CNS Vital Signs Report	
Patient ID: 39958	Test Date: February 26, 2025 11:21:23
Age: 29	Administrator: Lucid Cognition
Total Test Time: 17:30 (min:secs)	Language: English (United Kingdom)
CNSVS Duration: 13:02 (min:secs)	CNSVS Online Version 2.0.5

Patient Profile	Percentile Range				> 74	25 - 74	9 - 24	2 - 8	< 2
	Standard Score Range				> 109	90 - 109	80 - 89	70 - 79	< 70
Domain Scores	Patient Score	Standard Score	Percentile	VI**	Above	Average	Low Average	Low	Very Low
Psychomotor Speed	184	99	47	Yes		X			
Reaction Time*	686	84	14	Yes			X		
Cognitive Flexibility	45	92	30	Yes		X			
Processing Speed	56	89	23	Yes			X		
Executive Function	48	96	40	Yes		X			
Motor Speed	128	108	70	Yes		X			

Domain Dashboard: Above average domain scores indicate a standard score (SS) greater than 109 or a Percentile Rank (PR) greater than 74, indicating a high functioning test subject. Average is a SS 90-109 or PR 25-74, indicating normal function. Low Average is a SS 80-89 or PR 9-24 indicating a slight deficit or impairment. Below Average is a SS 70-79 or PR 2-8, indicating a moderate level of deficit or impairment. Very Low is a SS less than 70 or a PR less than 2, indicating a deficit and impairment. Reaction times are in milliseconds. An * denotes that "lower is better", otherwise higher scores are better. Subject Scores are raw scores calculations generated from data values of the individual subtests.

VI** - Validity Indicator: Denotes a guideline for representing the possibility of an invalid test or domain score. "No" means a clinician should evaluate whether or not the test subject understood the test, put forth their best effort, or has a clinical condition requiring further evaluation.

Verbal Memory Test (VBM)	Score	Standard	Percentile	Incomplete
Correct Hits - Immediate				Verbal Memory test: Subjects have to remember 15 words and recognize them in a field of 15 distractors. The test is repeated at the end of the battery. The VBM test measures how well a subject can recognize, remember, and retrieve words e.g. exploit or attend literal representations or attribute. "Correct Hits" refers to the number of target words recognized. Low scores indicate verbal memory impairment.
Correct Passes - Immediate				
Correct Hits - Delay				
Correct Passes - Delay				

Visual Memory Test (VSM)	Score	Standard	Percentile	Incomplete
Correct Hits - Immediate				Visual Memory test: Subjects have to remember 15 geometric figures, and recognize them in a field of 15 distractors. The test is repeated at the end of the battery. The VSM test measures how well a subject can recognize, remember, and retrieve geometric figures e.g. exploit or attend symbolic or spatial representations. "Correct Hits" refers to the number of target figures recognized. Low scores indicate visual memory impairment.
Correct Passes - Immediate				
Correct Hits - Delay				
Correct Passes - Delay				

Finger Tapping Test (FTT)	Score	Standard	Percentile	
Right Taps Average	70	114	82	The FTT is a test of motor speed and fine motor control ability. There are three rounds of tapping with each hand. The FTT test measures the speed and the number of finger-taps with each hand. Low scores indicate motor slowing. Speed of manual motor activity varies with handedness. Most people are faster with their preferred hand but not always.
Left Taps Average	58	101	53	

Symbol Digit Coding (SDC)	Score	Standard	Percentile	
Correct Responses	56	87	19	The SDC test measures speed of processing and draw upon several cognitive processes simultaneously, such as visual scanning, visual perception, visual memory, and motor functions. Errors may be due to impulsive responding, misperception, or confusion.
Errors*	0	112	79	

Stroop Test (ST)	Score	Standard	Percentile	
Simple Reaction Time*	275	98	45	The ST measures simple and complex reaction time, inhibition / disinhibition, mental flexibility or directed attention. The ST helps assess how well a subject is able to adapt to rapidly changing and increasingly complex set of directions. Prolonged reaction times indicate cognitive slowing / impairment. Errors may be due to impulsive responding, misperception, or confusion.
Complex Reaction Time Correct*	638	84	14	
Stroop Reaction Time Correct*	733	87	19	
Stroop Commission Errors*	3	70	2	

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Shifting Attention Test (SAT)	Score	Standard	Percentile	
Correct Responses	56	101	53	The SAT measures executive function or how well a subject recognizes set shifting (mental flexibility) and abstraction (rules, categories) and manages multiple tasks simultaneously. Subjects have to adjust their responses to randomly changing rules. The best scores are high correct responses, few errors and a short reaction time. Normal subjects may be slow but accurate, or fast but not so accurate. Attention deficit may be apparent.
Errors*	8	91	27	
Correct Reaction Time*	821	115	84	

Continuous Performance Test (CPT)	Score	Standard	Percentile	Incomplete
Correct Responses				The CPT measures sustained attention or vigilance and choice reaction time. Most normal subjects obtain near-perfect scores on this test. A long response time may suggest cognitive slowing and/or impairment. More than 2 errors (total) may be clinically significant. More than 4 errors (total) indicate attentional dysfunction.
Omission Errors*				
Commission Errors*				
Choice Reaction Time Correct*				

