## ognitive

## Assessment

- revised +DRIVE Score


## UPDATED

## KSCAr ${ }^{+D r i v e ~}$ Manual (Administration \& Scoring)

All Kingston Scales and Manuals can be downloaded free of charge from: www.kingstonscales.org or email: kscales@queensu.ca
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## Introduction

The Kingston Standardized Cognitive Assessment-Revised (KSCAr ${ }^{+ \text {Drive }}$ ) (for psychometric properties see refs below) is an instrument designed to quickly assess individuals suspected of neurocognitive impairment, especially progressive dementias in the elderly. It is a broad range test that can assess a number of cognitive capabilities but concentrates on those commonly associated with dementia. It produces a comprehensive assessment of memory, language, and visual-motor functions, yielding the cumulative percent for each score. Individuals can be compared to two groups of outpatients with progressive dementias (Alzheimer and Other Dementia groups) as well as a community dwelling normal elderly sample. Norms are also provided for a group of outpatients who were diagnosed with depression, but not dementia. While it is not diagnostic, the KSCAr ${ }^{+ \text {Drive }}$ alerts the user to the possibility of an existing organic process and raises the question of whether further evaluation is needed.

One of the main values of the KSCAr ${ }^{+ \text {Drive }}$ is that it provides perhaps the most comprehensive screening of potentially neurocognitively impaired patients that can be obtained without special training or specially trained personnel, and can typically be completed in less than 30 minutes. The KSCAr ${ }^{+D r i v e}$ now has a new scale,comprised of 8 sub-tests, that provides an indication as to how well a subject is likely to do on a "medical" road test (the KSCA Drive score).

The companion to this manual is the "Assessment Form" which is the protocol used to assess a patient and contains all of the forms necessary; only a pencil needs to be provided. In addition to the KSCAr ${ }^{+ \text {Drive }}$, there are the BriefKSCAr and mini-KSCAr which are shorter versions that can be used to monitor a patient's change over time; and that can be completed in less than 15 minutes. While the full KSCAr ${ }^{+ \text {Drive }}$ is recommended for initial or more comprehensive screening, especially when the scope of the possible brain damage is unclear, the BriefKSCAr or mini-KSCAr can also be used as a fast and reliable bedside procedure that yields far more data than other cognitive screening tools commonly in use, such as the MMSE or MOCA.

## General Scoring Notes

Many elderly people have some degree of hearing loss; make sure the patient understands the questions and instructions. Speak slowly and clearly; ask him/her to let you know if he/she has trouble understanding you. Repeat if necessary. In addition, many patients have some degree of visual impairment; make sure the patient can see the designs and pictures adequately.

- If the patient has enough difficulty in hearing instructions or seeing the designs to make interpretation of the results questionable, DO NOT SCORE THOSE ITEMS.
If the patient gives a wrong response but corrects him/herself spontaneously, BEFORE starting the next sub-test, the second response IS scored; but DON'T use the self-corrected answers that occur after you have gone on to something else, use the original response for scoring purposes. If you wish to probe a patient further (i.e., "testing the limits") you may do so; make note of any additional responses, but SCORE ONLY THE ORIGINAL RESPONSE.
- WRITE DOWN ALL RESPONSES. The response lines are provided not just to make occasional notes but to make the KSCAr ${ }^{+ \text {+Drive }}$ a complete record of the assessment that can be compared to future examinations.
- IF A SUB-TEST IS NOT SCORED FOR ANY REASON, A TOTAL SCORE CANNOT BE OBTAINED, HOWEVER A SUB-TOTAL THAT DOES NOT USE THAT SCORE MAY BE COMPUTED.
This assessment tool has been developed over time from earlier versions. Relevant references below. Kilik L, Fogarty J, Hopkins R. 2018 "Medical Driving Assessment Outcomes in Seniors Using the KSCArt Drive An In-Office Screening Tool to Assist Clinicians In Determining Driving Safety and Who to Refer For Medical Driving Assessments" J Parkinsons Dis Alzheimer Dis 5(2):5
Hopkins R, Kilik L, Day D, Rows C, Hamilton P. 2004. The Revised Kingston Standardized Cognitive Assessment. Int J Geriatr Psychiatry 19, 320-326.
Rodenburg M, Hopkins R, Hamilton P, Ginsburg L, Nashed Y, Minde N. 1991. The Kingston Standardized Cognitive Assessment. Int J Geriatr Psychiatry 6: 867-874.


## Introduction

The Use of This Manual
While each Assessment Form contains administration instructions and some statistical data, this manual does so in greater detail, and in addition, information about the scoring and interpretation of the KSCAr ${ }^{\text {+Drive }}$. Each sub-test section is organized under the same headings: Name, Purpose, Administration Instructions (with what the examiner actually says to the patient shown in UPPER CASE AND BOLDED), Scoring Procedure, Maximum Total Score, Acceptable Answers (and sometimes unacceptable answers), Interpretation, Templates (where applicable), and Examples (where applicable).

One feature found in the KSCAr ${ }^{+D r i v e}$ that is rarely found in other scales, is the provision of templates to aid in scoring the items where the subject is asked to draw something. The templates are produced in the proper size to allow the examiner to place the patient's reproduction over top of the template to determine whether the angles or spacing etc, is correct. Also included with many of the sub-tests, especially the ones requiring drawing, are examples of some common responses which are reproduced to aid in distinguishing between 0,1 , or 2 point answers.

While each sub-test has an interpretation section, this is only intended as a guide. Those listed are common interpretations, used most frequently when a patient is suffering from a progressive dementia such as Alzheimer's Disease. However, where different etiologies are involved, alternative interpretations may be applicable.

An important part of the KSCAr ${ }^{+ \text {Drive }}$ is the section entitled "Behaviour at Time of Examination". This is a simple checklist for the clinician to make observations about the behaviour of the patient during assessment. It allows one to make note of language and other important behaviours. It is particularly useful for picking up behaviour changes that are not noted by cognitive assessment alone.

Before administering the KSCAr ${ }^{+ \text {Prive }}$ for the first time, one should carefully read this manual and examine the Assessment Form. It is advisable to give a practise assessment or two on a colleague, or family member. Total or raw scores are not reported when interpreting the KSCAr ${ }^{+ \text {Drive }}$. Cumulative percents are used to describe performance. After scoring the KSCAr ${ }^{+ \text {Drive }}$ and recording the scores on the Scoring Summary sheet of the Assessment Form, compare the scores to the "Score Analysis Pages" found at the end of the Assessment Form. To help understand the use and interpretation of these pages, read the page entitled "KSCAr ${ }^{+ \text {Prive }}$ Score Analysis" found on page 41 of this manual. Also, determine the cumulative percent for each score of the three Sub Totals. These are found for dementia (Alzheimer's) patients at the end of the Assessment Form, and for normals and other pathology groups in this manual.

This manual contains statistics (i.e. means, cumulative percent, etc.) for groups of normal elderly (p. 49 , Alzheimer's patients ( p .52 ), patients suffering from other forms of progressive dementias ( p .62 ), and a group of depressed (but not demented) patients (p. 65). When newly assessing a patient for whom there is no definitive diagnosis, the "normal" group should be used for a first comparison. If the individual is known, or suspected of having a diagnosis compatible with one of the other groups, then that group can be used for first comparison purposes. It should be noted that the Alzheimer's group used in these norms is drawn from a community living sample.

A more complete and effective assessment of a suspected dementia should also include a behavioural assessment, such as can be obtained by using the Kingston Standardized Behavioural Assessment (KSBA) (Hopkins R, Kilik L, et al, (2006) Am J Alz Dis, 21: 339-346). Two versions are available, one for community living individuals ( $\mathrm{KSBA}_{\text {comm }}$ ) and one for Long Term Care residents (KSBA ${ }_{\text {LTC }}$ ).
See website: http://www.kingstonscales.org/behaviour-assessment.html

| SUBTEST NO. 1 | To assess recent memory through general level of <br> orientation to person, time and place. |
| :--- | :--- |
| Purpose | Ask each as presented in quotation marks below. <br> AREMEMBER TO WRITE DOWN ALL <br> RESPONSES] |
| Scoring Procedure | One point per question is given for each correct <br> response. |
| Maximum Total Score | 10 |
| Interpretation | A poor performance suggests problems with short <br> term or recent memory. This is a common finding <br> in typical dementias such as Alzheimer's disease <br> but is not necessarily a prominent feature in other <br> forms of dementia. Especially those that are not <br> progressive such as delirium. |
| Acceptable Answers | - at least one given name \& last name |
| 1. "WHAT IS YOUR FULL NAME?" | - age, not 'date of birth', if they give DOB say <br> "Yes, but how old does that make you." |
| 2. "WHAT IS YOUR AGE?" | - date of birth, not 'birthday' |


| SUBTEST NO. 2 <br> Purpose | $\quad$ REMOTE MEMORY |
| :--- | :--- |
| Administration Instructions | Ask each as presented in quotation marks below. |
| Scoring Procedure | NOT USED IN TOTAL SCORE |
| Maximum Total Score | 5 |
| Interpretation | - town, or location compared to a known <br> location, e.g., north of Napanee |
| Acceptable Answers | - name or location of school | | 1. "WHERE WERE YOU BORN?" |
| :--- |
| 2. "WHERE DID YOU GO TO SCHOOL?" |
| 3. "WHAT WAS YOUR FATHER'S NAME?" |


| SUBTEST NO. 3a | DIGIT REPETITION - Forward |
| :--- | :--- |
| Purpose | To assess immediate memory and concentration. |$|$| Administration Instructions | Speak in an even tone of voice, but let the pitch of the <br> voice drop on the last digit of each trial. Give each digit <br> at the rate of 1 digit per second and record all responses. <br> Administer Trial II only if patient fails Trial I. Discontinue <br> when subject fails both Trials. |
| :--- | :--- |
|  | Say "I AM GOING TO SAY SOME NUMBERS. LISTEN <br> CAREFULLY, AND WHEN I AM THROUGH, SAY <br> THEM RIGHT AFTER ME." |
|  | If a patient asks you to repeat a number or string of <br> numbers, say "I WILL GIVE YOU ANOTHER ONE", and <br> continue. Do not repeat numbers. If patient continually <br> asks for repeats, assess their hearing before continuing. <br> Be sure to raise your voice and speak slowly and clearly. |
| Scoring Procedure | 1 Point for each correct response, regardless of whether <br> it was Trial I or Trial II. <br> 0 Points when both Trials I and II are failed. |
| Maximum Total Score | 5 |
| (Forward) | Problems in immediate memory are not usually evident in <br> progressive dementias until other types of memory <br> deficits are apparent. Digits forward is a measure of <br> auditory immediate (working) memory, sequencing, and <br> freedom from distractability. This task is more sensitive <br> to left-hemisphere damage than to diffuse or right <br> hemisphere damage. |
| Interpretation | - must be the correct number sequence |


| SUBTEST NO. 3b | $\quad$ DIGIT REPETITION - Backwards |
| :--- | :--- |
| Purpose | To assess the ability to mentally manipulate numbers. |
| Administration | Speak in an even tone of voice, but let the pitch of the voice <br> Irop on the last digit of each trial. Give each digit tat the rate <br> of 1 digit per second and record all responses. Administer <br> Inial II only if patient fails Trial I. Discontinue when subject <br> fails both Trials. |
|  | Say "NOW I AM GOING TO SAY SOME MORE NUMBERS, <br> BUT THIS TIME WHEN I STOP, I WANT YOU TO SAY THEM <br> BACKWARDS. FOR EXAMPLE, IF I SAY 7-1-9, WHAT |
| WOULD YOU SAY?" |  |


| SUBTEST NO. 4 | To assess short term verbal memory |
| :--- | :--- |
| Purpose | Use the 10 word list (TABLE, FOOTBALL, WINDOW ... <br> APPLE). Using a blank sheet of paper (supplied), slide it <br> down the list of words, sequentially exposing the list one word <br> administration a time. Present each word for 2 seconds. Ask the subject <br> to "PLEASE READ ALOUD EACH WORD THAT I SHOW <br> YOU." <br> Instructions <br> DO NOT TELL THE SUBJECT TO TRY AND REMEMBER <br> THEM. After presenting all 10 words, cover the list completely <br> or otherwise ensure that it is not visible and ask the subject <br> "PLEASE TELL ME AS MANY OF THE WORDS FROM <br> THAT LIST AS YOU CAN, IN ANY ORDER." |
| Scoring Procedure | 1 Point for each correct response. |
| Maximum Total Score | 10 |
| Interpretation | Poor performance on short term recall tasks such as this is a <br> common feature in most forms of brain damage. |
| Acceptable Answers | The recalled words must be exact, no synonyms. |



Design 1


Design 2


Design 3

## Purpose <br> Administration Instructions <br> Scoring Procedure <br> Maximum Total <br> Score

To assess short term visual memory

Hand patient a blank page and a pencil with eraser and say: "HERE IS A PIECE OF PAPER FOR YOU. I AM GOING TO SHOW YOU A FIGURE. I WOULD LIKE YOU TO STUDY IT FOR 10 SECONDS AND THEN I WILL TAKE IT AWAY AND I WANT YOU TO DRAW IT FROM MEMORY." Remove design after 10 sec.; repeat instructions for each design as you hand patient another blank page.

General Remarks:

- any size is acceptable;
- drawings should be reasonably neat, i.e., lines reasonably straight, corners almost closed;
- if the patient rotates the page indicate top of page with an arrow.

6

GENERAL SHAPE: Parallelogram with 4 sides of equal length, 2 acute and 2 obtuse angles, resting on a side and leaning to the right.

2 Points - approximate shape of a parallelogram leaning to the right;

- no right angles;
- all four sides should be approximately equal in length;
- the longer side cannot be longer than twice the shorter side;
- rotated less than 15 degrees, i.e., within shaded area (Figure A)

1 Point - a 4-sided figure where no side is longer than approximately $1 \frac{1}{2}$ times its opposite, or a square

Design 1 - use Figure A to determine position of base line. Place lower left corner of subject's drawing over lower left corner of template. Rotate figure so that left vertical line of subject's drawing is over left vertical side of template. The base line of subject's drawing should fall in the shaded area.

GENERAL SHAPE: 3 lines of equal length (the longest being no more than twice the shortest) forming a "square $S$ ", each of the three lines forming the "square $S$ " is equally bisected (within the middle third) by a diagonal.

2 Points - must reasonably conform to general shape ("square S " with a diagonal line through it);

- vertical line of the Squared S rotated less than 30 degrees either way, i.e., when subject's drawing is placed over Figure B with lower horizontal lines overlapping, the vertical line of the drawing should be in the shaded area; - top and bottom horizontal lines of the Squared $S$ approximately parallel to each other;
- vertical line of the Squared $S$ bisected within the central third of its length by the diagonal (Figure C-a);
- diagonal almost touches or does not extend beyond top and bottom horizontal lines of the Squared S (by not more than approx. 10\% of its length) (Figure C - area marked b)

1 Point - general shape is recognizable with either "Squared S" or diagonal line drawn correctly;

## - a reversed or rotated figure (45 degrees or more) loses 1 more point

GENERAL SHAPE: large square with 2 diameters; small square with 2 diameters in right lower section of large square ("small window within large window")

2 Points - BOTH windows complete and correctly placed (i.e. small window must be placed in lower right quadrant of large window);

- all four sides of the window are approximately the same length (the long side of each window should be no more than twice the short side); - rotated less than 15 degrees, i.e., when subject's drawing is placed over template so that left edge of square is over left edge of template, neither the upper or lower horizontal sides of the large square should be rotated beyond the shaded areas (Figure D - a);
- cross within each window centred within a quarter of the distance between the centre point and outside boundaries (i.e. each intersecting line should bisect the other between $1 / 4$ and $3 / 4$ of its length);
- small window must not share lines with large window

1 Point - at least one window complete: If large window is complete, small window may be either absent or transformed or placed in another quadrant, e.g., it may have no outer boundaries; or more or less than two diameters; or it may contain other features;

- if small window is complete and correctly placed, large window may be inaccurate or incomplete, e.g., have no diameters, or only one.

This task measures visuoperceptual, constructional, and spatial organizational abilities. It is generally sensitive to non-dominant hemisphere functioning, most notably right temporoparietal integrity.

Figure A


Example: - Design 1
2 Points


Templates: - Design 2


Figure $B$


Template: - Design 3

Figure D


Examples: - Design 2

$$
2 \text { Points }
$$



0 Points


Examples: - Design 3
2 Points
1 Point
0 Points


| SUBTEST NO. 6 | WORD FINDING |
| :---: | :---: |
| Purpose | To assess one's ability to find the correct word in response to visual stimulus. |
| Administration Instructions | For items 1 to 8 point to each of the pictures in turn and say "TELL ME WHAT YOU CALL THIS." <br> For items 9 and 10, point carefully to the picture of the bicycle (e.g. trace 1 or 2 spokes, circle pedals with pencil) and say "TELL ME WHAT YOU CALL THIS." |
| Scoring Procedure | 1 Point for each picture or detail correctly named |
| Maximum Total Score | 10 |
| Interpretation | Nominal aphasia or the loss of the ability to name objects, occurs when there is damage to certain verbal areas of the brain. Performance on confrontation naming tasks may be a function of several factors, including age, education, accumulated vocabulary and cultural linguistic background. However, deficits in this ability have been shown to distinguish between normal aging and early dementia populations. |
| Acceptable Answers |  |
|  | 1. KITE |
|  | 2. BICYCLE |
|  | 3. SPADE [or SHOVEL] |
|  | 4. FOOT |
|  | 5. BOTTLE [or other word containing bottle, e.g., WINE BOTTLE] |
|  | 6. UMBRELLA |
|  | 7. ELEPHANT |
|  | 8. CHIMNEY [NOT 'smoke stack'] |
|  | 9. SPOKES |
|  | 10. PEDALS [NOT 'brakes'] |

SUBTEST NO. 7
Purpose
Administration
Instructions

Scoring Procedure

Maximum Total Score
Interpretation

## Acceptable Answers

"What City Was Mr. Davis
Travelling To?"
"How Did He Intend to
Get There?"
"Where Was His Daughter Driving Him?"

## READING COMPREHENSION

To assess one's ability to read and comprehend a written passage.
"NOW I WOULD LIKE YOU TO READ A SHORT STORY AND THEN I WILL ASK YOU SOME QUESTIONS ABOUT IT. PLEASE READ SO THAT I CAN HEAR YOU."
Hand patient the story page; let him/her keep it until all questions are answered.

1 Point for each correct response.
NOTE: If patient is unable to read the passage, read it to him/her, but do not score it.

3

Failure to be able to read, or more commonly, be able to read but not extract any information, is another indication of damage to the language areas of the brain.

Toronto

By bus

To the bus terminal (or bus station, or "to the bus")

## ABSTRACT THINKING

## Purpose <br> Administration <br> Instructions

Scoring Procedure

General Remarks:
2 Points - highest level of appropriate abstraction or major use
1 Point - minor similarities; superficial or descriptive only

## Maximum Total Score <br> 8

Interpretation
Difficulties with this task suggest problems in abstract reasoning, which is an executive function often associated with frontal lobe damage.

## Acceptable Answers

1. "In what way are carrots and beans alike?"

2 Points - vegetables; you eat them; food;
1 Point - have vitamins; grow in ground; plants; If patient fails to give a 2-point answer say,

## "THEY ARE BOTH VEGETABLES."

2 Points - clothing; apparel; attire; you wear them;
1 Point - they are made of cloth (material); have sleeves (buttons);cover upper part of the body; [same help as above]

2 Points - animals (mammals);
1 Point - they have 4 legs; are found on farms. [no help]
2 Points - means of transportation (travelling); vehicles;

- they take you places; you ride them;

1 Point - they have wheels; carry people; you steer them. [no help]

SUBTEST NO. 9
Purpose
Administration
Instructions

Scoring Procedure

Maximum Total Score
Interpretation

Acceptable Answers

## CALCULATION

To assess one's ability to do mental arithmetic.
This is an aurally administrated sub-test. Say
"I WANT TO ASK YOU A FEW MORE QUESTIONS: HOW MUCH IS" ..."TWO PLUS FOUR"
"NINE MINUS TWO"
"FIVE TIMES FIVE"
"FIFTY-SIX DIVIDED BY SEVEN"
1 point for each correct answer. If patient gets a score of ' 0 ' on an early item (e.g., $2+4$ ) but gets full marks on more difficult items, return to the failed item before moving on to the next test; if on second try he/she gets it right, make a note of this, but don't change the score. If patient spontaneously corrects himself/herself before beginning the following test, change score to '1'.

4

Problems with this task often indicate an inability to concentrate, even for a short period of time. This task has also been shown to be sensitive to organizational and executive (concept-formation) difficulties.

Answer must be correct

| SUBTEST NO. 10 | WRITING |
| :---: | :---: |
| Purpose | To assess one's ability to write down familiar information. |
| Administration Instructions | Use the blank page 21 for the patient to write on. <br> "NOW I WOULD LIKE YOU TO WRITE SOMETHING: <br> FIRST, YOUR NAME, PLEASE.". When patient has done so, say, "AND NOW I WANT YOU TO WRITE: KINGSTON, ONTARIO, CANADA." * <br> Repeat, if patient forgets <br> * use a more familiar local address (of similar length) if the patient is not from Kingston. <br> Note: Patient must write (i.e. use script) not print. If patients start to print, correct them, if they persist, score is 0 . |
| Scoring Procedure | 1 Point each for: patient's name Kingston (city) Ontario or Ont. or ON (province or state) Canada (country) A loss of one point per section if one or more letters are missing or are unrecognizable. |
| Maximum Total Score | 4 |
| Interpretation | Writing is another form of linguistic skill and is often disrupted by various forms of neurocognitive impairment. |
| Acceptable Answers | Responses must be legible and spelled correctly |


| SUBTEST NO. 11 | $\quad$ RIGHT/LEFT ORIENTATION |
| :--- | :--- |
| Purpose | To assess one's spatial orientation to right and left. |
| Administration | Ask the patient to "TOUCH YOUR LEFT SHOULDER." <br> Instructions <br> Then ask the patient to "POINT TO MY ..." various body <br> parts. <br> NOTE: slower response times are common in the elderly. |
| Scoring Procedure | NOTE: while Right/Left Orientation and Verbal <br> Comprehension are run together as one task, they are <br> scored separately as two distinct tasks. <br> 1 Point for each correct right/left response <br> Also note, that if a patient uses his or her own body to <br> respond to questions 8, 9, or 10, then both body part and <br> R/L are scored as incorrect. |
| Maximum Total Score | 10 |
| Interpretation | Right/left discrimination is a spatial ability that is often <br> disrupted in moderate to severe dementia. This sask also <br> sensitive to mental rotation, conceptual abilities and hand <br> preference. |

SUBTEST NO. 12
Purpose
Administration
Instructions
Scoring Procedure

Maximum Total Score
Interpretation

## VERBAL COMPREHENSION

To assess one's ability to comprehend spoken instructions.
Ask the patient to "TOUCH YOUR LEFT SHOULDER." Then ask the patient to "POINT TO MY ..." various body parts.

NOTE: while Right/Left Orientation and Verbal
Comprehension are run together as one task, they are scored separately as two distinct tasks.
1 - point for each body part touched correctly Also note, that if a patient uses his or her own body to respond to questions 8,9 , or 10 , then both body part and L/R are scored as incorrect.

10

Verbal comprehension is another form of communication skill that is often disrupted as a result of neurocognitive impairment.

| SUBTEST NO. 13 | $\quad$ DELAYED WORD RECALL |
| :--- | :--- |
| Purpose | To assess short term verbal memory with a delay of 10 to 15 <br> minutes. |
| Administration | After 15 minutes (approximately) ask the subject <br> "PLEASE TELL ME AS MANY WORDS THAT YOU CAN <br> Instructions <br> EAREMBER FROM THE LIST THAT I SHOWED TO YOU |
| Scoring Procedure IN ANY ORDER." |  |


| SUBTEST NO. 14 | WORD RECOGNITION |
| :---: | :---: |
| Purpose | To assess one's ability to make use of partial information in assisting one to recognize learned material. |
| Administration Instructions | After completing the delayed recall, show the subject the second list of 20 words [2 sheets] (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?" <br> For the 4th word onward, use either instruction as seems necessary. After completing the 1st page, go to the second one (GLOVE, KING ....) |
| Scoring Procedure | 1 Point for each word correctly identified as being either "in" or "not in" the list. Divide points by 2 for total score out of 10. i.e. $\mathrm{IN} / 10+\mathrm{NOT} I \mathrm{IN} / 10=$ Total/ $20 \div 2(\max =10)$ |
| Maximum Total Score | 10 |
| Interpretation | Usually patients suffering from Alzheimer's disease will perform relatively poorly on free recall and delayed recall, but will perform at near normal levels on recognition memory. |



Design 1


Design 2

SUBTEST NO. 15a
Purpose
Administration
Instructions

Scoring Procedure for Diamond

## COPYING - Diamond

To assess one's ability to copy a figure with the stimulus still in front of them.
"HERE I HAVE A FIGURE FOR YOU TO COPY" [avoid naming designs]. If the patient inquires or is uncertain what to do, say "COPY IT IN THE SPACE PROVIDED HERE." [point to space on page]

GENERAL SHAPE: 4 sides of equal length; resting on a corner; height exceeding width.

## 2 Points

- height exceeding width;
- vertical axis rotated less than 15 degrees either way, i.e., when subject's copy is placed on template Figure E with lower point placed at conversion of lines (C) and lower left side along left side of template( line CL), the upper point of drawing should fall into the shaded area marked ' $a$ ' (or its extension). - horizontal axis rotated less than 15 degrees either way, i.e., when subject's copy is placed on template Figure $F$ with left point placed at conversion of lines (C) and lower left side along left side of template (line CL), the right point of drawing should fall into the shaded area marked ' $a$ ' (or its extension). Check other corners by turning drawings up-side-down. (Note that Figure F is Figure E rotated 90 degrees).


## 1 Point

- vertical axis rotated less than 35 degrees either way. Use Figure E as above, but upper point should fall into white area marked $\mathbf{b}$.
- horizontal axis rotated less than 35 degrees either way. Use Figure F as above, but upper point should fall into white area marked $\mathbf{b}$.
- neither upper nor lower corner should have an angle greater than 130 degrees. Use Figure G to measure the angle.

Templates:


Figure F


Figure G

Examples:

2 Points


1 Point


SUBTEST NO. 15b
Scoring Procedure for Arrow

## COPYING - Arrow

- GENERAL SHAPE: 2 corners connected by horizontal line. If patient's 'arrow' is too different from figure to be copied remind him/her that you asked him/her to "copy this figure". 2 Points - General shape preserved;
- Horizontal axis rotated less than 10 degrees. Using Figure H place right edge of drawing parallel to right edge of template so that right vertex is on point ' $\mathbf{C}$ '. 'Shaft' of arrow should be within shaded area marked 'a';
- arrow pointing in appropriate direction.

1 Point - Some distortion of shape acceptable;

- Horizontal axis rotated less than 15 degrees. Use Figure H as above, but 'shaft' of arrow should be within the lines marked 'b';
- horizontal line overlapping or not touching 'point' or 'tail' within $10 \%$ of its length.

4

Problems with copying are usually associated with parietal lobe damage.

## Template: -

Figure H

(C) KSCAr ${ }^{+ \text {Drive }}$ Instruction and Scoring Manual

Examples: -

2 Points


1 Point


SUBTEST NO. 16
Purpose
Administration
Instructions

Scoring Procedure

Maximum Total Score
Interpretation
Acceptable Answers

SPATIAL REVERSAL
To assess one's ability to spatially reverse an object from the way that it was presented.

Point to the arrow. "NOW I WANT YOU TO DRAW ANOTHER ONE LIKE THIS, BUT THIS TIME POINTING THE OPPOSITE WAY"
Avoid indicating direction.
5 Points - arrow must be in opposite direction

- Horizontal axis rotated less than 15 degrees. Use Figure Ha. Place left edge of drawing parallel to left edge of template so that left vertex is on point ' $\mathbf{C}$ '. 'Shaft' of arrow should be between the lines marked ' $\mathbf{b}$ ';

5
Inability to reverse a figure is an indication of at least moderate spatial dysfunction.
see examples below

## Template: - Figure H-a




## IDEOMOTOR

Purpose
Administration
Instructions
Scoring Procedure

Another visual-motor function test which requires one to conceptualize a purposeful action without the benefit of the associated objects.

Ask each question as written.

1. "SHOW ME HOW YOU WOULD STIR A CUP OF TEA"
2. "SHOW ME HOW YOU WOULD HAMMER A NAIL"
3. "SHOW ME HOW YOU WOULD BLOW OUT A CANDLE"

Patient must be able to make a reasonable motor action that is easily interpretable as required behaviour.
1 Point for each correct response.
Maximum Total Score
3
Interpretation
Poor performance on this task is more commonly associated with more advanced dementias, or other organic brain syndromes (such as strokes) that disrupt over-learned motor responses.

```
Purpose
Maximum Total Score
Interpretation

\section*{Clock drawing is another test of visual-motor functioning.}

7

Clock drawing is a sensitive measure of visual-motor function, and problems with this task are often seen as an early sign of dementia.
"I WANT YOU TO WRITE IN THE NUMBERS, AS ON A CLOCK FACE" If patient writes only some of the numbers, e.g. 3,6,9,12, say, "PLEASE, WRITE ALL OF
THE NUMBERS" Make sure that the top of the clock (i.e. the 12), is at the top of the page. If not, mark top (i.e. patient's top).

USE FIGURE I (page 36) and examples on page 38.
2 Points - numbers 1-12 (and no extra numbers) fairly straight and nearly evenly spaced around periphery, with the 12 at the top. When the reproduction is placed over Figure I with the 12 placed at the top of vertical line (L L'), the major part of the 3,6 and 9 should be in the appropriate areas marked ' \(a\) ';
- main bodies of ALL numbers should be within the outer ring marked 'b';
- not more than one number rotated 90 degrees or more 1 Point - some distortion in spacing of numbers is acceptable, i.e., when reproduction is placed over
Figure I, so that the 12 lies on the vertical line (L L'), the major part of any \(\underline{2}\) of the numbers 3,6 and 9 should be in the appropriate areas marked ' \(\mathbf{a}\) ';
- main bodies of all but 1 of the numbers should be within the outer ring 'b';
- no extra numbers can be included

\section*{Maximum Score}

\section*{SUBTEST NO. 18}
b) 9:00 [2 \({ }^{\text {nd }}\) blank-circle] Administration Instructions

Scoring Procedure

\section*{Maximum Score}
c) \(10: 05 \quad\left[3^{\text {rd }}\right.\) circle numbered]
Administration Instructions

\section*{Scoring Procedure}

\section*{CLOCK DRAWING}

\section*{"ON THIS CIRCLE DRAW IN THE HANDS TO MAKE IT} SAY 9 O'CLOCK."

USE FIGURE J (page 37) and examples on page 39.
2 Points
- using Figure J, the vertex should be centred within the area marked ' \(a\) ', the 'hands' should fall in the tracks marked 'b'.
-'hands' should be connected (or almost connected) at an approximate right angle;
- hour 'hand' SHORTER than minute 'hand'.

1 Point
- connecting point of 'hands' off-centre but within the larger central circle marked ' \(\mathbf{c}\) ';
- hour 'hand' NOT LONGER than minute hand;
- if 'hands' are not connected, both should radiate from larger central area marked ' \(\mathbf{c}\) '

2

\section*{"NOW TRY THIS ONE. PUT IN THE HANDS FOR 5 PAST} 10. MAKE IT SAY 5 PAST 10"
- Use Figure J (page 37) and examples on page 40.

2 Points
- using Figure J, the vertex should be centred within the area marked ' \(a\) ', the hour hand should fall somewhere halfway between the \(9 \& 10\) and halfway between \(10 \& 11\), the minute hand somewhere halfway between the 12 \& 1 and halfway between the \(1 \& 2\).
- the hands should be connected at the vertex (or almost connected).
- hour 'hand' SHORTER than minute 'hand'.

1 Point
Vertex position correct OR hands position \& length correct.
\begin{tabular}{|c|c|}
\hline SUBTEST NO. 18 & CLOCK DRAWING \\
\hline d) 8:20 \(\left[4^{\text {th }}\right.\) circle numbered and hands] Administration Instructions & Say , "WHAT TIME IS IT ON THIS CLOCK?" \\
\hline Scoring Procedure & 1 point for 8:20 (or 20 past 8) \\
\hline Maximum Score & 1 \\
\hline
\end{tabular}

\section*{OD KSCAr \({ }^{+D r i v e ~ I n s t r u c t i o n ~ a n d ~ S c o r i n g ~ M a n u a l ~}\)}

\section*{Template: - Figure I}


L'

Figure J


\section*{Examples: -}

Numbers:


9:00:

10:05 2 Points
1 Point
0 Points


\section*{PERSEVERATION}
\(\left.\begin{array}{l|l}\text { Purpose } & \begin{array}{l}\text { To assess one's ability to perform several complex } \\ \text { repetitive motor tasks without repeating parts of } \\ \text { the task out of sequence. }\end{array} \\ \begin{array}{l}\text { Administration Instructions } \\ \text { a) Motor Pattern }\end{array} & \begin{array}{l}\text { Demonstrate touching table alternately first with palm of } \\ \text { hand and then with fist on edge, i.e., thumb facing up. } \\ \text { Movements should be alternated at a rate of not faster } \\ \text { than one movement per } 1 / 2\end{array} \\ \text { one movend and no slower than } \\ \text { motions for } 5 \text { trials or until. Hou are sure that the patient } \\ \text { has learned the pattern. If patient is unable to learn the } \\ \text { task within } 10 \text { trials, discontinue and score 0. If patient } \\ \text { has successfully learned the task, say: }\end{array}\right\}\)

\section*{Examples: -}

1 Point


0 Points

\begin{tabular}{|l|l|}
\hline Instructions for & OBSERVATIONS DURING EXAMINATION \\
Purpose & \begin{tabular}{l} 
These short scales allow the clinician to rate certain \\
behaviours observed during the assessment procedure.
\end{tabular} \\
Administration Instructions & \begin{tabular}{l} 
This section is used to rate patient behaviour during the \\
examination. Items a and b are rated from 1 to \(5 . \mathrm{A}\) \\
normal rating is 3 and values above or below 3 indicate \\
the degree of deviation from normal. \\
Items c to j are rated from 1 to 3. A normal rating is 1, \\
and 2 or 3 indicate the degree of deviation from normal.
\end{tabular} \\
Scoring Procedure & \begin{tabular}{l} 
Although this is not part of the total score, it is an \\
important part of creating an impression of the \\
individual's presentation and a valuable aspect of the \\
overall clinical picture.
\end{tabular} \\
\hline
\end{tabular}

\section*{See next page}

\section*{BEHAVIOUR AT TIME OF EXAMINATION}

\section*{a] OVERLY PERSISTENT 1 2 3 4 GIVES UP EASILY}
- Did the patient work persistently and refuse to give up on tasks, or did he/she stop as soon as he/she encountered any difficulty or frustration?

\section*{b] UNCONCERNED \(1 \begin{array}{llllll} & 2 & 3 & 4 & 5 & \text { ANXIOUS }\end{array}\)}
- Did the patient show any undue anxiety about the examination, or did he/she act is if he/she was completely unconcerned?

\section*{c] RELAXED \\ 123 \\ RESTLESS}
- Was the patient relaxed, at ease with the examination or was he/she restless, having difficulty attending to tasks because of it?
d] FULLY ALERT 1 \begin{tabular}{llll} 
& 2 & 3 & DEPRESSED LEVEL
\end{tabular}
- Was the patient fully alert or was his/her level of consciousness decreased?

\section*{e] GOOD CONCENTRATION 1 2 3 EASILY DISTRACTED}
- Was the patient able to concentrate on the tasks without too much difficulty, or was he/she easily distracted and have difficulty concentrating?

\section*{f] COOPERATIVE 1 U 2 UNCOOPERATIVE}
- Was the patient cooperative to the examination procedures or was he/she less than willing to participate?

\section*{LANGUAGE USAGE}

\section*{g] ARTICULATION GOOD 1 2 3 ARTICULATION POOR}
- Was the patient's articulation good, or did he/she have difficulty pronouncing words (either common or uncommon)?

\section*{h] SPONTANEOUS SPEECH 1 2 3 SPEAKS ONLY WHEN SPOKEN TO}
- Did the patient speak spontaneously to a normal degree or was he/she reluctant to speak?

\section*{i] FLUENT SPEECH \\ 123 NON FLUENT SPEECH}
- Was the patient able to speak fluently, without obvious breaks or periods where he/she was searching for words?

\section*{j] NORMAL SPEECH 1 2 3 PERSEVERATIVE SPEECH}
- Did the patient display a number of perseverative behaviours in his/her speech, such as repeating words or phrases over and over again? Was there repetition of ideas or responses, such as giving the same specific response (versus a general response such as "I don't know") to different questions?

\section*{KSCAr \({ }^{+ \text {Drive }}\) SCORE ANALYSIS PAGES}

This section of the KSCAr \({ }^{+D r i v e}\) is designed to make the analysis of the scores easier and more meaningful. To aid in this, the KSCAr \({ }^{+ \text {Drive }}\) scores are translated into "cumulative percent" which make the scores more easily compared across patients. Cumulative percent is the percentage of scores at or below that score. (Percentiles are used with distributions that are normallly distributed, but cumulative percent is used with distributions that are not.) It is a simple way of describing how a person did relative to a larger group of other people on a particular task. If there were a number of different people being compared on a test, their performances would vary; some would do poorly and others would do very well. These scores could then be ranked from lowest to highest. Someone with an excellent score would have more people who did worse than them, and fewer who did better, so their ranking would be higher (e.g. 90 percent). Conversely, someone who did poorly on that test would be ranked lower, as more people were able to do better (e.g. 20 percent). If someone has a score at 70 percent, it can be said that he or she performed as well or better than 70 percent of the people that have taken the test. If you were a person with a score that was right in the middle, you'd be ranked at 50 percent, meaning there were as many people who did better than you on that test as there were people who did worse than you. In general, cumulative percent makes interpreting performance easier, as scores are always converted to a scale of 1 to 100 .

After a patient has completed a KSCAr \({ }^{+ \text {Drive }}\) and you have scored all the sub-tests, tally the scores on the "Scoring Summary" (page 2), then, use the "Score Analysis Pages" (Assessment Form (AF) pages34-37) and follow the steps as outlined below in order to calculate the cumulative percent and determine the patient's level of performance.

STEP 1: MAKE AN ESTIMATION OF THE LEVEL THAT THE PATIENT FUNCTIONED AT PRIOR TO HIS OR HER CURRENT ILLNESS (or condition that resulted in this assessment).
This is called the premorbid level of functioning.
Did the individual have more than average education (or less)? Did the individual have a number of hobbies? More education, and more hobbies or interests usually indicate higher levels of functioning. How do family and friends regard the individual? Do they describe the individual as "smart", "very bright" or "clever", or the opposite, or "average". Remember that most people will fall into the "average" range unless, you have some clear evidence such as suggested above, that they functioned above or below it.

STEP 2: USING THE "SCORE ANALYSIS PAGE 1" (AF Page 34), LOCATE THE CHART LABELLED "NORMALS" AND CIRCLE THE PATIENT'S TOTAL SCORE (left hand column). READ THE CORRESPONDING CUMULATIVE PERCENT FROM THE MIDDLE COLUMN. THE THIRD COLUMN, (i.e. right hand column), WILL SHOW WHAT RANGE THE TOTAL SCORE FALLS IN. (See Note 1.)

STEP 3: IS THE PATIENT'S SCORE IN OR ABOVE THE RANGE (Premorbid Estimate) THAT YOU
ESTABLISHED IN STEP I? IF SO, NO FURTHER ANALYSIS IS REQUIRED. THE PATIENT IS NOT
LIKELY SHOWING ANY MEASURABLE DECLINE FROM PREVIOUS LEVELS. THEREFORE,
SIGNIFICANT DEMENTIA IS UNLIKELY.
ON THE OTHER HAND, IF THE PATIENT'S CURRENT LEVEL OF FUNCTIONING IS BELOW YOUR ESTIMATED PREMORBID LEVEL, MOVE ON TO STEP 4. (See Note 2.)

STEP 4: NOW COMPARE THE PATIENT’S TOTAL SCORE TO THE ‘DEMENTIA’ DISTRIBUTION USING "SCORE ANALYSIS PAGE 2", OBTAINING BOTH THE CUMULATIVE PERCENT AND DESCRIPTIVE RANGE FOR THAT SCORE.

STEP 5: USING THE 3 SUB-TOTAL SCORES FOR MEMORY, LANGUAGE, AND VISUAL-MOTOR, OBTAIN THE CUMULATIVE PERCENT AND DESCRIPTIONS FROM "SCORE ANALYSIS PAGE 3".
(Also see Notes 3, 4 and 5.)

\section*{NOTES:}

1 What do I do first? - The KSCAr \({ }^{+ \text {Prive }}\) is designed to compare an individual's performance to a large number of other people who have already taken the test. In fact, it is used to compare two different groups: healthy NORMAL elderly people living in the community, and people with identified DEMENTIA. The first comparison is always with the NORMALS.

Is there a problem? - Remember, it is from this analysis that one determines whether or not the individual is likely suffering from a dementia. It is also sometimes a good idea to check the 3 Normal Sub-Total scores for Memory, Language, and Visual-Motor, and obtain the cumulative percent. While this information is not found on the "Assessment Form" it is found in this manual (page 50). These Sub-Total scores should also fall within your premorbid estimate.

Can one get half scores? - It should also be noted that due to Word Recognition, half scores are often possible. For brevity, only some are shown in the cumulative percent charts.

Can I use raw scores? - It is most important to use only cumulative percent (or descriptive ranges) in the discussion and comparison of patients assessed by the KSCAr \({ }^{+ \text {Drive }}\). Raw scores have no particular meaning and are not directly interpretable, they are used only to calculate the cumulative percent.

5 My patient couldn't complete all of the subtests. Can I still get any useable information from the KSCAr \({ }^{+D r i v e}\) ? - In clinical practice, this situation can arise with individuals who have significantly impaired vision, such as in cases of advanced cataracts or Macular Degeneration; it can also occur if the person doesn't have sufficient motor control to use a pencil. Alternatively, in very rare cases, a patient may discontinue the test before its completion. In these cases, you can still use the information from any of the subtests that were completely administered. Simply look up the sub-test cumulative percent that are provided in the manual. You can then comment on where the person is functioning within that sub-test with respect to the cumulative percent. If you feel that additional testing data are needed, a referral for neuropsychological testing would be appropriate.

\section*{DRIVE Score}

Driving a vehicle with a diagnosis of dementia can be a dangerous activity (see folling references).
Hopkins RW, Kilik L, Day DJA, Rows C, Tseng H. (2004) Driving and dementia in Ontario: A quantitative assessment of the problem. Can J Psychiatry 49, 175-179.).

Molnar, F. J. (2011). Driving and Dementia (Webinar). Available at: http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2011/Driving-andDementia.aspx,

Hopkins, R. W., Kilik, L. A., Day, D., et al. Driving and dementia in Ontario: A quantitative assessment of the problem. Can J Psychiatry; 2004; 49:175-179.)

Clinicians are often asked to assess potentially demented drivers, and determine whether they should be driving of not. The KSCAr \({ }^{+D r i v e}\) provides a score that helps the clinician to decide whether or not an individual should take a "medical driving exam". A "medical driving exam" is a government (Ontario Ministry of Transportation) prescribed driving assessment that evaluates an individual's driving skills. This procedure includes a standardized on-road driving exam.

The Drive Score is a sub-scale of the KSCAr \({ }^{+D r i v e}\), comprised of eight sub-tests (Digits-backward, Abstract Thinking, Calculation, Right/left Orientation, Verbal Comprehension, Copying, Spatial Reversal, Perseveration), that provide an indication as to whether an individual is likely to pass the standard on-road driving exam. The scale is out of 47 . A score of 46 or 47 suggests that an individual would likely pass such a road test, while a score of 42 of less makes this unlikely (see chart below). A score in between (i.e. 43,44 or 45 ) is in a grey zone where passing is possible but not certain. Patients with such scores would probably benefit from a medical driving exam.

The data that allowed the scale to be compiled comes from the study
Kilik, Fogarty \& Hopkins. 2018 "Medical Driving Assessment Outcomes in Seniors Using the KSCAr \({ }^{+ \text {Drive }}\) : An In-Office Screening Tool to Assist Clinicians In Deciding Who to Refer For Driving Assessments", J Parkinsons Dis Alzheimer Dis 5(2):5). (Available at http://www.kingstonscales.org/cognitive-assessment.html)
\begin{tabular}{||c|c|c||}
\hline DRIVE Score & \% PASSED Road Test & \% FAILED Road Test \\
\hline 47 & 100 & 0 \\
\hline 46 & 83.3 & 16.7 \\
\hline 45 & 71.4 & 28.6 \\
\hline 44 & 50 & 50 \\
\hline \(43^{*}\) & not-computed & not-computed \\
\hline\(\leq 42\) & 0 & 100 \\
\hline
\end{tabular}
* As only 1 person in the sample scored 43, and passed the road test, the percentages passed/failed were not calculated for this table.

\section*{MAXIMUM SCORES}

SUB-TESTS
ORIENTATION ..... 10
DIGITS FORWARD ..... 5
DIGITS BACKWARDS ..... 4
WORD RECALL ..... 10
VISUAL MEMORY ..... 6
WORD FINDING ..... 10
READING COMPREHENSION ..... 3
ABSTRACT THINKING ..... 8
CALCULATION ..... 4
WRITING ..... 4
RIGHT-LEFT ORIENTATION ..... 10
VERBAL COMPREHENSION ..... 10
DELAYED WORD RECALL ..... 10
WORD RECOGNITION ..... 10
COPYING ..... 4
SPATIAL REVERSAL ..... 5
IDEOMOTOR ..... 3
CLOCK ..... 7
PERSEVERATION ..... 2
TOTAL SCORE ..... 125SUB-TOTALS
LANGUAGE ..... 39
VISUAL-MOTOR ..... 31
MEMORY ..... 55
DRIVE SCORE ..... 47

\section*{NORMAL GROUP STATISTICS}
\begin{tabular}{lcccrr} 
& MEAN & STD DEV & STD ERR & MIN & MAX \\
& & & & & \\
AGE OF SUBJECT & 72.58 & 8.21 & 2.13 & 62 & 92 \\
YEARS OF EDUCATION & 12.42 & 3.13 & 0.70 & 4 & 19 \\
& & & & & \\
ORIENTATION & 9.98 & 0.13 & 0.03 & 9 & 10 \\
WORD RECALL & 5.32 & 1.50 & 0.36 & 2 & 9 \\
DELAYED RECALL & 4.07 & 1.76 & 0.44 & 0 & 9 \\
WORD RECOGNITION & 8.45 & 1.11 & 0.26 & 5 & 10 \\
VISUAL MEMORY & 5.12 & 1.06 & 0.26 & 2 & 6 \\
DIGITS FORWARD & 4.95 & 0.22 & 0.05 & 4 & 5 \\
DIGITS BACKWARD & 3.62 & 0.69 & 0.17 & 1 & 4 \\
WORD FINDING & 10.00 & 0.00 & 0.00 & 10 & 10 \\
READING COMPREHENSION & 2.95 & 0.22 & 0.05 & 2 & 3 \\
WRITING & 4.00 & 0.00 & 0.00 & 4 & 4 \\
VERBAL COMPREHENSION & 10.00 & 0.00 & 0.00 & 10 & 10 \\
ABSTRACT THINKING & 7.82 & 0.39 & 0.10 & 7 & 8 \\
CALCULATION & 3.93 & 0.25 & 0.06 & 3 & 4 \\
RIGHT-LEFT ORIENTATION & 9.98 & 0.13 & 0.03 & 9 & 10 \\
COPYING TASK & 4.00 & 0.00 & 0.00 & 4 & 4 \\
SPATIALREVERSAL & 5.00 & 0.00 & 0.00 & 5 & 5 \\
IDEOMOTOR & 3.00 & 0.00 & 0.00 & 3 & 3 \\
CLOCK TEST & 6.72 & 0.87 & 0.22 & 2 & 7 \\
PERSEVERATION & 1.98 & 0.13 & 0.03 & 1 & 2 \\
& & & & & \\
TOTAL SCORE & 110.88 & 4.28 & 1.07 & 102.5 & 123 \\
& & & & & \\
SUB TOTALS & 38.70 & 0.59 & 0.15 & 37 & 39 \\
LANGUAGE & 30.68 & 0.87 & 0.22 & 26 & 31 \\
VISUAL-MOTOR & 41.50 & 4.06 & 1.02 & 32.5 & 53 \\
MEMORY & 46.33 & 0.82 & 0.20 & 44 & 47 \\
DRIVE SCORE & & & & &
\end{tabular}
\(N=60\)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{NORMAL GROUP CUMULATIVE PERCENT} \\
\hline \multicolumn{2}{|l|}{TOTAL SCORE} & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 103 & 1.7 & 33 & 1.7 & 37 & 6.7 & 26 & 1.7 & 44 & 1.7 \\
\hline 104 & 5.0 & 34 & 1.7 & 38 & 23.3 & 27 & 1.7 & 45 & 18.3 \\
\hline 105 & 11.7 & 35 & 5.0 & 39 & 100 & 28 & 3.3 & 46 & 46.7 \\
\hline 106 & 13.3 & 36 & 8.3 & & & 29 & 8.3 & 47 & 100 \\
\hline 107 & 28.3 & 37 & 15.0 & & & 30 & 16.7 & & \\
\hline 108 & 28.3 & 38 & 21.7 & & & 31 & 100 & & \\
\hline 109 & 33.3 & 39 & 26.7 & & & & & & \\
\hline 110 & 46.7 & 40 & 38.3 & & & & & & \\
