

## Form C2: Neuropsychological Battery Scores

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 2 Video	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
---	---	---

**INSTRUCTIONS:** This form is to be completed by ADRC or clinic staff. For test administration and scoring, see **Instructions for Neuropsychological Battery, Form C2**. Any new participants who enroll in the UDS after the implementation of UDSv4 must be assessed with the new neuropsychological test battery (Form C2 or C2T).

**KEY:** If the participant cannot complete any of the following exams, please give the reason by entering one of the following codes: 95 / 995 = Physical problem 96 / 996 = Cognitive/behavior problem 97 / 997 = Other problem 98 / 998 = Verbal refusal

## Section 1 — Montreal Cognitive Assessment (MoCA)

1a.	Was any part of the MoCA administered?	<input type="checkbox"/> 0 No (If No, enter reason code, 95 – 98): ____ (SKIP TO QUESTION 2A) <input type="checkbox"/> 1 Yes (CONTINUE WITH QUESTION 1B)
1b.	MoCA was administered:	<input type="checkbox"/> 1 In ADRC or clinic <input type="checkbox"/> 2 In home <input type="checkbox"/> 3 In person — other
1c.	Language of MoCA administration:	<input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 3 Other (SPECIFY): _____
1d.	Participant was unable to complete one or more sections due to visual impairment:	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
1e.	Participant was unable to complete one or more sections due to hearing impairment:	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
1f.	Total Raw Score — Uncorrected (Not corrected for education or visual/hearing impairment) (Enter 88 if any of the following MoCA items were not administered: 1g – 1l, 1n – 1t, 1w – 1bb)	____ (0–30, 88)
1g.	Visuospatial/executive — Trails	____ (0–1, 95–98)
1h.	Visuospatial/executive — Cube	____ (0–1, 95–98)
1i.	Visuospatial/executive — Clock contour	____ (0–1, 95–98)
1j.	Visuospatial/executive — Clock numbers	____ (0–1, 95–98)
1k.	Visuospatial/executive — Clock hands	____ (0–1, 95–98)
1l.	Language — Naming	____ (0–3, 95–98)
1m.	Memory — Registration (two trials)	____ (0–10, 95–98)
1n.	Attention — Digits	____ (0–2, 95–98)
1o.	Attention — Letter A	____ (0–1, 95–98)
1p.	Attention — Serial 7s	____ (0–3, 95–98)
1q.	Language — Repetition	____ (0–2, 95–98)
1r.	Language — Fluency	____ (0–1, 95–98)
1s.	Abstraction	____ (0–2, 95–98)
1t.	Delayed recall — No cue	____ (0–5, 95–98)
1u.	Delayed recall — Category cue	____ (0–5; 88=Not applicable)
1v.	Delayed recall — Recognition	____ (0–5; 88=Not applicable)
1w.	Orientation — Date	____ (0–1, 95–98)
1x.	Orientation — Month	____ (0–1, 95–98)
1y.	Orientation — Year	____ (0–1, 95–98)
1z.	Orientation — Day	____ (0–1, 95–98)
1aa.	Orientation — Place	____ (0–1, 95–98)
1bb.	Orientation — City	____ (0–1, 95–98)

**Section 2 — Administration of the remainder of the battery**

2a.	The tests following the MoCA were administered: <input type="checkbox"/> 1 In ADRC or clinic <input type="checkbox"/> 2 In home <input type="checkbox"/> 3 In person — other
2b.	Language of test administration: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 3 Other (SPECIFY): _____

**Section 3 — Craft Story 21 Recall (Immediate)**

3a.	Total story units recalled, verbatim scoring (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 4a.</b> )	____ (0–44, 95–98)
3b.	Total story units recalled, paraphrase scoring	____ (0–25)

**Section 4 — Benson Complex Figure Copy**

4a.	Total score for copy of Benson figure (If test not completed, enter reason code, 95–98)	____ (0–17, 95–98)
-----	---	--------------------

