BRIEF Kingston Standardized Cognitive Assessment - revised

(BriefKSCAr)

ASSESSMENT FORM

PATIENT NAME:_____

DATE:_____ CASE #:_____

*Brief*Kingston Standardized Cognitive Assessment - Revised
SCORING SUMMARY

NAME:	
CASEBOOK NO.	
DATE:	
RATER:	

Sub-Tests	Score	Performance Comments	
1. Orientation /10			
2. Word Recall /10			
3. Abstract Thought Score /8			
4. Spatial Reversal /5			
5. Clock Test /7			
6. Perseveration /2			
7. Delayed Recall /10			
8. Recognition /10			
Total Score /62		Normal %ile	Dementia %ile

Name _____ Age _____ M F
Date of Birth _____ Case No. _____
            (day / month / year)
First Language _____
Education: _____
Last Occupation _____
Patient Status: Inpatient _____   Consultation ___   Outpatient ___   Other _____
Living Arrangement (If Not Inpatient): Alone _____   With spouse _____   Age peer ____
        With younger caregivers _____   Institution _____
Present Assessment: Date _____ Time _____ a.m./p.m.
            (day/month/year)
        Place _____
        Examiner _____
Lateral Dominance: Right ___   Left ___   Mixed ___   Unknown ___
For This Exam: Was Vision Adequate Yes _____ No _____
         Was Hearing Adequate Yes _____ No _____
Physical Handicaps: _____
(Affecting Performance)
            _____
            _____

Significant Meds: _____
            _____
            _____

OBSERVATIONS DURING EXAMINATION
(**normal** response is larger and bolded)

BEHAVIOUR AT TIME OF EXAMINATION

OVERLY PERSISTENT	1	2	**3**	4	5	GIVES UP EASILY
UNCONCERNED	1	2	**3**	4	5	ANXIOUS
RELAXED			**1**	2	3	RESTLESS
FULLY ALERT			**1**	2	3	DEPRESSED LEVEL OF CONSCIOUSNESS
GOOD CONCENTRATION			**1**	2	3	EASILY DISTRACTED
COOPERATIVE			**1**	2	3	UNCOOPERATIVE

LANGUAGE USAGE

ARTICULATION GOOD	**1**	2	3	ARTICULATION POOR
SPONTANEOUS SPEECH	**1**	2	3	SPEAKS ONLY WHEN SPOKEN TO
FLUENT SPEECH	**1**	2	3	NON FLUENT SPEECH
NORMAL SPEECH	**1**	2	3	PERSEVERATIVE SPEECH

RECORD ALL RESPONSES

1. ORIENTATION

"WHAT IS"   **Responses and Observations**

1. **"YOUR FULL NAME?"** _____   0   1

2. **"YOUR AGE?"** _____   0   1

3. **"YOUR BIRTH DATE?"** _____   0   1

4. **"WHERE ARE WE NOW?"** _____   0   1

5. **"WHAT CITY (TOWN OR VILLAGE) IS THIS?"** _____   0   1

6. **"WHAT DAY OF THE WEEK IS THIS?"** _____   0   1

7. **"WHAT MONTH IS THIS?"** _____   0   1

8. **"WHAT YEAR IS THIS?"** _____   0   1

9. **"WITHOUT LOOKING AT YOUR WATCH (or THE CLOCK)**
   WHAT IS THE TIME OF DAY?" _____   0   1

10.**"WHAT IS THE SEASON?"** _____   0   1

TOTAL _____/10

2. WORD RECALL

Use 10 word list (TABLE, FOOTBALL, WINDOW ... APPLE).
USE A BLANK SHEET OF PAPER TO COVER THE WORDS THAT YOU HAVE NOT YET PRESENTED.
SLIDE THE PAPER DOWN THE LIST SEQUENTIALLY EXPOSING THE LIST ONE WORD AT A TIME.
Present each word for 2 seconds. Ask the subject to
"PLEASE READ ALOUD EACH WORD THAT I SHOW YOU."
DO NOT TELL THE SUBJECT TO TRY AND REMEMBER THEM.

After presenting all 10 words, cover the list and ask the subject
"PLEASE TELL ME AS MANY OF THE WORDS FROM THAT LIST AS YOU CAN, IN ANY
ORDER."
Score = number correct (max = 10).

