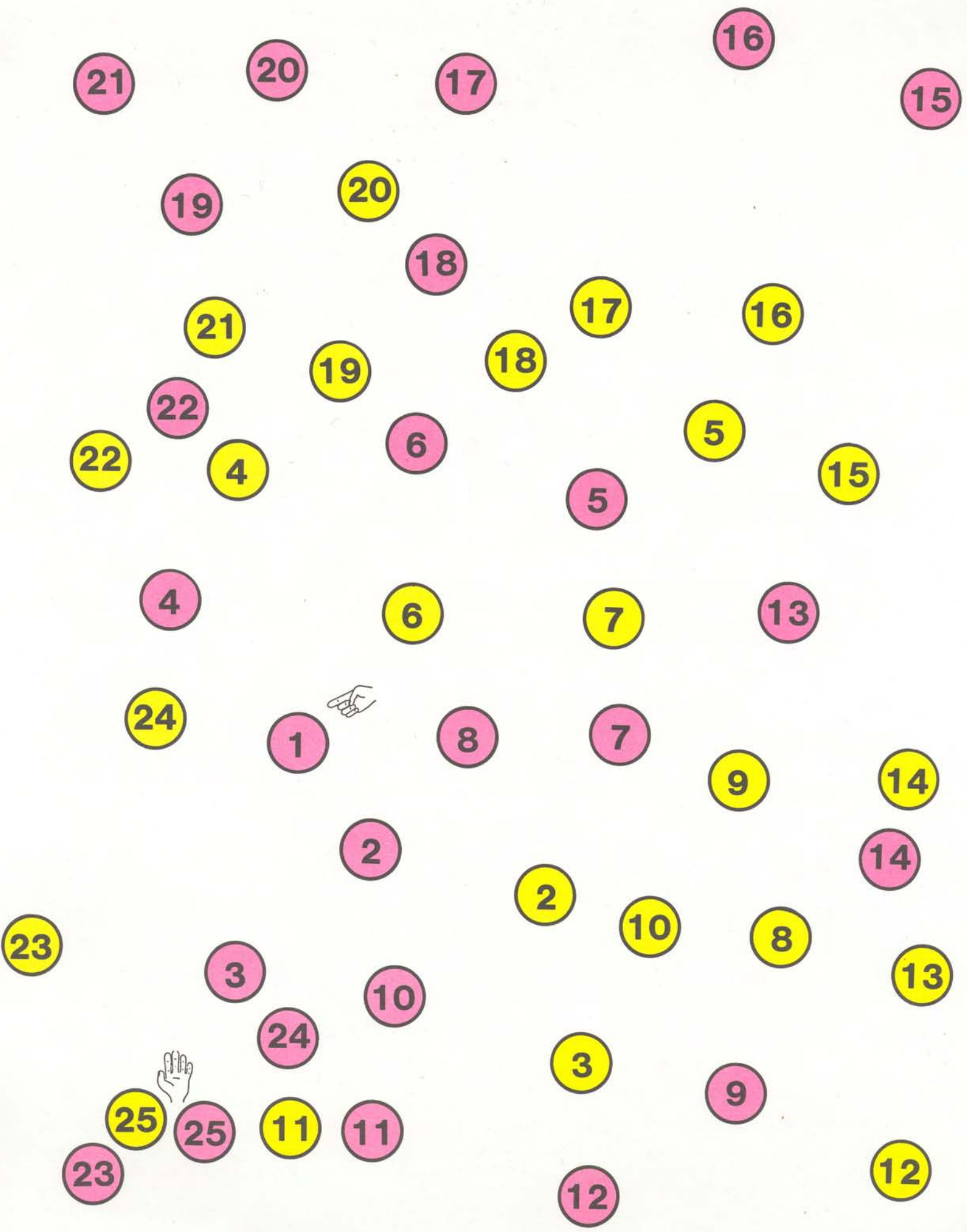
Study No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Visit No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Only
	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Staff I.D.	

COLOR TRAILS 2 - FORM A

SAMPLE TIME: TRAILS 2 TIME: TRAILS 2 ERRORS:

Louis F. D'Elia, PhD and Paul Satz, PhD





Study No.	<input style="width: 100%;" type="text"/>	Visit No.	<input style="width: 100%;" type="text"/>	Data Entry Only
Date	<input style="width: 100%;" type="text"/>	Staff I.D.	<input style="width: 100%;" type="text"/>	

WMS-III SPATIAL SPAN

TOTAL SCORE:

INSTRUCTIONS TO EXAMINER: Administer both trials of each item, even if examinee passes first trial. Discontinue after failure on both trials of any item. Maximum score for both trials is 32.

SPATIAL SPAN FORWARD

ITEM	TRIAL	RESPONSE	SCORE
1.	Trial 1	3 - 10	0 1
	Trial 2	7 - 4	0 1
2.	Trial 1	1 - 9 - 3	0 1
	Trial 2	8 - 2 - 7	0 1
3.	Trial 1	4 - 9 - 1 - 6	0 1
	Trial 2	10 - 6 - 2 - 7	0 1
4.	Trial 1	6 - 5 - 1 - 4 - 8	0 1
	Trial 2	5- 7- 9- 8 - 2	0 1
5.	Trial 1	4 - 1 - 9 - 3 - 8 - 10	0 1
	Trial 2	9 - 2 - 6 - 7 - 3 - 5	0 1
6.	Trial 1	10 - 1 - 6 - 4 - 8 - 5 - 7	0 1
	Trial 2	2 - 6 - 3 - 8 - 2 - 10 - 1	0 1
7.	Trial 1	7 - 3 - 10 - 5 - 7 - 8 - 4 - 9	0 1
	Trial 2	6 - 9 - 3 - 2 - 1 - 7 - 10 - 5	0 1
8.	Trial 1	5 - 8 - 4 - 10 - 7 - 3 - 1 - 9 - 6	0 1
	Trial 2	8 - 2 - 6 - 1 - 10 - 3 - 7 - 4 - 9	0 1

Forward Total Score

SPATIAL SPAN BACKWARD

ITEM	TRIAL	RESPONSE	SCORE
1.	Trial 1	7 - 4 (4 - 7)	0 1
	Trial 2	3 - 10 (10 - 3)	0 1
2.	Trial 1	8 - 2 - 7 (7 - 2 - 8)	0 1
	Trial 2	1 - 9 - 3 (3 - 9 - 1)	0 1
3.	Trial 1	10 - 6 - 2 - 7 (7 - 2 - 6 - 10)	0 1
	Trial 2	4 - 9 - 1 - 6 (6 - 1 - 9 - 4)	0 1
4.	Trial 1	5 - 7 - 9 - 8 - 2 (2 - 8 - 9 - 7 - 5)	0 1
	Trial 2	6 - 5 - 1 - 4 - 8 (8 - 4 - 1 - 5 - 6)	0 1
5.	Trial 1	9 - 2 - 6 - 7 - 3 - 5 (5 - 3 - 7 - 6 - 2 - 9)	0 1
	Trial 2	4 - 1 - 9 - 3 - 8 - 10 (10 - 8 - 3 - 9 - 1 - 4)	0 1
6.	Trial 1	2 - 6 - 3 - 8 - 2 - 10 - 1 (1 - 10 - 2 - 8 - 3 - 6 - 2)	0 1
	Trial 2	10 - 1 - 6 - 4 - 8 - 5 - 7 (7 - 5 - 8 - 4 - 6 - 1 - 10)	0 1
7.	Trial 1	6 - 9 - 3 - 2 - 1 - 7 - 10 - 5 (5 - 10 - 7 - 1 - 2 - 3 - 9 - 6)	0 1
	Trial 2	7 - 3 - 10 - 5 - 7 - 8 - 4 - 9 (9 - 4 - 8 - 7 - 5 - 10 - 3 - 7)	0 1
8.	Trial 1	8 - 2 - 6 - 1 - 10 - 3 - 7 - 4 - 9 (9 - 4 - 7 - 3 - 10 - 1 - 6 - 2 - 8)	0 1
	Trial 2	5 - 8 - 4 - 10 - 7 - 3 - 1 - 9 - 6 (6 - 9 - 1 - 3 - 7 - 10 - 4 - 8 - 5)	0 1