**Section 5 — Number Span Test: Forward**

5a.	Number of correct trials (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 6a.</b> )	____ (0–14, 95–98)
5b.	Longest span forward	____ (0, 3–9)

**Section 6 — Number Span Test: Backward**

6a.	Number of correct trials (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 7a.</b> )	____ (0–14, 95–98)
6b.	Longest span backward	____ (0, 2–8)

**Section 7 — Category Fluency**

7a.	Animals: Total number of animals named in 60 seconds (If test not completed, enter reason code, 95–98)	____ (0–77, 95–98)
7b.	Vegetables: Total number of vegetables named in 60 seconds (If test not completed, enter reason code, 95–98)	____ (0–77, 95–98)

**Section 8 — Trail Making Test**

8a.	PART A: Total number of seconds to complete (if not finished by 150 seconds, enter 150) (If test not completed, enter reason code, 995–998, and <b>SKIP TO QUESTION 8b.</b> )	____ (0–150, 995–998)
	8a1. Number of commission errors	____ (0–40)
	8a2. Number of correct lines	____ (0–24)
8b.	PART B: Total number of seconds to complete (if not finished by 300 seconds, enter 300) (If test not completed, enter reason code, 995–998, and <b>SKIP TO QUESTION 9a.</b> )	____ (0–300, 995–998)
	8b1. Number of commission errors	____ (0–40)
	8b2. Number of correct lines	____ (0–24)

**Section 9 — Benson Complex Figure Recall**

9a.	Total score for drawing of Benson figure following 10- to 15-minute delay (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 10a.</b> )	____ (0–17, 95–98)
9b.	Recognized original stimulus from among four options?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

**Section 10 — Craft Story 21 Recall (Delayed)**

10a.	Total story units recalled, verbatim scoring (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 11a.</b> )	____ (0–44, 95–98)
10b.	Total story units recalled, paraphrase scoring	____ (0–25)
10c.	Delay time (minutes) (99=Unknown)	____ (0–85 minutes)
10d.	Cue ("boy") needed	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

**Section 11 — Verbal Fluency: Phonemic Test**

11a.	Number of correct F-words generated in 1 minute (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 11d.</b> )	____ (0–40, 95–98)
11b.	Number of F-words repeated in 1 minute	____ (0–15)
11c.	Number of non-F-words and rule violation errors in 1 minute	____ (0–15)
11d.	Number of correct L-words generated in 1 minute (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 12.</b> )	____ (0–40, 95–98)
11e.	Number of L-words repeated in one minute	____ (0–15)
11f.	Number of non-L-words and rule violation errors in 1 minute	____ (0–15)
11g.	TOTAL number of correct F-words and L-words	____ (0–80)
11h.	TOTAL number of F-word and L-word repetition errors	____ (0–30)
11i.	TOTAL number of non-F/L words and rule violation errors	____ (0–30)

**12. Which verbal learning test was administered?**
☐ 1 Rey AVLT  
(COMPLETE SECTIONS 12 & 13,  
SKIP SECTIONS 14 & 15)

☐ 2 CERAD  
(SKIP TO SECTION 14)
**Section 12 — Rey Auditory Verbal Learning (Immediate)**

Total number of words correctly recalled and number of intrusions

Trial	Total recall	# of intrusions
Trial 1	12a. ____ (0–15, 95–98) (If test was not completed, enter reason code, 95–98. <b>SKIP TO QUESTION 16a.</b> )	12b. ____ (No limit)
Trial 2	12c. ____ (0–15)	12d. ____ (No limit)
Trial 3	12e. ____ (0–15)	12f. ____ (No limit)
Trial 4	12g. ____ (0–15)	12h. ____ (No limit)
Trial 5	12i. ____ (0–15)	12j. ____ (No limit)
List B	12k. ____ (0–15)	12l. ____ (No limit)
Trial 6	12m. ____ (0–15)	12n. ____ (No limit)