TABLE	____	FOOTBALL	____	WINDOW	____
ROSE	____	COMPUTER	____	GLOVE	____
MOON	____	FORK	____	GOLD	____
APPLE	____				

TOTAL ____/10

USE TO COVER WORD LISTS

TABLE

FOOTBALL

WINDOW

ROSE

COMPUTER

GLOVE

MOON

FORK

GOLD

APPLE

3. ABSTRACT THINKING   [RECORD ALL RESPONSES]

1. **"IN WHAT WAY ARE CARROTS AND BEANS ALIKE?"**
   [If patient fails to give a 2 point answer, say "**THEY ARE BOTH VEGETABLES**"]   0   1   2

_____

2. **"IN WHAT WAY ARE A SHIRT AND A SWEATER ALIKE?"**
   [If patient fails to give a 2 point answer, say "**THEY ARE BOTH ITEMS OF CLOTHING**"]   0   1   2

_____

3. **"IN WHAT WAY ARE A DOG AND A COW ALIKE?"**   [No help]   0   1   2

 _____

4. **"IN WHAT WAY ARE A CAR AND A BICYCLE ALIKE?"**   [No help]   0   1   2

_____

TOTAL _____/8

4. SPATIAL REVERSAL

"**HERE I HAVE A FIGURE FOR YOU TO COPY.**" [avoid naming arrow].
After patient successfully draws the arrow, say
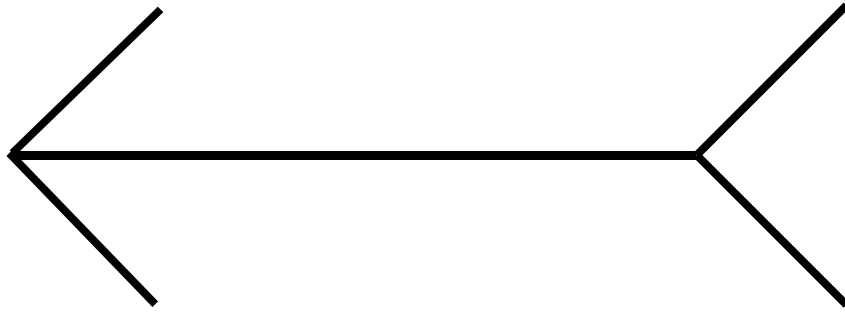
"**NOW I WANT YOU TO DRAW ANOTHER ONE LIKE THIS** [point to the arrow]

BUT THIS TIME POINTING THE OPPOSITE WAY."   [avoid indicating direction.]
[Note: points are given only for the successful reversal of the arrow, not its reproduction].   0   5

TOTAL_____/5

5. CLOCK   [4 circle pages (10 - 13)]

[1st circle - blank]
"I WANT YOU TO WRITE IN THE NUMBERS, AS ON A CLOCK FACE."   0   1   2

[2nd circle - blank]
"AND ON THIS CIRCLE DRAW IN THE HANDS TO MAKE IT SAY 9 O'CLOCK."   0   1   2