Reasoning Test (RT)	Score	Standard	Percentile	Incomplete
Correct Responses				The NVRT measures how well a subject can perceive and understand the meaning of visual or abstract information and recognizing relationships between visual-abstract concepts. The NVRT is comprised of 15 matrices, or visual analogies. The matrices are progressively more difficult. Each is presented for 14.5 seconds. Non-verbal or visual-abstract reasoning is the process of perceiving issues and reaching conclusions through the use of symbols or generalizations rather than concrete factual information.
Average Correct Reaction Time*				
Commission Errors*				
Omission Errors*				

Four Part Continuous Performance Test	Score	Standard	Percentile	Incomplete
Part 1				The FPCPT test is a four part test that measures a subject's working memory and sustained attention. The FPCPT is a four part test: PART ONE - is a simple reaction time test, the subject must press the space bar when any stimulus is presented; PART TWO - is a variant of the continuous performance test, the subject is asked to respond to one stimulus, but not to any others. Discrimination is required, so the reaction times that are generated are "choice reaction times". PART THREE - is a "one back" CPT. The subject has to respond to a figure only if the figure immediately preceding was the same. PART FOUR - is a "two-back" CPT. It is a difficult task and is used to measure working memory. Parts two, three, and four of the tests are used to calculate sustained attention domain.
Average Correct Reaction Time*				
Part 2				
Correct Responses				
Average Correct Reaction Time*				
Incorrect Responses*				
Average Incorrect Reaction Time*				
Omission Errors*				
Part 3				
Correct Responses				
Average Correct Reaction Time*				
Incorrect Responses*				
Average Incorrect Reaction Time*				
Omission Errors*				
Part 4				
Correct Responses				
Average Correct Reaction Time*				
Incorrect Responses*				
Average Incorrect Reaction Time*				
Omission Errors*				

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist	
Patient ID: 39958	Test Date: February 26, 2025 11:21:23
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The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted. The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

Part A (questions 1-6)

		Never	Rarely	Some times	Often	Very Often
1	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	X				
2	How often do you have difficulty getting things in order when you have to do a task that requires organization?	X				
3	How often do you have problems remembering appointments or obligations?	X				
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	X				
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	X				
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?	X				

Part B (questions 7-18)

		Never	Rarely	Some times	Often	Very Often
7	How often do you make careless mistakes when you have to work on a boring or difficult project?	X				
8	How often do you have difficulty keeping your attention when you are doing boring? or repetitive work	X				
9	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	X				
10	How often do you misplace or have difficulty finding things at home or at work?	X				
11	How often are you distracted by activity or noise around you?	X				
12	How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	X				
13	How often do you feel restless or fidgety?	X				
14	How often do you have difficulty unwinding and relaxing when you have time to yourself?	X				
15	How often do you find yourself talking too much when you are in social situations?	X				
16	When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	X				
17	How often do you have difficulty waiting your turn in situations when taking turns is required?	X				
18	How often do you interrupt others when they are busy?	X				

The Adult ADHD Self-Report Scale (ASRS) Symptom Checklist and scoring system were developed in conjunction with the World Health Organization (WHO), and the Workgroup on Adult ADHD that included the following team of psychiatrists and researchers: Lenard Adler MD, Associate Professor of Psychiatry and Neurology New York University Medical School; Ronald C. Kessler PhD Professor, Department of Health Care Policy Harvard Medical School; Thomas Spencer MD, Associate Professor of Psychiatry Harvard Medical School.

For more information go to http://www.hcp.med.harvard.edu/ncs/asrs.php

Depression, Anxiety and Stress Scale (DASS) SF-21

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DASS21 Severity Ratings

	Normal	Mild	Moderate	Severe	Extremely Severe
Depression	0-9	10-13	14-20	21-27	28+
Anxiety	0-7	8-9	10-14	15-19	20+
Stress	0-14	15-18	19-25	26-33	34+

DASS21 Scores

Depression:	Anxiety:	Stress:

1	I found it hard to wind down	
2	I was aware of dryness of my mouth	
3	I couldn't seem to experience any positive feeling at all	
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	
5	I found it difficult to work up the initiative to do things	
6	I tended to over-react to situations	
7	I experienced trembling (eg, in the hands)	
8	I felt that I was using a lot of nervous energy	
9	I was worried about situations in which I might panic and make a fool of myself	
10	I felt that I had nothing to look forward to	
11	I found myself getting agitated	
12	I found it difficult to relax	
13	I felt down-hearted and blue	
14	I was intolerant of anything that kept me from getting on with what I was doing	
15	I felt I was close to panic	
16	I was unable to become enthusiastic about anything	
17	I felt I wasn't worth much as a person	
18	I felt that I was rather touchy	
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	
20	I felt scared without any good reason	
21	I felt that life was meaningless	

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd. Ed.) Sydney: Psychology Foundation. ISBN 7334-1423-0. http://www2.psy.unsw.edu.au/dass21/

Epworth Sleepiness Scale (ESS) SF-8

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The patient is getting enough sleep if they score 6 or less. Scores of 7 or 8 are average. If the patient's score is 9 or more they should seek the advice of a sleep specialist without delay.

In contrast to feeling just tired, how likely are you to doze off or fall asleep in the following situation?	
1	Sitting and reading	
2	Watching TV	
3	Sitting inactive in a public place (e.g., a theater or a meeting)	
4	As a passenger in a car for an hour without a break	
5	Lying down to rest in the afternoon when circumstances permit	
6	Sitting and talking to someone	
7	Sitting quietly after a lunch without alcohol	
8	In a car, while stopped for a few minutes in traffic	
Epworth Score	