**Section 13 — Rey Auditory Verbal Learning (Delayed Recall and Recognition)**

13a.	Total delayed recall (If test was not completed, enter reason code, 95–98. <b>SKIP TO QUESTION 16a.</b> )	____ (0–15, 95–98)
13b.	Intrusions	____ (No limit)
13c.	Delay time (minutes) (99=Unknown)	____ (0–85 minutes)
13d.	Method of recognition test administration	<input type="checkbox"/> 1 List shown <input type="checkbox"/> 2 List read
13e.	Recognition — Total correct	____ (0–15)
13f.	Recognition — Total false positive	____ (0–15)

**Section 14 — CERAD Verbal Learning (Immediate)**

J4 Word List Memory Task: Total number of words correctly recalled and number of intrusions

Trial	Total recall	Can't read	# of intrusions
Trial 1	14a. ____ (0–10, 95–98) (If test was not completed, enter reason code, 95–98. <b>SKIP TO QUESTION 16a.</b> )	14b. ____ (0–10)	14c. ____ (No limit)
Trial 2	14d. ____ (0–10)	14e. ____ (0–10)	14f. ____ (No limit)
Trial 3	14g. ____ (0–10)	14h. ____ (0–10)	14i. ____ (No limit)

**Section 15 — CERAD Verbal Learning (Delayed Recall and Recognition)**

15a.	Delay time (minutes) (99=Unknown)	____ (0–85 minutes)
15b.	J6 Word List Recall: Total number of words correctly recalled (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 16a.</b> )	____ (0–10, 95–98)
15c.	J6 Word List Recall: Total number of intrusions	____ (No limit)
15d.	J7 Word List Recognition: Total YES correct (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 16a.</b> )	____ (0–10, 95–98)
15e.	J7 Word List Recognition: Total NO correct	____ (0–10, 95–98)

**Section 16 — Multilingual Naming Test (MINT)**

16a.	Total score (If test not completed, enter reason code, 95–98, and <b>SKIP TO QUESTION 17a.</b> )	____ (0–32, 95–98)
16b.	Total correct without semantic cue	____ (0–32)
16c.	Semantic cues: Number given	____ (0–32)
16d.	Semantic cues: Number correct with cue (88 = Not applicable)	____ (0–32, 88)
16e.	Phonemic cues: Number given	____ (0–32)
16f.	Phonemic cues: Number correct with cue (88 = Not applicable)	____ (0–32, 88)

**Section 17 — Overall appraisal**

17a.	Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the participant's cognitive status is deemed:	<input type="checkbox"/> 1 Better than normal for age <input type="checkbox"/> 2 Normal for age <input type="checkbox"/> 3 One or two test scores are abnormal <input type="checkbox"/> 4 Three or more scores are abnormal or lower than expected <input type="checkbox"/> 0 Clinician unable to render opinion
------	--	--

**Section 18 — Validity of participant's response**

Please record your impression of whether hearing or other factors significantly influenced test results. It can be difficult to judge, but it is helpful in adjudication and data analysis to know that such an influence may have been present.

18a.	How valid do you think the participant's responses are?	<input type="checkbox"/> 1 Very valid, probably accurate indication of participant's cognitive abilities ( <b>END FORM HERE</b> ) <input type="checkbox"/> 2 Questionably valid, possibly inaccurate indication of participant's cognitive abilities <input type="checkbox"/> 3 Invalid, probably inaccurate indication of participant's cognitive abilities
18b.	What makes this participant's responses less valid?  (Check all that apply)	18b1. <input type="checkbox"/> 1 Hearing impairment 18b2. <input type="checkbox"/> 1 Distractions 18b3. <input type="checkbox"/> 1 Interruptions 18b4. <input type="checkbox"/> 1 Lack of effort or disinterest 18b5. <input type="checkbox"/> 1 Fatigue 18b6. <input type="checkbox"/> 1 Emotional issues 18b7. <input type="checkbox"/> 1 Unapproved assistance 18b8. <input type="checkbox"/> 1 Other (SPECIFY): _____