[3rd circle - numbered]
 "NOW TRY THIS ONE. PUT IN THE HANDS FOR 5 PAST 10. MAKE IT SAY 5 PAST 10."   0   1   2
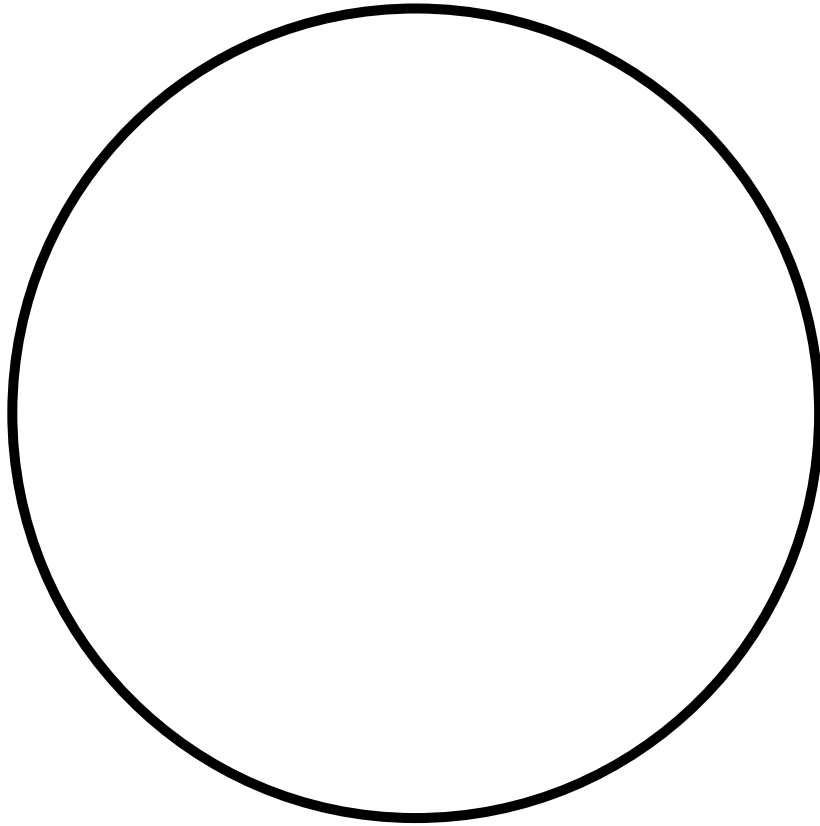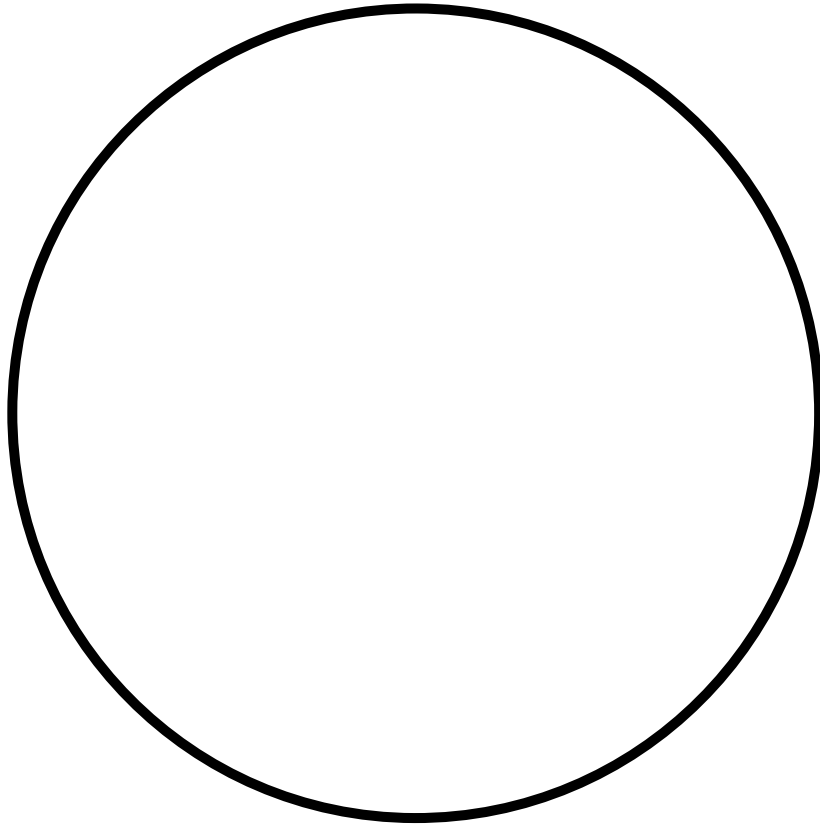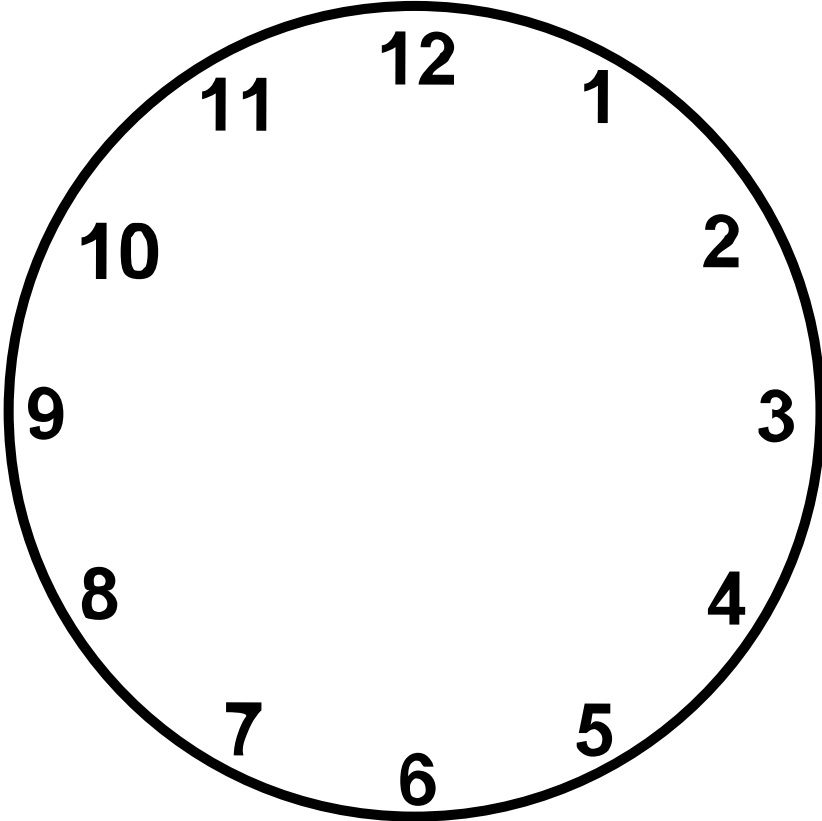
[4th circle - numbered and hands (20 past 8)]
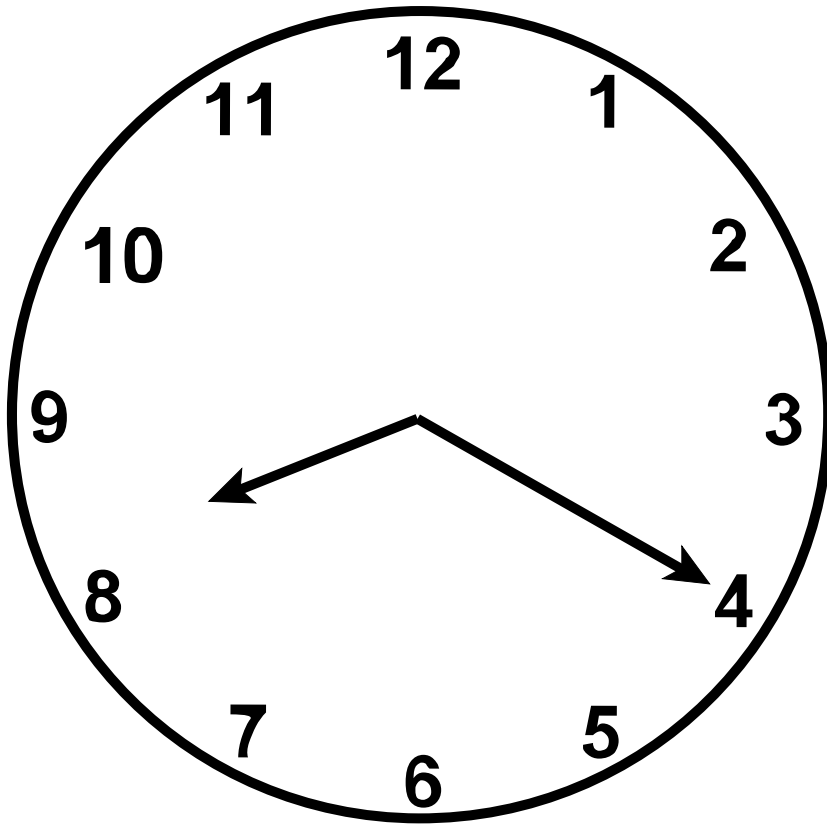**"WHAT TIME IS IT ON THIS CLOCK?**"   0   1