BACKWARD TOTAL SCORE:

Study No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Visit No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Only
Date		Date		Date		Staff I.D.				
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>				

CONTROLLED ORAL WORD ASSOCIATION TEST - FAS

SECONDS	TRIAL 1 Letter "F"	TRIAL 2 Letter "A"	TRIAL 3 Letter "S"
0 - 15			
16 - 30			
31 - 45			
46 - 60			

	<u>"F" Trial</u>	<u>"A" Trial</u>	<u>"S" Trial</u>
Correct Words:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Perseverations:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intrusions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Variants:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Study No.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Visit No.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Data Entry Only
Date		Staff I.D.		
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		

CATEGORY FLUENCY TEST

SECONDS	TRIAL 1 "Animals"	TRIAL 2 "Actions"
0 - 15		
16 - 30		
31 - 45		
46 - 60		

"Animals" Trial

"Actions" Trial

Correct Words:

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Perseverations:

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Intrusions:

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Study No.	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	Visit No.	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	Data Entry Only
Date		Staff I.D.		
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PACED AUDITORY SERIAL ADDITION TASK - 1 CHANNEL

Channel 1

Correct Response

- 1. 9..... ---
- 2. 1.....10 ---
- 3. 4.....5 ---
- 4. 2.....6 ---
- 5. 8.....10 ---
- 6. 6.....14 ---
- 7. 5.....11 ---
- 8. 3.....8 ---
- 9. 4.....7 ---
- 10. 9.....13 ---
- 11. 1.....10 ---
- 12. 3.....4 ---
- 13. 6.....9 ---
- 14. 8.....14 ---
- 15. 2.....10 ---
- 16. 5.....7 ---
- 17. 1.....6 ---
- 18. 8.....9 ---
- 19. 6.....14 ---
- 20. 9.....15 ---
- 21. 2.....11 ---
- 22. 4.....6 ---
- 23. 3.....7 ---
- 24. 5.....8 ---
- 25. 6.....11 ---
- 26. 5.....11 ---
- 27. 8.....13 ---
- 28. 9.....17 ---
- 29. 4.....13 ---
- 30. 3.....7 ---
- 31. 1.....4 ---
- 32. 2.....3 ---
- 33. 6.....8 ---
- 34. 3.....9 ---
- 35. 4.....7 ---
- 36. 8.....12 ---
- 37. 9.....17 ---
- 38. 5.....14 ---
- 39. 1.....6 ---
- 40. 2.....3 ---
- 41. 8.....10 ---
- 42. 1.....9 ---
- 43. 2.....3 ---
- 44. 5.....7 ---
- 45. 3.....8 ---
- 46. 9.....12 ---
- 47. 6.....15 ---
- 48. 4.....10 ---
- 49. 3.....7 ---
- 50. 6.....9 ---

#Attempted:

#Correct:

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Study No.	<input style="width: 100%;" type="text"/>	Visit No.	<input style="width: 100%;" type="text"/>	Data Entry Only
	Date		Staff I.D.	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

STROOP TEST

INSTRUCTIONS TO THE EXAMINER: Begin by instructing the participant: (Page with word in black ink.) *"This is a test of how fast you can read the words on this page. After I say "BEGIN", read down the columns starting with the first one (point to the leftmost column) until you complete it (run hand down the leftmost column) and then continue without stopping down the remaining columns in order (run your hand down the second column, then third, etc.). If you finish all the columns before I say "STOP", then return to the first column and begin again (point to the first column). Remember, do not stop reading until I say "STOP" and read out loud as quickly as you can. If you make a mistake, I will say, "NO" to you. Correct your error and continue without stopping. Are there any questions?"* Instructions may be repeated or paraphrased as often as necessary until the subject understands what is to be done. *"Ready?... Then begin."* As the subject starts, begin timing. After 45 seconds, say: "STOP". Circle the item they are on.

WORDS:

1. RED	21. BLUE	41. GREEN	61. RED	81. BLUE
2. GREEN	22. GREEN	42. RED	62. BLUE	82. GREEN
3. BLUE	23. RED	43. BLUE	63. GREEN	83. RED
4. GREEN	24. BLUE	44. RED	64. RED	84. BLUE
5. RED	25. RED	45. GREEN	65. BLUE	85. GREEN
6. BLUE	26. GREEN	46. BLUE	66. GREEN	86. RED
7. RED	27. BLUE	47. GREEN	67. BLUE	87. GREEN
8. BLUE	28. GREEN	48. RED	68. GREEN	88. RED
9. GREEN	29. RED	49. BLUE	69. RED	89. BLUE
10. BLUE	30. GREEN	50. GREEN	70. BLUE	90. GREEN
11. GREEN	31. RED	51. BLUE	71. RED	91. RED
12. RED	32. BLUE	52. RED	72. GREEN	92. BLUE
13. GREEN	33. RED	53. BLUE	73. RED	93. GREEN
14. BLUE	34. BLUE	54. RED	74. GREEN	94. RED
15. RED	35. GREEN	55. GREEN	75. BLUE	95. BLUE
16. BLUE	36. BLUE	56. RED	76. GREEN	96. RED
17. RED	37. GREEN	57. BLUE	77. RED	97. GREEN
18. GREEN	38. RED	58. GREEN	78. BLUE	98. BLUE
19. RED	39. BLUE	59. RED	79. GREEN	99. RED
20. GREEN	40. RED	60. GREEN	80. BLUE	100. GREEN

Word Total:

INSTRUCTIONS TO THE EXAMINER: (Page with colored X's.) *"This is a test of how fast you can name the colors on this page. You will complete this page just as you did the previous page, starting with this first column. Remember to name the colors out loud as quickly as you can. Are there any questions?"* If the subject has had any trouble following the instructions, they should be repeated in their entirety. As with Page 1, the subject should be allowed 45 seconds.

COLORS:

1. BLUE	21. RED	41. BLUE	61. GREEN	81. RED
2. RED	22. BLUE	42. GREEN	62. RED	82. BLUE
3. GREEN	23. GREEN	43. RED	63. BLUE	83. GREEN
4. BLUE	24. RED	44. BLUE	64. GREEN	84. RED
5. GREEN	25. GREEN	45. RED	65. RED	85. BLUE
6. RED	26. BLUE	46. GREEN	66. BLUE	86. GREEN
7. GREEN	27. GREEN	47. RED	67. GREEN	87. RED
8. RED	28. RED	48. BLUE	68. RED	88. BLUE
9. BLUE	29. BLUE	49. GREEN	69. BLUE	89. GREEN
10. RED	30. RED	50. RED	70. GREEN	90. BLUE
11. BLUE	31. BLUE	51. GREEN	71. BLUE	91. GREEN
12. GREEN	32. GREEN	52. BLUE	72. RED	92. RED
13. RED	33. BLUE	53. RED	73. BLUE	93. BLUE
14. GREEN	34. GREEN	54. GREEN	74. RED	94. GREEN
15. BLUE	35. RED	55. BLUE	75. GREEN	95. RED
16. GREEN	36. GREEN	56. GREEN	76. BLUE	96. BLUE
17. BLUE	37. RED	57. RED	77. GREEN	97. RED
18. RED	38. BLUE	58. BLUE	78. RED	98. GREEN
19. GREEN	39. RED	59. GREEN	79. BLUE	99. BLUE
20. BLUE	40. GREEN	60. BLUE	80. RED	100. RED

Color Total:

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Study No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Visit No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Data Entry Only
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INSTRUCTIONS TO THE EXAMINER: (Page with colors and words.) *"This page is like the page you just finished. I want you to name the color of the ink the words are printed in, ignoring the word that is printed in each item. For example, (point to the first item of the first column), this is the first item: what would you say?"* If the subject is correct, go on with the instructions. If incorrect, say: *"No, that is the word that is spelled there. I want you to say the color of the ink the word is printed in. Now (pointing to the same item) what would you say to this item? That's correct (point to the second item), what would the response be to this item?"* If correct, proceed; if incorrect, repeat above as many items as necessary until the subject understand or it becomes clear that it is impossible to go on. *"Good. You will do this page just like the others, starting with the first column (pointing) and then going on to as many columns as you can. Remember, if you make a mistake, just correct it and go on. Are there any questions?"* (As with the other two pages, the instructions can be repeated or paraphrased as often as necessary.) *"Ready? ...Begin!"* After 45 seconds, say: Stop; Record on the form how many correct responses

COLORS - WORDS:

1. BLUE	21. RED	41. BLUE	61. GREEN	81. RED
2. RED	22. BLUE	42. GREEN	62. RED	82. BLUE
3. GREEN	23. GREEN	43. RED	63. BLUE	83. GREEN
4. BLUE	24. RED	44. BLUE	64. GREEN	84. RED
5. GREEN	25. GREEN	45. RED	65. RED	85. BLUE
6. RED	26. BLUE	46. GREEN	66. BLUE	86. GREEN
7. GREEN	27. GREEN	47. RED	67. GREEN	87. RED
8. RED	28. RED	48. BLUE	68. RED	88. BLUE
9. BLUE	29. BLUE	49. GREEN	69. BLUE	89. GREEN
10. RED	30. RED	50. RED	70. GREEN	90. BLUE
11. BLUE	31. BLUE	51. GREEN	71. BLUE	91. GREEN
12. GREEN	32. GREEN	52. BLUE	72. RED	92. RED
13. RED	33. BLUE	53. RED	73. BLUE	93. BLUE
14. GREEN	34. GREEN	54. GREEN	74. RED	94. GREEN
15. BLUE	35. RED	55. BLUE	75. GREEN	95. RED
16. GREEN	36. GREEN	56. GREEN	76. BLUE	96. BLUE
17. BLUE	37. RED	57. RED	77. GREEN	97. RED
18. RED	38. BLUE	58. BLUE	78. RED	98. GREEN
19. GREEN	39. RED	59. GREEN	79. BLUE	99. BLUE
20. BLUE	40. GREEN	60. BLUE	80. RED	100. RED

Color/Word Total:

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Study No.	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	Visit No.	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	Data Entry Only
Date		Staff I.D.		
<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>		

HALSTEAD CATEGORY TEST RECORD FORM

ERRORS TOTAL:

INSTRUCTIONS TO EXAMINER: The right-hand column is used to check correct responses and the left-hand incorrect.

	SUBTEST I	SUBTEST II	SUBTEST III	SUBTEST IV	SUBTEST V	SUBTEST VI	SUBTEST VII
1.	1	1	1	1	1	1	1
2.	3	3	3	3	3	3	3
3.	1	1	1	1	1	1	1
4.	4	4	4	4	4	4	4
5.	2	2	2	2	2	2	2
6.	4	4	4	4	4	4	4
7.	1	1	1	1	1	1	1
8.	2	2	2	2	2	2	2
9.		3	3	3	3	3	3
10.		2	2	2	2	2	2
11.		3	3	3	3	3	3
12.		1	1	1	1	1	1
13.		4	4	4	4	4	4
14.		3	3	3	3	3	3
15.		4	4	4	4	4	4
16.		2	2	2	2	2	2
17.		1	1	1	1	1	1
18.		4	4	4	4	4	4
19.		1	1	1	1	1	1
20.		3	3	3	3	3	3
21.			2	2	2	2	2
22.			1	1	1	1	1
23.			2	2	2	2	2
24.			4	4	4	4	4
25.			3	3	3	3	3
26.			2	2	2	2	2
27.			4	4	4	4	4
28.			3	3	3	3	3
29.			1	1	1	1	1
30.			4	4	4	4	4
31.			2	2	2	2	2
32.			1	1	1	1	1
33.			3	3	3	3	3
34.			1	1	1	1	1
35.			3	3	3	3	3
36.			2	2	2	2	2
37.			4	4	4	4	4
38.			3	3	3	3	3
39.			4	4	4	4	4
40.			2	2	2	2	2

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