

Neurocognitive Evaluation Coding Sheet

Participant ID: - - -

Date: / /

M M
D D
Y Y Y Y

Study Visit: BL Follow-Up 1 Follow-Up 2 Follow-Up 3 Follow-Up 4

Administrator Initial:

1. National Adult Reading Test [NART]

Total # Correct:

2. Benton Visual Retention Test [BENTON]

Form Version: Total # Correct:

3. Free and Cued Selective Reminding Test [FCSRT]

Form Version:

	Trial 1	Trial 2	Trial 3	Delayed Recall
# Correct for Free Recall	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
# Correct for Cued Recall	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
# Correct for Total Recall	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

4. Delis-Kaplan Trail Making Test [DKAP_TRAIL]

	Condition 1: Visual Scanning	Condition 2: Number Sequencing	Condition 3: Letter Sequencing	Condition 4: Number-Letter Switching	Condition 5: Motor Speed
Scaled Score:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Time (sec):	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
# Errors:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

5. Delis-Kaplan Verbal Fluency Test [DKAP_FLU]

Form Version:

Condition 1: Letter Fluency	F / B Total Correct Responses	A / H Total Correct Responses	S / R Total Correct Responses	Total Scaled Score
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Condition 2: Category Fluency	Animal / Clothing Names Total Correct Responses	Boys' / Girls' Names Total Correct Responses	Total Scaled Score	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Condition 3: Category Switching	Fruits / Vegetables Total Correct Responses	Furniture / Instruments Total Correct Responses	Total Correct Responses Scaled Score	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	Total Switching Accuracy	Switching Accuracy Scaled Score		
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		

6. Delis-Kaplan Stroop Test [DKAP_STP]

	Condition 1: Color Naming	Condition 2: Word Naming	Condition 3: Inhibition	Condition 4: Inhibition/ Switching
Scaled Score:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Time (sec):	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

7. Salthouse Perceptual Comparison Test [SALT]

3 Letters # Correct:

6 Letters # Correct:

Pattern 1 # Correct:

Pattern 2 # Correct: