



# NEUROCOGNITIVE TEST REPEAT

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------

DATE: 06/05/2013  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

**Instructions:** The purpose of this form is to repeat a short neurocognitive assessment on the Stage 3 participants whose MRI scan is more than 18 months from their Stage 1 neurocognitive testing, determined by the date of the completed NCS form.

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. Digit Symbol Substitution.....	<input type="checkbox"/>	1a. <input type="text"/>	1b. <input type="text"/> <input type="text"/>
2. Delayed Word Recall.....	<input type="checkbox"/>	2a. <input type="text"/>	2b. <input type="text"/> <input type="text"/>
3. Word Fluency (FAS) .....	<input type="checkbox"/>	3a. <input type="text"/>	
3b. F total .....	<input type="text"/>		
3c. A total .....	<input type="text"/>		
3d. S total .....	<input type="text"/>		3e. <input type="text"/> <input type="text"/>