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**NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL EVALUATION**

**CONFIDENTIAL**

**Client:**  {{FIRST}} {{LAST}}

**MPRN:** {{MPRN}}

**Date of Evaluation:** {{EVAL\_DATE}}

**Date of Birth:**  {{BIRTH\_DATE}}

**Age:** {{AGE}}

**Education:** {{EDUCATION}} years

**Examiner:** John PK Bernstein, Ph.D.

**REASON FOR REFERRAL:**

{{FIRST}} {{LAST}} is a {{AGE}}-year-old male who was self-referred for a neuropsychological evaluation due to concerns about his cognitive functioning that may be characteristic of a neurodevelopmental condition, such as attention-deficit/hyperactivity disorder (ADHD).

**SOURCES OF INFORMATION:**

* *Barkley Adult ADHD Rating Scale-IV (BAARS-IV)*
* *Beck Anxiety Inventory (BAI)*
* *Beck Depression Inventory-II (BDI-II)*
* *Behavior Rating Inventory of Executive Function for Adults (BRIEF-A) – Self and Informant versions*
* *California Verbal Learning Test, Third Edition (CVLT-3)*
* *Conners’ Adult ADHD Rating Scale (CAARS)*
* *Conners Continuous Performance Test, Third Edition (CPT3)*
* *Delis-Kaplan Executive Function System (D-KEFS) – Color-Word Interference and Verbal Fluency subtests*
* *Personality Assessment Inventory (PAI)*
* *Rey Complex Figure Test and Recognition Trial (RCFT)*
* *Rey FIT*
* *Trail-Making Test Parts A & B*
* *Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)*
* *Wechsler Memory Scale, Fourth Edition (WMS-IV), Logical Memory subtest*
* *Wechsler Test of Adult Reading (WTAR)*
* *Review of Medical Records*
* *Intake Form*
* *Clinical Interview*

**CURRENT CONCERNS:**

In an interview, Mr. {{LAST}} indicated lifelong difficulties with concentration and time management. He reported frequently forgetting the subject he is discussing during conversation and a tendency to “drift from thought to thought”. He further noted challenges with procrastination and puts off starting some work tasks until the {{LAST}} minute. He indicated that using lists to organize his tasks and activities has been somewhat helpful but also noted that he sometimes forgets to check them. He further reported completing an online training through his work to help with organization and productivity, which he also found to be helpful. However, he noted continued difficulties and a general desire to “be more efficient” in his work and home life. He indicated that friends and family have commented on these symptoms for several years, however he only became aware that they interfered with his daily life approximately two years ago without clear preceding event. Mr. {{LAST}} reported generally being independent in his daily activities. He indicated that his wife has taken care of most of the family finances for years because of his organizational challenges, noting that he occasionally missed payments due to forgetfulness when he was single. He denied that his inattentive and organizational symptoms have interfered with other aspects of daily life, including cooking, grocery shopping and driving.

**MEDICAL/MENTAL HEALTH HISTORY:**

Mr. {{LAST}} denied concerns about his hearing or vision. He reported going to the emergency room after his thumb became stuck in a door and became infected in March 2022. He reported undergoing shoulder surgery in 2010. He indicated poor sleep quality, noting that he wakes at least five times per night at minimum and sometimes snores. He indicated undergoing a sleep study within the past few months to determine whether he had sleep apnea however reported that “results were inconclusive”. He is reportedly scheduled for a repeat assessment in January 2023.

Mr. {{LAST}} denied ever being diagnosed with a mental health condition. He reported being tested for “ADD” when he was ten years old; while he was unable to remember what diagnoses or recommendations were provided, he indicated that the assessment “{{LAST}}ed for several hours” and he did not receive a diagnosis of ADD/ADHD. The report from the prior evaluation was unavailable for review. He saw a therapist for about a year beginning in 2020 to focus on stress regarding his son’s behaviors (see Social, Educational and Occupational History). Treatment reportedly focused on meditation and mindfulness-based exercises, which he found helpful, however he stopped completing sessions during the COVID-19 pandemic due to his preference for in-person therapy. He indicated interest in resuming therapy. He denied history of mental health difficulties when he was growing up. He indicated having two alcoholic drinks twice per week and denied a history of problematic drinking. He indicated holding a medical marijuana card and has one edible nightly “to help relax”. He reported having one to two cups of coffee in the morning.