TOTAL _____/7

6. PERSEVERATION

a) Motor Pattern:

   [Demonstrate touching table alternately first with palm of hand and then with fist on edge, i.e., thumb facing up. Movements should be alternated at a rate of not faster than one movement per ½ second and no slower than one movement per second. Have the patient copy your motions for 5 trials or until you are sure that the patient has learned the pattern.]
If patient is unable to learn the task within 10 trials, discontinue and score 0.
If patient has successfully learned the task, then say:

 "I WANT YOU TO REPEAT THIS MOVEMENT ON YOUR OWN UNTIL I SAY 'STOP'."

   [If patient is unable to do this after several attempts, say "STOP". Otherwise let him/her do at least five repetitions using his/her preferred hand.]

<div align="right">0   1</div>

b) Visual Pattern: [sheet with pattern (page 15)]

"I WANT YOU TO COPY THIS PATTERN. START COPYING BELOW THE EXAMPLE, AND THEN CONTINUE IT TO THE END OF THE PAGE. START HERE."
[Point to the space below the pattern. Encourage patient to continue to right margin of page, such that the design is not just copied, but repeated twice. If patient makes an error while copying the pattern (but not while continuing it) draw it to the patient's attention the first time and refer back to the pattern. After this, no further help.]

<div align="right">0   1</div>

<div align="right">TOTAL _____/2</div>

7.   DELAYED WORD RECALL

"PLEASE TELL ME AS MANY WORDS THAT YOU CAN REMEMBER FROM THE LIST THAT I SHOWED TO YOU EARLIER, IN ANY ORDER."
Score = number correct (max = 10).

