



# STAGE 1 NEUROCOGNITIVE BATTERY SUMMARY FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE:	N	C	S
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DATE: 06/01/2011  
Version 1.0

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: //

0b. Staff ID:

If a test was discontinued, record the reason for discontinuation using the appropriate letter:

- A = Refusal (participant declines/refuses to perform a test)
- B = Task difficulty (participant could not fully understand the instructions or became frustrated)
- C = Impairment (Visual, hearing, literacy, or limb or motor problem)

	CHECK IF DISCONTINUED	REASON FOR DISCONTINUATION	SCORE
1. WRAT3 Total .....	<input type="checkbox"/>	1a. <input type="checkbox"/>	1b. <input type="text"/> <input type="text"/>
2. Digit Symbol Substitution .....	<input type="checkbox"/>	2a. <input type="checkbox"/>	2b. <input type="text"/> <input type="text"/>
3. Delayed Word Recall .....	<input type="checkbox"/>	3a. <input type="checkbox"/>	3b. <input type="text"/> <input type="text"/>
4. Incidental Learning.....	<input type="checkbox"/>	4a. <input type="checkbox"/>	
4b. Symbols .....	<input type="checkbox"/>		
4c. Digit-Symbol Pairs .....	<input type="checkbox"/>		
5. Word Fluency (FAS).....	<input type="checkbox"/>	5a. <input type="checkbox"/>	
5b. F total .....	<input type="checkbox"/>		
5c. A total .....	<input type="checkbox"/>		
5d. S total .....	<input type="checkbox"/>		5e. <input type="text"/> <input type="text"/>
6. Animals Naming.....	<input type="checkbox"/>	6a. <input type="checkbox"/>	6b. <input type="text"/> <input type="text"/>
7. Logical Memory I.....	<input type="checkbox"/>	7a. <input type="checkbox"/>	
7b. Story A .....	<input type="checkbox"/> <input type="checkbox"/>		
7c. Story B.....	<input type="checkbox"/> <input type="checkbox"/>		7d. <input type="text"/> <input type="text"/>
8. Digit Span Backwards .....	<input type="checkbox"/>	8a. <input type="checkbox"/>	8b. <input type="text"/> <input type="text"/>
9. Trail Making Test (Part A, TMT A).....	<input type="checkbox"/>	9a. <input type="checkbox"/>	
9b. Time to complete .....	<input type="text"/>	(minutes)	9c. <input type="text"/> <input type="text"/>
9d. Number of errors .....	<input type="text"/>	(Max = 5)	9e. <input type="text"/> <input type="text"/> <input type="text"/>
9f. Ln (TMT A) .....			<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**CHECK IF DISCONTINUED      REASON FOR DISCONTINUATION      SCORE**

10. Trail Making Test (Part B, TMT B).....  ..... 10a.   
 10b. Time to complete .....  (minutes) 10c.  (seconds) (Max = 4:00)  
 10d. Number of errors: ...  (Max = 5) 10e.

11. Finger Tapping.....  ..... 11a.   
 11b. Trial 1 (dominant) .....   
 11c. Trial 2 (dominant) .....   
 11d. Trial 1 (non-dom).....   
 11e. Trial 2 (non-dom).....

12. Boston Naming Test.....  ..... 12a.  ..... 12b.   
 13. Clock Time Perception.....  ..... 13a.  ..... 13b.   
 14. Smell Test.....  ..... 14a.  ..... 14b.

14c. Do you suffer from smell loss or a significantly decreased sense of smell?

- Yes
- No

14c1. If yes: At what age did you first notice that your sense of smell had decreased? .....

14c2. Are there any reasons (such as disease) that you may currently experience issues with your olfactory sensitivity?

- Yes
- No

14c2a. If Yes, please specify: \_\_\_\_\_

14d. Have you had a stuffy nose in the past two weeks, for example, from a cold or allergies?

- Yes
- No

15. Logical Memory II.....  ..... 15a.   
 15b. Story A .....   
 15c. Story B.....  15d.

15e. Which story was recalled first? (*check one*)

- Story A
- Story B
- Neither

15f. Was a reminder offered for Story A?       Yes       No

15g. Was a reminder offered for Story B?       Yes       No

16. For any tests that were fully completed (not discontinued), was there anything that you feel may have substantially influenced the test results for this participant? These might include for example: hearing loss, vision problems, tremor, arthritis in the hands, sedation, or if performed in the home/LTC setting, environmental factors such as poor lighting, background noise or interruptions during the testing session.

- Yes
- No

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

Is the participant eligible for Stage 2?     Yes     No

Is the participant eligible for Stage 3?     Yes     No



## INSTRUCTIONS FOR COMPLETING FORMS FOR THE SELECTION TO STAGE 2 AND 3

### General Instructions

Two forms are required to be completed in the DMS in order to determine the eligibility of participants for stage 2 and 3.

### Neurocognitive Summary Score Form (NCS)

All tests are scored and the Neurocognitive Scoring Summary Form completed after the participant has completed the cognitive tests and left the exam area.

There are some occasions when a particular test will not be performed. The reasons may include:

- Participant refusal: The participant declines/refuses to perform a test;
- Task difficulty: The participant could not fully understand the instructions or is becoming notably frustrated and hence a test is stopped in order to preserve rapport;
- Impairment: The examiner determines that the participant is unable to perform a test due to a significant impairment such as visual, hearing, literacy or motor problem.