**SOCIAL, EDUCATIONAL AND OCCUPATIONAL HISTORY:**

Mr. {{LAST}} denied difficulties achieving developmental milestones growing up. He reportedly struggled academically and received math tutoring as a child. He denied behavioral difficulties or being frequently disciplined, indicating that he weas “a normal kid”. He graduated from a four-year college with a 3.1 GPA and degree in psychology, noting that he had trouble focusing even in seminars that he found interesting (such as philosophy courses). He has worked as an IT senior systems analyst for Mathworks for the past three and a half years. Mr. {{LAST}} indicated that he enjoys that his role involves frequently alternating between several tasks. While his performance evaluations have generally been positive, his supervisors have reportedly commented about his difficulties with organization and trouble finishing some tasks once he has started them. While he has never been told as such, Mr. {{LAST}} noted feeling that he sometimes provides poor quality work due to his difficulties with attention and time management. He indicated being good at managing relationships with other employees and supervisors. Mr. {{LAST}} lives with his wife and two children (ages 7 and 9) in Needham, MA. He indicated that both of his children have been diagnosed with autism spectrum disorder and have individualized educational programs (IEPs). He reported that his son, who was diagnosed at age 2, has particularly significant “sensory and processing needs”, is “non-speaking” and recently began at a new school for children with neurodevelopmental conditions. Mr. {{LAST}} indicated that the family is close-knit, however learning to parent and advocate for his son has been a major stressor for the past several years.

**BEHAVIORAL OBSERVATIONS/MENTAL STATUS EXAMINATION:**

A clinical interview and testing were completed with Mr. {{LAST}} in-person using physical distancing and masking due to the COVID-19 pandemic. Mr. {{LAST}} was casually dressed, well groomed, and appeared his stated age. He was pleasant and cooperative throughout the evaluation. His sight and hearing abilities appeared adequate for the purposes of the evaluation.

Mr. {{LAST}} was oriented to person, place, time, and situation. His mood appeared anxious throughout much of the evaluation. He tapped his foot repeatedly during some assessments. He apologized repeatedly during testing when he perceived himself to perform poorly, even when reminded that this was unnecessary. He took several breaks during the assessment. He denied any recent feelings of suicidal/homicidal ideation. His thoughts seemed logical and generally linear. He denied any delusional thinking or hallucinations. He showed signs of fatigue during the latter few measures administered. Mr. {{LAST}} performed well on standalone and embedded performance validity tests, suggesting that the following results represent a reasonable picture of his current neurocognitive functioning.

**CURRENT TEST RESULTS & INTERPRETATION:**

(See **Score Appendix** for a full report of test scores.)

***General Cognitive Ability:***

Based on his sight-reading skills, Mr. {{LAST}}’s premorbid cognitive functioning was predicted to fall in the {{WTAR\_QUAL.lower()}} range. Mr. {{LAST}} obtained a WAIS-IV Full-Scale IQ of IQ SCORE, placing him in the {{IQ\_QUAL.lower()}} range of intellectual functioning.

***Motor Functioning/Processing Speed:***

Mr. {{LAST}} performed in the {{PSI\_QUAL.lower()}} range on timed tests requiring hand-eye coordination, visual scanning, and general processing speed (WAIS-IV PSI: SS = {{PSI\_SCORE}}). Specifically, he showed {{SYMBOL\_SEARCH\_QUAL.lower()}} speed on a timed task requiring him to quickly scan and mark matching figures. He performed in the {{CODING\_QUAL.lower()}} range when asked to rapidly reproduce characters that had been paired with numbers while referring to a key. Mr. {{LAST}} demonstrated {{TRAILS\_A\_QUAL.lower()}} speed when asked to connect numbers in sequence that had been scattered about a page. He showed {{COLOR\_NAMING\_QUAL.lower()}} ability to quickly name blots of color and {{WORD\_READING\_QUAL.lower()}} ability to quickly read words.

***Attention/Working Memory:***

Mr. {{LAST}}’s overall ability to pay attention to auditory information fell in the {{WMI\_QUAL.lower()}} range (WAIS-IV WMI: SS = {{WMI\_SCORE}}). He performed in the {{DIGITS\_FORWARD\_QUAL.lower()}} range when required to listen to and recite digit strings in forward order. He performed in the {{DIGITS\_BACKWARD\_QUAL.lower()}} range on a more cognitively demanding task that required him to recite number strings in reverse sequence. On a task requiring him to recite strings of numbers rearranged into numeric sequence, he performed in the {{DIGITS\_SEQUENCE\_QUAL.lower()}} range. Mr. {{LAST}} performed in the {{ARITHMETIC\_QUAL.lower()}} range when asked to listen to and solve math story problems in his head.

On a test of sustained visual attention, Mr. {{LAST}} demonstrated very slow response speeds to target stimuli. His response speed was inconsistent across trials, and he showed substantial reduction in response speeds when there was a longer interval between stimuli. Overall, he demonstrated difficulties with inattentiveness on this measure.

***Verbal Functioning:***

Overall, Mr. {{LAST}} showed {{VCI\_QUAL.lower()}} skill on tasks requiring verbal knowledge and expression (WAIS-IV VCI: SS = {{VCI\_SCORE}}). He displayed a {{VOCABULARY\_QUAL.lower()}} ability to define individual words. He performed in the {{SIMILARITIES\_QUAL.lower()}} range on a test requiring him to identify the logical commonality between two presented items or concepts. On a semantic fluency test, he exhibited {{CATEGORY\_FLUENCY\_QUAL.lower()}} ability to produce lists of words belonging to specific categories and {{LETTER\_FLUENCY\_QUAL.lower()}} ability to generate lists of words beginning with a specific letter.

***Visuospatial Functioning:***

Mr. {{LAST}} displayed {{PRI\_QUAL.lower()}} average ability on tasks requiring visual analysis and reasoning, mental rotation, and construction (WAIS-IV PRI: SS = {{PRI\_SCORE}}). He performed in the {{BLOCK\_DESIGN\_QUAL.lower()}} range on a timed task that required him to reconstruct visual designs using blocks. He showed {{MATRIX\_REASONING\_QUAL.lower()}} skill on a test of visual pattern recognition and spatial reasoning ability. Mr. {{LAST}} performed in the {{VISUAL\_PUZZLES\_QUAL.lower()}} range on another visual reasoning task that required him to select which three of six designs could be used to reconstruct a puzzle. His rendering of a complex design was within normal limits with good planning and attention to detail.

***Learning & Memory:***

On a list learning test, Mr. {{LAST}} showed {{CVLT\_TOTAL\_QUAL.lower()}} ability to learn a word list that was repeated multiple times. He demonstrated a “slow to warm up” effect whereby he had some trouble initially learning information, however he was able to develop strategies to help him organize and recall information with repetition. He demonstrated {{CVLT\_LIST\_B\_QUAL.lower()}} ability to learn a separate word list that served as a distracter task. After a brief delay, he showed {{CVLT\_SHORT\_DELAY\_FREE\_QUAL.lower()}} recall of the words for his age. His recall did not improve with cues. After an extended delay, his recall was in the {{CVLT\_LONG\_DELAY\_FREE\_QUAL.lower()}} range. Mr. {{LAST}} demonstrated {{CVLT\_CORRECT\_RECOGNITION\_HITS\_QUAL.lower()}} ability to recognize words which had been part of the original list when they were presented in yes/no format. His ability to ignore distracter words was {{CVLT\_FALSE\_POSITIVES\_QUAL.lower()}}.

On a story recall test, Mr. {{LAST}} displayed {{LOGICAL\_MEMORY\_I\_QUAL.lower()}} immediate recall for the details of two stories he heard. He had {{LOGICAL\_MEMORY\_II\_QUAL.lower()}} recall for the stories following a delay. Recognition was {{LOGICAL\_MEMORY\_RECOGNITION\_QUAL.lower()}}. Mr. {{LAST}} demonstrated {{RCFT\_IMMEDIATE\_QUAL}} ability to immediately reproduce a visual design he had seen. His ability to reproduce the design again following a more extended delay was in the {{RCFT\_DELAYED\_QUAL.lower()}} range. During a recognition trial, his ability to recognize target components of the design was {{RCFT\_TRUE\_POSITIVES\_QUAL.lower()}} and his ability to ignore distracters during a recognition trial was {{RCFT\_FALSE\_POSITIVES\_QUAL.lower()}}.

***Logical Reasoning/Mental Flexibility:***

As mentioned, Mr. {{LAST}} performed in the {{MATRIX\_REASONING\_QUAL.lower()}} range on a test of visual pattern recognition and reasoning, and in the {{SIMILARITIES\_QUAL.lower()}} range on a test of verbal concept formation. He showed {{TRAILS\_B\_QUAL.lower()}} performance on a timed task of set flexibility in which he had to quickly connect alternating letters and numbers in sequence. On a verbal fluency test, he displayed {{CATEGORY\_SWITCHING\_QUAL.lower()}} ability to produce words falling into two disparate categories. His ability to accurately switch between the two categories was {{CATEGORY\_SWITCHING\_ACCURACY\_QUAL.lower()}}. He performed in the {{INHIBITION\_QUAL.lower()}} range on a verbal measure in which he inhibited one response type (word-reading) in favor of another (color naming). When he was required to switch back and forth between the two response types, his performance fell in the {{INHIBITION\_SWITCHING\_QUAL.lower()}} range.

***Neurobehavioral Functioning:***

Mr. {{LAST}} completed a self-report measure of executive functioning, and his {{INFORMANT\_RELATION}}, Ms. {{INFORMANT\_FIRST}} {{INFORMANT\_LAST}} completed an informant version of the same measure. Mr. {{LAST}} endorsed select, generally mild difficulties with planning and organization his tasks and activities as well as monitoring his tasks. He did not describe difficulties with getting started on tasks without procrastinating, keeping important information in his mind long enough to act on it, controlling his emotions, shifting his attention and monitoring his behavior. Ms. {{INFORMANT\_LAST}} reported observing a larger and more significant set of difficulties in her husband, including problems inhibiting responses, monitoring his behavior, initiating new tasks and activities, planning and organizing his tasks and activities and monitoring his tasks. Both Mr. {{LAST}} and Ms. {{INFORMANT\_LAST}} responded in a valid manner that suggested their reports were an accurate portrayal of Mr. {{LAST}}’s functioning.

