



# Form C2T: Neuropsychological Battery Scores for T-cog

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

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
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**INSTRUCTIONS:** This form is to be completed by ADRC or clinic staff. For test administration and scoring, see **Instructions for Neuropsychological Battery, Form C2T**. 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) Blind

1a.	Was any part of the MoCA administered?	<input type="checkbox"/> 0 No (If No, enter reason code, 95–98): _____	<b>(SKIP TO QUESTION 2A)</b>
		<input type="checkbox"/> 1 Yes <b>(CONTINUE WITH QUESTION 1B)</b>	
1b.	Language of MoCA administration:	<input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 3 Other (SPECIFY): _____	
1c.	Participant was unable to complete one or more sections due to hearing impairment:	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
1d.	Total Raw Score — Uncorrected (Not corrected for education or visual/hearing impairment) (Enter 88 if any of the following MoCA items were not administered: 1e–1k, 1n–1s)	_____	(0–22, 88)
1e.	Attention — Digits	_____	(0–2, 95–98)
1f.	Attention — Letter A	_____	(0–1, 95–98)
1g.	Attention — Serial 7s	_____	(0–3, 95–98)
1h.	Language — Repetition	_____	(0–2, 95–98)
1i.	Language — Fluency	_____	(0–1, 95–98)
1j.	Abstraction	_____	(0–2, 95–98)
1k.	Delayed recall — No cue	_____	(0–5, 95–98)
1l.	Delayed recall — Category cue	_____	(0–5; 88=Not applicable)
1m.	Delayed recall — Recognition	_____	(0–5; 88=Not applicable)
1n.	Orientation — Date	_____	(0–1, 95–98)
1o.	Orientation — Month	_____	(0–1, 95–98)
1p.	Orientation — Year	_____	(0–1, 95–98)
1q.	Orientation — Day	_____	(0–1, 95–98)
1r.	Orientation — Place	_____	(0–1, 95–98)
1s.	Orientation — City	_____	(0–1, 95–98)

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

2a. Language of test administration:  1 English     2 Spanish     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 — Number Span Test: Forward

4a.	Number of correct trials <i>(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 5a.)</i>	____ (0–14, 95–98)
4b.	Longest span forward	____ (0, 3–9)

### Section 5 — Number Span Test: Backward

5a.	Number of correct trials <i>(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 6.)</i>	____ (0–14, 95–98)
5b.	Longest span backward	____ (0, 2–8)

**Which verbal learning test was administered?**

1 Rey AVLT  
**(COMPLETE SECTIONS 6 & 13,  
SKIP SECTIONS 7 & 9)**

2 CERAD  
**(COMPLETE SECTIONS 7 &  
9, SKIP SECTIONS 6 & 13)**

### Section 6 — Rey Auditory Verbal Learning (Immediate)

6.	Total number of words correctly recalled and number of intrusions	
Trial	Total recall	# of intrusions
Trial 1	6a. ____ (0–15, 95–98) <i>(If test was not completed, enter reason code, 95–98, and SKIP TO QUESTION 8a.)</i>	6b. ____ (No limit)
Trial 2	6c. ____ (0–15)	6d. ____ (No limit)
Trial 3	6e. ____ (0–15)	6f. ____ (No limit)
Trial 4	6g. ____ (0–15)	6h. ____ (No limit)
Trial 5	6i. ____ (0–15)	6j. ____ (No limit)
List B	6k. ____ (0–15)	6l. ____ (No limit)
Trial 6	6m. ____ (0–15)	6n. ____ (No limit)

### Section 7 — CERAD Verbal Learning (Immediate)

7.	J4 Word List Memory Task: Total number of words correctly recalled and number of intrusions	
Trial	Total recall	# of intrusions
Trial 1	7a. ____ (0–10, 95–98) <i>(If test was not completed, enter reason code, 95–98. SKIP TO QUESTION 8a.)</i>	7b. ____ (No limit)
Trial 2	7c. ____ (0–10)	7d. ____ (No limit)
Trial 3	7e. ____ (0–10)	7f. ____ (No limit)

### Section 8 — Category Fluency

8a.	Animals: Total number of animals named in 60 seconds <i>(If test not completed, enter reason code, 95–98)</i>	____ (0–77, 95–98)
8b.	Vegetables: Total number of vegetables named in 60 seconds <i>(If test not completed, enter reason code, 95–98)</i>	____ (0–77, 95–98)