If a test is not performed or discontinued for one of these reasons, the reason is recorded on the Neurocognitive Scoring Summary Form (NCS).

Note that some tests (e.g., WRAT, Trails A & B, and Boston Naming) have specific criteria for when the test should be stopped. In these cases, select 'No' as the response to 'was the test discontinued.' The score (rather than a reason for discontinuation) is entered on the Neurocognitive Scoring Summary Form (NCS).

If a participant refuses all neurocognitive tests, complete questions regarding discontinuation in the Neurocognitive Summary Scoring (NCS) form and make the Stage 2-3 Selection (NSS) form permanently missing. Note: When the NSS form is permanently missing, the participant is not eligible for Stage 2.

### Detailed Instructions for each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
  
- 1-2. If tests were discontinued, check "Discontinued" and record the reason (a). If not discontinued, record the score (b).
- 3-5. If tests were discontinued, check "Discontinued," record the reason (a), and do not complete items (c), (d), or (e) (as applicable). If not discontinued, record all other applicable items.
6. If test was discontinued, check "Discontinued" and record the reason (a). If not discontinued, record the score (b).
- 7-10. If tests were discontinued, check "Discontinued," record the reason (a), and do not complete items (c), (d), (e) or (f) (as applicable). If not discontinued, record all other applicable items.

- 11-14. If test was discontinued, check "Discontinued" and record the reason (a). If not discontinued, record the score (b).
15. If test was discontinued, check "Discontinued," record the reason (a), and do not complete items (b-g). If not discontinued, record all other applicable items.
16. The examiner is asked to comment on whether there were any mitigating factors that the examiner felt may have adversely affected the participant's performance. This would not include tests that were discontinued (as the reasons for these issues will have already been noted). Examples that may have affected performance would include: hearing loss, vision problems, tremor, arthritis in the hands, sedation, or if performed in the home/LTC setting, environmental factors such as poor lighting, background noise or interruptions during the testing session. If so, the examiner should provide a brief description of the issue on the Neurocognitive Scoring Summary Form (16a).

### Determining eligibility for Stages 2 and 3

Questions 17-28 are calculations performed by the DMS. This screen contains questions that are not found on the paper form. These calculations are the first steps toward determining whether the participant is eligible for Stage 2 and 3.

Each of questions 18-26 contains a clickable button which will fill the field with the appropriate response. In addition, questions 17, 27 and 28 will be pre-populated when the form is opened.

Questions 29-30 are to be ignored. There is no need to fill a response for them at this time.

(NCS) Neurocognitive Summary Form

NCS 1-9   NCS 10-16   NCS 17-26

17. Participated in the ARIC Brain MRI study

18. Low MMSE score   
[Click here for calculation](#)

19. Low score on Memory domain   
[Click here for calculation](#)

20. Low score on Language domain   
[Click here for calculation](#)

21. Low score on Visuospatial domain   
[Click here for calculation](#)

22. Low score on Attention domain   
[Click here for calculation](#)

23. Low score on Executive Function domain   
[Click here for calculation](#)

24. Substantial decline on Delayed Word Recall   
[Click here for calculation](#)

25. Substantial decline on Digit Symbol Substitution   
[Click here for calculation](#)

26. Substantial decline on Word Fluency   
[Click here for calculation](#)

27. CDS number:

28. Random number:

29. Is the participant eligible for Stage 2?

30. Is the participant eligible for Stage 3?   
[Click here to check for missing data on this form](#)

## NCS Stage 2/3 Selection Form (NSS)

This form is used to determine whether a participant has been selected for Stage 2 and 3.

Note: most of the data in the form will populate from the NCS form; therefore, you must complete that form prior to completing the NSS. Additionally the MMSE must be completed before the NCS.

### Detailed Instructions for each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
  
- 1-5. These fields will populate from the NCS. If these fields are not populated, verify that you only have one occurrence of the NCS form and that you have completed the chains in the NCS form.
- 6. Record the number of Yes responses that are in Questions 1-5.
- 7. Record (Yes/No) whether there are any missing values in Questions **1-4**. NOTE: The value in Question 5 does NOT apply to this question.
- 8-10. These fields will populate from the NCS. If these fields are not populated, verify that you only have one occurrence of the NCS form and that you have completed the chains in the NCS form.
- 11. Record the sum of Questions 8-10. Use the following values to calculate a sum: 10th Percentile = 1, 20th Percentile = 0.5, No = 0. Note: A blank field in any of Questions 8-10 is equivalent to 0. If all of Questions 8-10 are missing, enter 0 for Question 11.
- 12-13. Questions 12-13 are calculations performed by the DMS. These calculations are the last steps toward determining whether the participant is eligible for Stage 2 and 3.  
  
Each of questions 12-13 contains a clickable button which will fill the field with the appropriate response. It may take up to 3 seconds to fill the field. Do not move ahead until the field has been filled.
- 14. Question 14 is another calculation performed by the DMS to determine whether a participant requires additional blood tests. The Question contains a clickable button which will fill the field with the appropriate response. The blood lab will access this data, so the calculation for this item must be completed at the site.