On a self-report measure of adult ADHD symptoms, Mr. {{LAST}} did not endorse presently experiencing clinically significant symptoms of inattention, hyperactivity or impulsivity. In contrast, Ms. {{INFORMANT\_LAST}}, who completed an informant version of the same measure, noted marked symptoms of inattention as well as slight symptoms of impulsivity. Both responded in a valid manner. On a separate ADHD self-report measure that lacked validity indices, Mr. {{LAST}} endorsed presently experiencing moderate symptoms of inattention and modest symptoms of hyperactivity and impulsivity. He reported experiencing mild symptoms of inattention and modest symptoms of hyperactivity and impulsivity in childhood.

Mr. {{LAST}} also completed the Personality Assessment Inventory (PAI) as a measure of interpersonal and emotional functioning. His pattern of responses did not suggest concerns about over- or underreporting of symptoms. Mr. {{LAST}} indicated experiencing transient symptoms of depression. He indicated that others likely see him as passive, humble and unassuming. Mr. {{LAST}} endorsed presently experiencing {{BAI\_QUAL.lower()}} symptoms of anxiety on a stand-alone measure, including difficulties relaxing, fear of the worst happening, nervousness and fear, as well as physical symptoms including feeling hot, indigestion, unsteadiness and sweating. He endorsed {{BDI\_QUAL.lower()}} symptoms of depression on a stand-alone measure, including a tendency to see lots of failures in his life and difficulties maintaining his focus on a task for extended periods. He described mild feelings of irritability, fatigue, and sadness, as well as reduced interest in activities he used to, symptoms of restlessness and increased appetite.

**SUMMARY:**

{{FIRST}} {{LAST}} is a {{AGE}}-year-old male who was self-referred for a neuropsychological evaluation due to concerns about his cognitive functioning that may be characteristic of a neurodevelopmental condition, such as attention-deficit/hyperactivity disorder (ADHD). During this evaluation, Mr. {{LAST}} presented as friendly and cooperative. He performed well on performance validity indices, showing no behavioral indication of poor effort. Test results indicated that Mr. {{LAST}}’s estimated premorbid cognitive abilities fall in the high average range. Relative to premorbid estimates, Mr. {{LAST}} demonstrated subtle weaknesses on measures of sustained attention and some aspects of executive functioning, including set flexibility and inhibitory control. He also displayed difficulties on measures of processing speed, particularly when asked to quickly name colors and read words. In general, his performance during testing was poorer on timed measures than on untimed ones.

On standardized measures, Mr. {{LAST}} endorsed difficulties planning and organization his tasks and activities as well as monitoring his tasks. His wife, Ms. {{INFORMANT\_FIRST}} {{INFORMANT\_LAST}}, reported observing a larger and more significant set of difficulties in her husband, including problems inhibiting responses, monitoring his behavior, initiating new tasks and activities, planning and organizing his tasks and activities and monitoring his tasks. Mr. {{LAST}}’s self-report of ADHD symptoms varied across measures, as while he did not describe experiencing significant symptoms of ADHD on one measure, he endorsed experiencing modest symptoms of inattention presently as well as more modest symptoms in childhood. Ms. {{INFORMANT\_FIRST}} {{INFORMANT\_LAST}} indicated noticing symptoms of inattention and impulsivity at present in her husband. Mr. {{LAST}} described experiencing moderate symptoms of anxiety and transient depressive symptoms on self-report measures.

Mr. {{LAST}} does not meet criteria for ADHD. While he described some difficulties with aspects of organization, concentration and time management during the interview, these were only mildly and inconsistency endorsed across standardized questionnaire measures. Mr. {{LAST}} also reportedly did not receive a diagnosis of ADHD at a comprehensive evaluation when he was young, further suggesting that his present difficulties may not reflect a neurodevelopmental condition. On testing, Mr. {{LAST}} performed within or above expectations on measures typically impacted in individuals with ADHD, including most measures of attention and working memory. Although he demonstrated some difficulties on tests of sustained attention and executive functioning, these difficulties appeared to be due primarily to deficiencies in processing speed. Mr. {{LAST}}’s difficulties appear to have become more pronounced in recent years and are likely more readily attributable to self-reported feelings of stress and anxiety than to ADHD, particularly given heightened concerns about his son’s health and his disengagement from psychotherapy within a similar period. It is likely that with improvements in his mood, Mr. {{LAST}} will notice alleviation of his attention and organization-related challenges.

