Form C1D: Neuropsychological Battery Scores

ADRC name: _____   Participant ID: ⎿_⎿_⎿_⎿_⎿_⎿_⎿_⎿_⎿   Form date: ⎿_⎿_ / ⎿_⎿_ / ⎿_⎿_⎿_⎿

Visit #: ⎿_⎿_⎿   Examiner's initials: ⎿_⎿_⎿_

*INSTRUCTIONS: This form should be completed by ADRC or clinic staff. For test administration and scoring, see **Down Syndrome Module Coding Guidebook** for **Follow-Up Visit Packet, Form C1D**.*

KEY: If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes:
95 = Physical problem; 96 = Cognitive/behavior problem; 97 = Other problem; 98 = Verbal refusal

1.   Down Syndrome Mental Status Examination (DSMSE)

1.   Was any part of the DSMSE administered?

0 ☐   No   (If No, enter reason code, 95 – 98: ___ ___ and **SKIP TO QUESTION 2**)

1 ☐   Yes   (If Yes, **CONTINUE**)

	TOTALS
Personal information IA+IIIA+IIIB 1a1. ___ *(0 – 7; 8=Not assessed)* Season/day IIIC+IIID 1b1. ___ *(0 – 4; 8=Not assessed)*	1b2. ___ ___ *(0 – 11; 88=Not assessed)* (1a1 + 1b1)
Shoebox Memory	
Object IIA Immediate 1c1. ___ ___ *(0 – 9; 88=Not assessed)* VA Delay 1c2. ___ ___ *(0 – 9; 88=Not assessed)*	1c3. ___ ___ *(0 – 18; 88=Not assessed)* (1c1 + 1c2)
Memory	
Place VIIA Immediate 1d1. ___ *(0 – 3; 8=Not assessed)* XA Delay 1d2. ___ *(0 – 3; 8=Not assessed)*	1d3. ___ *(0 – 6; 8=Not assessed)* (1d1 + 1d2)
Apraxia	
Intransitive XIA 1e1. ___ *(0 – 2; 8=Not assessed)* Transitive XIB 1e2. ___ . ___ *(0.0 – 2.0; 8.8=Not assessed)*	1e3. ___ . ___ *(0.0 – 4.0; 8.8=Not assessed)* (1e1 + 1e2)
Language	
Naming VIA+VIIIA 1f1. ___ ___ *(0 – 11; 88=Not assessed)* Repetitions IVA 1f2. ___ ___ *(0 – 30; 88=Not assessed)* Comprehension VIB 1f3. ___ ___ . ___ *(0.0 – 12; 88.8=Not assessed)*	1f4. ___ ___ . ___ *(0.0 – 53; 88.8=Not assessed)* (1f1 + 1f2 + 1f3)
Visuospatial	
IXA+IXB 1g1. ___ . ___ *(0.0 – 8.0; 8.8=Not assessed)*	1g2. ___ . ___ *(0.0 – 8.0; 8.8=Not assessed)*

1. Down Syndrome Mental Status Examination (DSMSE)

Knowledge of the Examiner

IIIE+IIIF   1h1. ____ *(0 − 3; 8=Not assessed)*   1h2. ____ *(0 − 3;8= Not assessed)*

	TOTAL SCORE:
DSMSE TOTAL SCORE:	1i1. ____ ____ ____ . ____ *(0.0 − 103.0; 995.0 − 998.0)*

2. Cued Recall Task (whole integer range)

2a. Was any part of the Cued Recall Task administered?

     0 ☐ No (If No, enter reason code, 95 − 98: ____ ____ and **SKIP TO QUESTION 3**)

     1 ☐ Yes (If Yes, **CONTINUE**)

2b. Indicate which cue card set was used: 1 ☐ Version 1 (Set A)

                                               2 ☐ Version 2 (Set B)

                                         (NOTE: Set B no longer used by ABC-DS. See Down Syndrome Module neuropsychological battery instructions.)

2c. Training trial

	TRIAL 1	TRIAL 2	TRIAL 3
Card 1	2c1. ____ *(0 − 4)*	2c4. ____ *(0 − 4)*	2c7. ____ *(0 − 4)*
Card 2	2c2. ____ *(0 − 4)*	2c5. ____ *(0 − 4)*	2c8. ____ *(0 − 4)*
Card 3	2c3. ____ *(0 − 4)*	2c6. ____ *(0 − 4)*	2c9. ____ *(0 − 4)*

2d. Test trials

	FREE RECALL	INTRUSIONS TO FR	CUED RECALL	INTRUSIONS TO CR
Trial 1	2d1. ____ *(0 − 12)*	2d2. ____ ____ *(no limit)*	2d3. ____ *(0 − 12)*	2d4. ____ ____ *(no limit)*
Trial 2	2d5. ____ *(0 − 12)*	2d6. ____ ____ *(no limit)*	2d7. ____ *(0 − 12)*	2d8. ____ ____ *(no limit)*
Trial 3	2d9. ____ *(0 − 12)*	2d10. ____ ____ *(no limit)*	2d11. ____ *(0 − 12)*	2d12. ____ ____ *(no limit)*
TOTAL SCORE	2d13. ____ ____ *(0 − 36)*	2d14. ____ ____ *(no limit)*	2d15. ____ ____ *(0 − 36)*	2d16. ____ ____ *(no limit)*

3. Appraisal of participant engagement

Select the best description of the participant's behavior during each test:

	COOPERATIVE AND ENGAGED	COOPERATIVE BUT DISTRACTED	UNCOOPERATIVE	NOT ADMINISTERED
3a. DSMSE	1 ☐	2 ☐	3 ☐	9 ☐
3b. Cued Recall Task	1 ☐	2 ☐	3 ☐	9 ☐