TABLE	____	FOOTBALL	____	WINDOW	____
ROSE	____	COMPUTER	____	GLOVE	____
MOON	____	FORK	____	GOLD	____
APPLE	____				

TOTAL _____ /10

8. WORD RECOGNITION

After completing the recall, show the subject the second list of 20 words [pages 17,18]
(TABLE, HOUSE, BOWL, .. BIRD), point to the first word and say to the subject
"DID YOU SEE THIS WORD ON THE LIST THAT I SHOWED TO YOU EARLIER OR IS THIS A NEW WORD?"
Repeat these instructions for the 2nd word. But for the 3rd word say **"HOW ABOUT THIS ONE?"**
For the 4th word onward, use either instruction as seems necessary.
After completing the lst page go to the second one (GLOVE, KING ....)
Score = total number of correct responses i.e. IN/10 + NOT IN/10 = Total/20 ÷ 2 (max = 10).

	IN	NOT IN
TABLE		
HOUSE		
BOWL		
FOOTBALL		
WINDOW		
LAKE		
ROSE		
DRESS		
WHEAT		
COMPUTER		

GLOVE		
KING		
MOON		
CLOCK		
GIFT		
FORK		
GOLD		
STORE		
APPLE		
BIRD		
Score	/10	/10

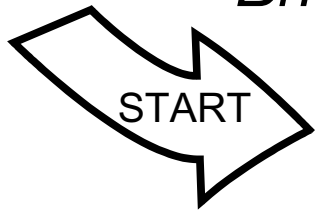TOTAL = _____ /20 ÷ 2 =   _____ /10

(Jan 2015)

TABLE HOUSE BOWL FOOTBALL WINDOW LAKE ROSE DRESS WHEAT COMPUTER

GLOVE
KING
MOON
CLOCK
GIFT
FORK
GOLD
STORE
APPLE
BIRD

*Brief*KSCAr SCORE ANALYSIS Page 1

(See Adm & Scoring Manual -Page 21)

START

STEP 1: Previous Level?

WHAT LEVEL DID THE PATIENT FUNCTION AT PREVIOUSLY?
Above Avg ____
Average ____
Below Avg ____

STEP 2: Compare to Normals

USING THE CHART FOR <u>NORMALS</u> (right), CIRCLE THE PATIENT'S TOTAL SCORE AND READ THE PERCENTILE AND RANGE THAT THE SCORE FALLS IN.
Percentile ____
Range: Above Avg ____
Average ____
Below Avg ____

STEP 3: Is there evidence of decline?

IS THERE A DIFFERENCE BETWEEN THE PATIENT'S SCORE AND YOUR PREMORBID ESTIMATE?

NO

STOP!

THE PATIENT'S SCORE IS IN THE ESTIMATED RANGE (or Higher). NO FURTHER ANALYSIS IS REQUIRED. THEREFORE, SIGNIFICANT ORGANIC BRAIN DAMAGE IS UNLIKELY.

YES

FURTHER ANALYSIS IS REQUIRED. GO TO STEP 4 ON NEXT PAGE

NORMALS

TOTAL SCORE	PERCENTILES	RANGE
55.5	95	↑
55	90	A
52	85	V
51.8	80	G
51.3	75	
51	70	A
50.3	65	V
50	60	E
49.8	55	R
49.3	50	A
49	45	G
48.8	40	E
48.3	35	
47.8	30	
47.5	25	↓
46.5	20	A
45.3	15	V
44.5	10	G
44	5	

*Brief*KSCAr SCORE ANALYSIS Page 2

DEMENTIA

STEP 4: What is the
         degree of decline?

USING THE CHART FOR
<u>DEMENTIA</u> (right),
CIRCLE THE PATIENT'S TOTAL
SCORE AND READ THE
PERCENTILE AND RANGE.

Percentile _____

Range: Mild ـــــ
          Moderate ـــــ
          Severe ـــــ

TOTAL SCORE	PERCENTILES	RANGE
45	96	MILD
42	89	MILD
41	84	MILD
40	80	MILD
39	76	MODERATE
36	71	MODERATE
35	64	MODERATE
34	60	MODERATE
33	54	MODERATE
32	50	MODERATE
31	44	MODERATE
30	39	MODERATE
29	34	MODERATE
28	29	MODERATE
26	25	MODERATE
24	19	MODERATE
23	16	SEVERE
19	10	SEVERE
16	5	SEVERE
13	2	SEVERE

(Jan 2015)