**DIAGNOSTIC IMPRESSIONS:**

300.00 (F41.9) Unspecified Anxiety Disorder

**RECOMMENDATIONS:**

1. Mr. {{LAST}} would benefit from re-engaging in psychotherapy, with a particular focus on reducing his feelings of stress and anxiety. Given his reported difficulties with organization, he is specifically recommended to consider engaging in Cognitive Behavioral Therapy (CBT). CBT has demonstrated effectiveness in reducing symptoms of anxiety and provides both concrete coping skills and a highly structured approach to treatment. It is expected that by continuing to engage in treatment for his mental health, Mr. {{LAST}} will notice improvements in his cognitive difficulties as well as his mood. He may obtain information about available therapists through contacting his insurance company, speaking with his primary care, or contacting a free therapy matching service (e.g., www.therapymatcher.org).
2. While Mr. {{LAST}} does not currently meet criteria for ADHD, he described difficulties remaining organized and sustaining his attention. He should be aware that many of the tenets of CBT used to treat mood may also be applied to improve organizational and attentional skills. Indeed, CBT for ADHD has been shown to be an effective means of improving these abilities both in those with ADHD as well as those without ADHD. Mr. {{LAST}} and his therapist may wish to include as part of therapy ongoing discussion of how the strategies he is learning about how to treat mood may also be employed to improve his difficulties with executive functioning.
3. Mr. {{LAST}} is encouraged to continue or resume his use of strategies that have been useful in improving his mood in the past, including meditation. He may benefit from using external devices (e.g, phone applications or videos) to help guide these exercises and ensure he spend an adequate amount of time.
4. Mr. {{LAST}} demonstrated a weakness on measures of processing speed and timed tasks. He should practice time management skills that require establishing goals and objectives, prioritizing, daily planning, and periodic self-evaluation. Specific components of such a program include setting aside 5-10 minutes each evening to review the day and plan for the next, prioritizing items on your to-do list and checking them off after you have completed them, knowing your peak times, and eliminating interruptions when working on an important task.
5. Mr. {{LAST}} noted difficulties obtaining sufficient sleep. He is encouraged to employ good sleep hygiene techniques, such as using his bed solely for sleep, developing and sticking to a nightly sleep routine, and limiting his use of technology before bed. These techniques will be discussed in more detail during feedback. He will likely also see improvements in his sleep as he continues to engage in treatment for anxiety.
6. The current evaluation serves as a baseline for future evaluations should Mr. {{LAST}}’s neurocognitive issues persist or worsen.

**SCORE APPENDIX**

This section displays scores that Mr. {{LAST}} obtained during the current evaluation. They are included for purposes of comparison to previous and future evaluations and for those qualified and familiar with the specific tests. Their meaning may not be clear to other individuals. These scores contributed to the diagnosis and recommendations for this individual and are interpreted in the narrative text.

The raw scores obtained in this evaluation have been transformed into norm-referenced standardized scores which reflect performance as compared to same-age peers. Each test author has varying descriptor names associated with different scores. However, for the purposes of interpretability, a single set of descriptors and associated score ranges will be used for all tests within this report. The following table indicates these ranges (based on recent recommendations by the American Academy of Clinical Neuropsychology, 2020).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test Score Labels for Tests with Normal Distributions** | | | | | |
| **Standard Score (SS)** | **Scaled Score**  **(ss)** | **T Score** | **Z Score** | **Percentile** | **Score Label/Descriptor** |
| ≥130 | ≥16 | ≥70 | ≥⁺2.00 | ≥98 | Exceptionally High |
| 120-129 | 14-15 | 63-90 | ⁺1.33-⁺1.99 | 91-97 | Above Average |
| 110-119 | 12-13 | 57-62 | ⁺0.67-⁺1.32 | 75-90 | High Average |
| 90-109 | 8-11 | 43-56 | ⁻0.67-⁺0.66 | 25-74 | Average |
| 80-89 | 6-7 | 37-42 | ⁻1.33-⁻0.68 | 9-24 | Low Average |
| 70-79 | 4-5 | 30-36 | ⁻2.00-⁻1.34 | 2-8 | Below Average |
| <70 | 1-3 | <20-29 | <⁻3.00-⁻2.01 | <2 | Exceptionally Low |

|  |  |
| --- | --- |
| **Test Score Labels for Tests with Non-Normal Distributions** | |
| **Percentile** | **Score Label/Descriptor** |
| >24 | Within Normal Expectations or Within Normal Limits (WNL) |
| 9-24 | Low Average |
| 2-8 | Below Average |
| <2 | Exceptionally Low |