**Section 9 — CERAD Verbal Learning (Delayed Recall and Recognition)**

9a.	Delay time (minutes) (99=Unknown)	___ (0-85 minutes)
9b.	J6 Word List Recall: Total number of words correctly recalled (If test not completed, enter reason code, 95-98, and <b>SKIP TO QUESTION 9d.</b> )	___ (0-10, 95-98)
9c.	J6 Word List Recall: Total number of intrusions	___ (No limit)
9d.	J7 Word List Recognition: Total YES correct (If test not completed, enter reason code, 95-98, and <b>SKIP TO QUESTION 10a.</b> )	___ (0-10, 95-98)
9e.	J7 Word List Recognition: Total NO correct	___ (0-10, 95-98)

**Section 10 — Oral Trail Making Test (Optional)**

10a.	PART A: Total number of seconds to complete (if not finished by 100 seconds, enter 100) (If test not completed, enter reason code, 995-998. If test was skipped because optional, enter 888. <b>SKIP TO QUESTION 10b.</b> )	___ (0-100, 888, 995-998)
	10a1. Number of commission errors	___ (No limit)
	10a2. Number of correct lines	___ (0-25)
10b.	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. If test was skipped because optional, enter 888. <b>SKIP TO QUESTION 11a.</b> )	___ (0-300, 888, 995-998)
	10b1. Number of commission errors	___ (No limit)
	10b2. Number of correct lines	___ (0-25)

**Section 11 — Craft Story 21 Recall (Delayed)**

11a.	Total story units recalled, verbatim scoring (If test not completed, enter reason code, 95-98, and <b>SKIP TO QUESTION 12a.</b> )	___ (0-44, 95-98)
11b.	Total story units recalled, paraphrase scoring	___ (0-25)
11c.	Delay time (minutes) (99=Unknown)	___ (0-85 minutes)
11d.	Cue ("boy") needed	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

**Section 12 — Verbal Fluency: Phonemic Test**

12a.	Number of correct F-words generated in 1 minute (If test not completed, enter reason code, 95-98, and <b>SKIP TO QUESTION 12d.</b> )	___ (0-40, 95-98)
12b.	Number of F-words repeated in 1 minute	___ (0-15)
12c.	Number of non-F-words and rule violation errors in 1 minute	___ (0-15)
12d.	Number of correct L-words generated in 1 minute (If test not completed, enter reason code, 95-98, and <b>SKIP TO QUESTION 13a.</b> )	___ (0-40, 95-98)
12e.	Number of L-words repeated in one minute	___ (0-15)
12f.	Number of non-L-words and rule violation errors in 1 minute	___ (0-15)
12g.	TOTAL number of correct F-words and L-words	___ (0-80)
12h.	TOTAL number of F-word and L-word repetition errors	___ (0-30)
12i.	TOTAL number of non-F/L words and rule violation errors	___ (0-30)

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

13a.	Total delayed recall <i>(If test was not completed, enter reason code, 95-98. If test was skipped because optional, enter 88. SKIP TO QUESTION 14a.)</i>	____ (0-15, 88, 95-98)
13b.	Intrusions	____ (No limit)
13c.	Delay time (minutes) <i>(99=Unknown)</i>	____ (0-85 minutes)
13d.	Recognition — Total correct	____ (0-15)
13e.	Recognition — Total false positive	____ (0-15)

**Section 14 — Verbal Naming Test (Optional)**

14a.	Total correct without a cue <i>(If test was not completed, enter reason code, 95-98. If test was skipped because optional, enter 88.)</i>	____ (0-50, 88, 95-98)
14b.	Total correct with phonemic cue <i>(If test was not completed, enter reason code, 95-98. If test was skipped because optional or if no cues were given, enter 88.)</i>	____ (0-50, 88, 95-98)

**Section 15 — Overall appraisal**

15a.	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
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**Section 16 — Validity of participant’s responses**

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.

16a.	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 checked="" 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
16b.	What makes this participant’s responses less valid?  <i>(Check all that apply)</i>	16b1. <input type="checkbox"/> 1 Hearing impairment 16b2. <input type="checkbox"/> 1 Distractions 16b3. <input type="checkbox"/> 1 Interruptions 16b4. <input type="checkbox"/> 1 Lack of effort or disinterest 16b5. <input type="checkbox"/> 1 Fatigue 16b6. <input type="checkbox"/> 1 Emotional issues 16b7. <input type="checkbox"/> 1 Unapproved assistance 16b8. <input type="checkbox"/> 1 Other ( <b>SPECIFY</b> ): _____