**INTELLECTUAL FUNCTIONING**

|  |  |  |  |
| --- | --- | --- | --- |
| *Wechsler Test of Adult Reading (WTAR)* | *Standard Score* | *Percentile* | *Classification of Functioning* |
| Raw Score | {{WTAR\_SCORE}} | {{WTAR\_PERCENT}} | {{WTAR\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)* | *Standard Score* | *Percentile* | *Classification of Functioning* |
| Verbal Comprehension Index (VCI) | {{VCI\_SCORE}} | {{VCI\_PERCENT}} | {{VCI\_QUAL}} |
| Perceptual Reasoning Index (PRI) | {{PRI\_SCORE}} | {{PRI\_PERCENT}} | {{PRI\_QUAL}} |
| Working Memory Index (WMI) | {{WMI\_SCORE}} | {{WMI\_PERCENT}} | {{WMI\_QUAL}} |
| Processing Speed Index (PSI) | {{PSI\_SCORE}} | {{PSI\_PERCENT}} | {{PSI\_QUAL}} |
| Full-Scale IQ (FSIQ) | {{IQ\_SCORE}} | {{IQ\_PERCENT}} | {{IQ\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *WAIS-IV VCI* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Similarities | {{SIMILARITIES\_SCORE}} | {{SIMILARITIES\_PERCENT}} | {{SIMILARITIES\_QUAL}} |
| Vocabulary | {{VOCABULARY\_SCORE}} | {{VOCABULARY\_PERCENT}} | {{VOCABULARY\_QUAL}} |
| Information | {{INFORMATION\_SCORE}} | {{INFORMATION\_PERCENT}} | {{INFORMATION\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *WAIS-IV PRI* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Block Design | {{BLOCK\_DESIGN\_SCORE}} | {{BLOCK\_DESIGN\_PERCENT}} | {{BLOCK\_DESIGN\_QUAL}} |
| Matrix Reasoning | {{MATRIX\_REASONING\_SCORE}} | {{MATRIX\_REASONING\_PERCENT}} | {{MATRIX\_REASONING\_QUAL}} |
| Visual Puzzles | {{VISUAL\_PUZZLES\_SCORE}} | {{VISUAL\_PUZZLES\_PERCENT}} | {{VISUAL\_PUZZLES\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *WAIS-IV WMI* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Digit Span | {{DIGIT\_SPAN\_SCORE}} | {{DIGIT\_SPAN\_PERCENT}} | {{DIGIT\_SPAN\_QUAL}} |
| Forward | {{DIGITS\_FORWARD\_SCORE}} | {{DIGITS\_FORWARD\_PERCENT}} | {{DIGITS\_FORWARD\_QUAL}} |
| Backward | {{DIGITS\_BACKWARD\_SCORE}} | {{DIGITS\_BACKWARD\_PERCENT}} | {{DIGITS\_BACKWARD\_QUAL}} |
| Sequence | {{DIGITS\_SEQUENCE\_SCORE}} | {{DIGITS\_SEQUENCE\_PERCENT}} | {{DIGITS\_SEQUENCE\_QUAL}} |
| Arithmetic | {{ARITHMETIC\_SCORE}} | {{ARITHMETIC\_PERCENT}} | {{ARITHMETIC\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *WAIS-IV PSI* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Symbol Search | {{SYMBOL\_SEARCH\_SCORE}} | {{SYMBOL\_SEARCH\_PERCENT}} | {{SYMBOL\_SEARCH\_QUAL}} |
| Coding | {{CODING\_SCORE}} | {{CODING\_PERCENT}} | {{CODING\_QUAL}} |

**ATTENTION & EXECUTIVE FUNCTIONING**

|  |  |  |
| --- | --- | --- |
| *Conners Continuous Performance Test, 3rd Ed. (CPT3)* | *T-score* | *Guideline* |
| Detectability | 50 | Average ability to differentiate targets from non-targets |
| Errors | - | - |
| # Omissions | 50 | Average rate of missed targets |
| # Commissions | 44 | Below average rate of incorrect responses to non-targets |
| # Perseverations | 45 | Average rate of random, repetitive or anticipatory responses |
| Reaction Time Statistics | - | - |
| Hit Reaction Time (HRT) | 71 | Very slow mean response speed |
| Hit Reaction Time (HRT) Std. Error | 70 | Very high inconsistency in reaction times |
| Variability | 44 | Below average variability in reaction time inconsistency |
| HRT by Block ∆ | 34 | Good ability to sustain response speed in later blocks |
| Hit RT Inter-Stimulus Interval ∆ | 82 | Very substantial reduction in response speed at longer ISIs |

|  |  |  |  |
| --- | --- | --- | --- |
| *Delis-Kaplan Executive Functioning System*  *(D-KEFS)* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Color-Word Interference Test |  |  |  |
| Condition 1: Color Naming | {{COLOR\_NAMING\_SCORE}} | {{COLOR\_NAMING\_PERCENT}} | {{COLOR\_NAMING\_QUAL}} |
| Condition 2: Word Reading | {{WORD\_READING\_SCORE}} | {{WORD\_READING\_PERCENT}} | {{WORD\_READING\_QUAL}} |
| Condition 3: Inhibition | {{INHIBITION\_SCORE}} | {{INHIBITION\_PERCENT}} | {{INHIBITION\_QUAL}} |
| Condition 4: Inhibition/Switching | {{INHIBITION\_SWITCHING\_SCORE}} | {{INHIBITION\_SWITCHING\_PERCENT}} | {{INHIBITION\_SWITCHING\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *Trail Making Test* | *T-Score* | *Percentile* | *Classification of Functioning* |
| Part A | {{TRAILS\_A\_SCORE}} | {{TRAILS\_A\_PERCENT}} | {{TRAILS\_A\_QUAL}} |
| Part B | {{TRAILS\_B\_SCORE}} | {{TRAILS\_B\_PERCENT}} | {{TRAILS\_B\_QUAL}} |

**LEARNING & MEMORY**

|  |  |  |  |
| --- | --- | --- | --- |
| *California Verbal Learning Test -Third Edition (CVLT-3)* | *Standard / Scaled Score* | *Percentile* | *Classification of Functioning* |
| List A Trial 1 | {{CVLT\_TRIAL\_1\_SCORE}} | {{CVLT\_TRIAL\_1\_PERCENT}} | {{CVLT\_TRIAL\_1\_QUAL}} |
| List A Trial 2 | {{CVLT\_TRIAL\_2\_SCORE}} | {{CVLT\_TRIAL\_2\_PERCENT}} | {{CVLT\_TRIAL\_2\_QUAL}} |
| List A Trial 3 | {{CVLT\_TRIAL\_3\_SCORE}} | {{CVLT\_TRIAL\_3\_PERCENT}} | {{CVLT\_TRIAL\_3\_QUAL}} |
| List A Trial 4 | {{CVLT\_TRIAL\_4\_SCORE}} | {{CVLT\_TRIAL\_4\_PERCENT}} | {{CVLT\_TRIAL\_4\_QUAL}} |
| List A Trial 5 | {{CVLT\_TRIAL\_5\_SCORE}} | {{CVLT\_TRIAL\_5\_PERCENT}} | {{CVLT\_TRIAL\_5\_QUAL}} |
| List A Total | {{CVLT\_TOTAL\_SCORE}} | {{CVLT\_TOTAL\_PERCENT}} | {{CVLT\_TOTAL\_QUAL}} |
| List B | {{CVLT\_LIST\_B\_SCORE}} | {{CVLT\_LIST\_B\_PERCENT}} | {{CVLT\_LIST\_B\_QUAL}} |
| List A Short Delay, Free Recall | {{CVLT\_SHORT\_DELAY\_FREE\_SCORE}} | {{CVLT\_SHORT\_DELAY\_FREE\_PERCENT}} | {{CVLT\_SHORT\_DELAY\_FREE\_QUAL}} |
| List A Short Delay, Cued Recall | {{CVLT\_SHORT\_DELAY\_CUED\_SCORE}} | {{CVLT\_SHORT\_DELAY\_CUED\_PERCENT}} | {{CVLT\_SHORT\_DELAY\_CUED\_QUAL}} |
| List A Long Delay, Free Recall | {{CVLT\_LONG\_DELAY\_FREE\_SCORE}} | {{CVLT\_LONG\_DELAY\_FREE\_PERCENT}} | {{CVLT\_LONG\_DELAY\_FREE\_QUAL}} |
| List A Long Delay, Cued Recall | {{CVLT\_LONG\_DELAY\_CUED\_SCORE}} | {{CVLT\_LONG\_DELAY\_CUED\_PERCENT}} | {{CVLT\_LONG\_DELAY\_CUED\_QUAL}} |
| Correct Recognition Hits | {{CVLT\_CORRECT\_RECOGNITION\_HITS\_SCORE}} | {{CVLT\_CORRECT\_RECOGNITION\_HITS\_PERCENT}} | {{CVLT\_CORRECT\_RECOGNITION\_HITS\_QUAL}} |
| False Positives | {{CVLT\_FALSE\_POSITIVES\_SCORE}} | {{CVLT\_FALSE\_POSITIVES\_PERCENT}} | {{CVLT\_FALSE\_POSITIVES\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *Wechsler Memory Scale – Fourth Edition (WMS-IV)* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Logical Memory I | {{LOGICAL\_MEMORY\_I\_SCORE}} | {{LOGICAL\_MEMORY\_I\_PERCENT}} | {{LOGICAL\_MEMORY\_I\_QUAL}} |
| Logical Memory II | {{LOGICAL\_MEMORY\_II\_SCORE}} | {{LOGICAL\_MEMORY\_II\_PERCENT}} | {{LOGICAL\_MEMORY\_II\_QUAL}} |
| Recognition | - | {{LOGICAL\_MEMORY\_RECOGNITION\_PERCENT}} | {{LOGICAL\_MEMORY\_RECOGNITION\_QUAL}} |

|  |  |  |  |
| --- | --- | --- | --- |
| *Rey Complex Figure Test and Recognition Trial (RCFT)* | *T-score* | *Percentile* | *Classification of Functioning* |
| Immediate Recall | {{RCFT\_IMMEDIATE\_SCORE}} | {{RCFT\_IMMEDIATE\_PERCENT}} | {{RCFT\_IMMEDIATE\_QUAL}} |
| Delayed Recall | {{RCFT\_DELAYED\_SCORE}} | {{RCFT\_DELAYED\_PERCENT}} | {{RCFT\_DELAYED\_QUAL}} |
| Recognition True Positives | - | {{RCFT\_TRUE\_POSITIVES\_PERCENT}} | {{RCFT\_TRUE\_POSITIVES\_QUAL}} |
| Recognition False Positives | - | {{RCFT\_FALSE\_POSITIVES\_QUAL}} | {{RCFT\_FALSE\_POSITIVES\_QUAL}} |

**LANGUAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| *Delis-Kaplan Executive Functioning System*  *(D-KEFS)* | *Scaled Score* | *Percentile* | *Classification of Functioning* |
| Verbal Fluency |  |  |  |
| Letter Fluency: Total Correct | {{LETTER\_FLUENCY\_SCORE}} | {{LETTER\_FLUENCY\_PERCENT}} | {{LETTER\_FLUENCY\_QUAL}} |
| Category Fluency: Total Correct | {{CATEGORY\_FLUENCY\_SCORE}} | {{CATEGORY\_FLUENCY\_PERCENT}} | {{CATEGORY\_FLUENCY\_QUAL}} |
| Category Switching: Total Correct | {{CATEGORY\_SWITCHING\_SCORE}} | {{CATEGORY\_SWITCHING\_PERCENT}} | {{CATEGORY\_SWITCHING\_QUAL}} |
| Category Switching: Total Switching Accuracy | {{CATEGORY\_SWITCHING\_ACCURACY\_SCORE}} | {{CATEGORY\_SWITCHING\_ACCURACY\_PERCENT}} | {{CATEGORY\_SWITCHING\_ACCURACY\_QUAL}} |

**VISUAL-SPATIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| *Rey Complex Figure Test and Recognition Trial (RCFT)* | *T-score* | *Percentile* | *Classification of Functioning* |
| Copy | - | {{RCFT\_COPY\_PERCENT}} | {{RCFT\_COPY\_QUAL}} |

**NEUROBEHAVIORAL FUNCTIONING**

|  |  |  |
| --- | --- | --- |
| *Behavior Rating Inventory of Executive Functioning – Adult (BRIEF-A)* | *Self-Report* | *Other Report* |
| Inhibit | WNL | **ELV** |
| Self-Monitor | WNL | **ELV** |
| Shift | WNL | WNL |
| Emotional Control | WNL | WNL |
| Initiate | WNL | **ELV** |
| Working Memory | WNL | WNL |
| Plan/Organize | **ELV** | **ELV** |
| Task Monitoring | **ELV** | **ELV** |
| Organization of Materials | WNL | WNL |
| Behavior Regulation Index | WNL | WNL |
| Metacognition Index | WNL | **ELV** |
| Global Executive Composite | WNL | **ELV** |
| Negativity | WNL | WNL |
| Infrequency | WNL | WNL |

|  |  |  |
| --- | --- | --- |
| *Conners Adult ADHD Rating Scale (CAARS)* | *Self-Report* | *Other Report* |
| Inattention | Average | **Markedly Atypical** |
| Hyperactivity/Restlessness | Slightly Atypical | Average |
| Impulsivity/Emotional Lability | Average | **Slightly Atypical** |
| Problems with Self-Concept | **Slightly Atypical** | **Markedly Atypical** |
| DSM5 Inattentive Symptoms | **Slightly Atypical** | **Markedly Atypical** |
| DSM5 Hyperactive-Impulsive Symptoms | Slightly Atypical | **Slightly Atypical** |
| DSM5 ADHD Symptoms Total | Average | **Moderately Atypical** |
| ADHD Index | Average | **Markedly Atypical** |
| Inconsistency Index | Probably Valid | Probably Valid |

|  |  |  |
| --- | --- | --- |
| *Barkley ADHD Rating Scale-IV (BAARS-IV)* | *Percentile* | *Classification* |
| *Current* |  |  |
| Inattention | {{BAARS\_INATTENTION\_ADULT\_PERCENT}} | {{BAARS\_INATTENTION\_ADULT\_QUAL}} |
| Hyperactivity | {{BAARS\_HYPERACTIVITY\_ADULT\_PERCENT}} | {{BAARS\_HYPERACTIVITY\_ADULT\_QUAL}} |
| Impulsivity | {{BAARS\_IMPULSIVITY\_ADULT\_PERCENT}} | {{BAARS\_IMPULSIVITY\_ADULT\_QUAL}} |
| Sluggish Cognitive Tempo | {{BAARS\_SLUGGISH\_ADULT\_PERCENT}} | {{BAARS\_SLUGGISH\_ADULT\_QUAL}} |
| Total ADHD Score | {{BAARS\_TOTAL\_ADULT\_PERCENT}} | {{BAARS\_TOTAL\_ADULT\_QUAL}} |
|  |  |  |
| *Childhood* |  |  |
| Inattention | {{BAARS\_INATTENTION\_CHILD\_PERCENT}} | {{BAARS\_INATTENTION\_CHILD\_QUAL}} |
| Hyperactivity-Impulsivity | {{BAARS\_HYPERACTIVITY\_CHILD\_PERCENT}} | {{BAARS\_HYPERACTIVITY\_CHILD\_QUAL}} |
| Total ADHD Score | {{BAARS\_TOTAL\_CHILD\_PERCENT}} | {{BAARS\_TOTAL\_CHILD\_QUAL}} |

**MOOD**

|  |  |
| --- | --- |
| *Beck Depression Inventory-II (BDI)* | {{BDI\_QUAL}} |
| *Beck Anxiety Inventory (BAI)* | {{BAI\_QUAL}} |