\hline 111 & 58.3 & 41 & 46.7 & & & & & & \\
\hline 112 & 70.0 & 42 & 65.0 & & & & & & \\
\hline 113 & 76.7 & 43 & 76.7 & & & & & & \\
\hline 114 & 81.7 & 44 & 80.0 & & & & & & \\
\hline 115 & 86.7 & 45 & 85.0 & & & & & & \\
\hline 116 & 88.3 & 46 & 86.7 & & & & & & \\
\hline 117 & 91.7 & 47 & 90.0 & & & & & & \\
\hline 118 & 95.0 & 48 & 95.0 & & & & & & \\
\hline 119 & 96.7 & 49 & 96.7 & & & & & & \\
\hline 120 & 96.7 & 50 & 96.7 & & & & & & \\
\hline 121 & 96.7 & 51 & 96.7 & & & & & & \\
\hline 122 & 96.7 & 52 & 96.7 & & & & & & \\
\hline 123 & 100 & 53 & 100 & & & & & & \\
\hline
\end{tabular}


\title{
DEMENTIA GROUP (ALZHEIMER'S DISEASE) STATISTICS*
}
\begin{tabular}{|c|c|c|c|c|c|}
\hline & MEAN & STD DEV & STD ERR & MIN & MAX \\
\hline AGE OF SUBJECT & 78.55 & 6.03 & 0.93 & 58 & 90 \\
\hline YEARS OF EDUCATION & 11.37 & 3.21 & 0.50 & 3 & 20 \\
\hline DURATION OF ILLNESS & 2.33 & 2.04 & 0.31 & 0 & 10 \\
\hline ORIENTATION & 8.16 & 2.21 & 0.34 & 2 & 10 \\
\hline WORD RECALL & 2.47 & 1.62 & 0.25 & 0 & 7 \\
\hline DELAYED RECALL & 0.69 & 1.08 & 0.17 & 0 & 4 \\
\hline WORD RECOGNITION & 6.39 & 2.03 & 0.31 & 0 & 10 \\
\hline VISUAL MEMORY & 2.89 & 1.60 & 0.25 & 0 & 6 \\
\hline DIGITS FORWARD & 4.50 & 0.83 & 0.13 & 2 & 5 \\
\hline DIGITS BACKWARD & 2.76 & 1.06 & 0.16 & 0 & 4 \\
\hline WORD FINDING & 9.42 & 1.10 & 0.17 & 4 & 10 \\
\hline READING COMPREHENSION & 2.77 & 0.62 & 0.10 & 0 & 3 \\
\hline WRITING & 3.84 & 0.58 & 0.09 & 1 & 4 \\
\hline VERBAL COMPREHENSION & 9.86 & 0.84 & 0.13 & 2 & 10 \\
\hline ABSTRACT THINKING & 5.86 & 2.34 & 0.36 & 0 & 8 \\
\hline CALCULATION & 3.31 & 0.95 & 0.15 & 1 & 4 \\
\hline RIGHT-LEFT ORIENTATION & 9.73 & 0.75 & 0.12 & 7 & 10 \\
\hline COPYING TASK & 3.53 & 0.93 & 0.14 & 0 & 4 \\
\hline SPATIAL REVERSAL & 2.75 & 2.50 & 0.39 & 0 & 5 \\
\hline IDEOMOTOR & 2.92 & 0.39 & 0.06 & 0 & 3 \\
\hline CLOCK TEST & 3.59 & 2.38 & 0.37 & 0 & 7 \\
\hline PERSEVERATION & 1.49 & 0.67 & 0.10 & 0 & 2 \\
\hline TOTAL SCORE & 87.02 & 13.61 & 2.10 & 34 & 107 \\
\hline \multicolumn{6}{|l|}{SUB TOTALS} \\
\hline LANGUAGE & 35.06 & 4.57 & 0.71 & 13 & 39 \\
\hline VISUAL-MOTOR & 24.10 & 5.53 & 0.85 & 10 & 31 \\
\hline MEMORY & 27.86 & 6.10 & 0.94 & 10 & 42 \\
\hline DRIVE SCORE & 39.38 & 6.43 & 0.99 & 15 & 47 \\
\hline \(N=100\) & & & & & \\
\hline
\end{tabular}

\footnotetext{
* THIS IS THE ‘DEMENTIA’ GROUP USED IN THE ASSESSMENT FORM SCORE ANALYSIS PAGES
}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{DEMENTIA GROUP (ALZHEIMER'S DISEASE) CUMULATIVE PERCENT} \\
\hline TOTA & SCORE & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 40 & 1.0 & 12 & 2.0 & 13 & 1.0 & 10 & 1.0 & 20 & 2.0 \\
\hline 41 & 2.0 & 14 & 3.0 & 14 & 2.0 & 11 & 3.0 & 24 & 3.0 \\
\hline 59 & 4.0 & 15.5 & 4.0 & 24 & 3 & 12 & 4.0 & 25 & 4.0 \\
\hline 60 & 5.0 & 17 & 5.0 & 26 & 4.0 & 14 & 5.0 & 26 & 6.0 \\
\hline 62 & 6.0 & 18.5 & 6.0 & 27 & 5.0 & 15 & 6.0 & 27 & 7.0 \\
\hline 64 & 7.0 & 19 & 7.0 & 28 & 6.0 & 16 & 9.0 & 30 & 9.0 \\
\hline 67 & 8.0 & 20 & 8.0 & 29 & 7.0 & 17 & 12.0 & 31 & 12.0 \\
\hline 69 & 9.0 & 20.5 & 10.0 & 30 & 8.0 & 18 & 15.0 & 32 & 14.0 \\
\hline 70 & 10.0 & 21 & 11.0 & 31 & 15.0 & 19 & 23.0 & 33 & 15.0 \\
\hline 73 & 11.0 & 21.5 & 15.0 & 32 & 23.0 & 20 & 29.0 & 34 & 16.0 \\
\hline 75 & 13.0 & 22 & 16.0 & 33 & 30.0 & 21 & 36.0 & 35 & 19.0 \\
\hline 76 & 17.0 & 22.5 & 18 & 34 & 36.0 & 22 & 37.0 & 36 & 27.0 \\
\hline 77 & 21.0 & 23 & 21.0 & 35 & 42.0 & 23 & 42.0 & 37 & 33.0 \\
\hline 78 & 24.0 & 23.5 & 23.0 & 36 & 50.0 & 24 & 50.0 & 38 & 37.0 \\
\hline 79 & 25.0 & 24 & 26.0 & 37 & 64.0 & 25 & 58.0 & 39 & 45.0 \\
\hline 80 & 27.0 & 25 & 34 & 38 & 77.0 & 26 & 61.0 & 40 & 51.0 \\
\hline 81 & 30.0 & 25.5 & 39.0 & 39 & 100 & 27 & 65.0 & 41 & 58.0 \\
\hline 82 & 33.0 & 26 & 43.0 & & & 28 & 67.0 & 42 & 64.0 \\
\hline 83 & 36.0 & 26.5 & 45.0 & & & 29 & 78.0 & 43 & 67.0 \\
\hline 84 & 39.0 & 27 & 51.0 & & & 30 & 85.0 & 44 & 75.0 \\
\hline 85 & 41.0 & 27.5 & 55.0 & & & 31 & 100 & 45 & 85.0 \\
\hline 86 & 42.0 & 28 & 58.0 & & & & & 46 & 88.0 \\
\hline 87 & 45.0 & 29 & 59.0 & & & & & 47 & 100 \\
\hline 88 & 49.0 & 30 & 61.0 & & & & & & \\
\hline 89 & 50.0 & 30.5 & 63.0 & & & & & & \\
\hline 90 & 53.0 & 31 & 66.0 & & & & & & \\
\hline 91 & 56.0 & 31.5 & 67.0 & & & & & & \\
\hline 92 & 60.0 & 32 & 74.0 & & & & & & \\
\hline 93 & 62.0 & 32.5 & 76.0 & & & & & & \\
\hline 94 & 67.0 & 33 & 79.0 & & & & & & \\
\hline 95 & 71.0 & 33.5 & 82.0 & & & & & & \\
\hline 96 & 73.0 & 34 & 83.0 & & & & & & \\
\hline 97 & 77.0 & 34.5 & 85.0 & & & & & & \\
\hline 98 & 79.0 & 35 & 88.0 & & & & & & \\
\hline 99 & 83.0 & 35.5 & 91.0 & & & & & & \\
\hline 100 & 85.0 & 36 & 93.0 & & & & & & \\
\hline 101 & 86.0 & 36.5 & 95.0 & & & & & & \\
\hline 102 & 89.0 & 37 & 96.0 & & & & & & \\
\hline 103 & 91.0 & 37.5 & 97.0 & & & & & & \\
\hline 104 & 94.0 & 38 & 98.0 & & & & & & \\
\hline 105 & 95.0 & 39.5 & 99.0 & & & & & & \\
\hline 106 & 98.0 & 41.5 & 100 & & & & & & \\
\hline 107 & 100 & & & & & & & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{\begin{tabular}{l}
DEMENTIA GROUP (ALZHEIMER'S DISEASE) \\
SUB-TEST CUMULATIVE PERCENT
\end{tabular}} \\
\hline \multicolumn{2}{|l|}{Orientation} & \multicolumn{2}{|l|}{Digits Forward} & \multicolumn{2}{|l|}{Digits Backward} & \multicolumn{2}{|l|}{Word Recall} & \multicolumn{2}{|l|}{Visual Memory} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 2 & 1.0 & 2 & 4.0 & 0 & 4.0 & 0 & 11.0 & 1 & 19.0 \\
\hline 3 & 5.0 & 3 & 14.0 & 1 & 11.0 & 1 & 28.0 & 2 & 42.0 \\
\hline 4 & 9.0 & 4 & 32.0 & 2 & 37.0 & 2 & 54.0 & 3 & 68.0 \\
\hline 5 & 18.0 & 5 & 100 & 3 & 72.0 & & 78.0 & 4 & 82.0 \\
\hline 6 & 23.0 & & & 4 & 100 & 4 & 89.0 & 5 & 93.0 \\
\hline 7 & 29.0 & & & & & 5 & 95.0 & 6 & 100 \\
\hline 8 & 37.0 & & & & & 6 & 98.0 & & \\
\hline 9 & 62.0 & & & & & 7 & 100 & & \\
\hline 10 & 100 & & & & & & & & \\
\hline \multicolumn{2}{|l|}{Word Finding} & \multicolumn{2}{|r|}{Reading} & \multicolumn{2}{|l|}{Abstract Thinking} & \multicolumn{2}{|l|}{Calculation} & \multicolumn{2}{|r|}{Writing} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 5 & 1.0 & 0 & 3.0 & 0 & 3.0 & 1 & 8.0 & 1 & 3.0 \\
\hline 6 & 2.0 & 1 & 4.0 & 1 & 4.0 & 2 & 18.0 & 2 & 4.0 \\
\hline 7 & 9.0 & 2 & 16.0 & 2 & 12.0 & 3 & 43.0 & 3 & 9.0 \\
\hline 8 & 15.0 & 3 & 100 & 3 & 22.0 & 4 & 100 & 4 & 100 \\
\hline \multirow[t]{5}{*}{9
10} & 30.0 & & & 4 & 24.0 & & & & \\
\hline & 100 & & & 5 & 38.0 & & & & \\
\hline & & & & 6 & 52.0 & & & & \\
\hline & & & & 7 & 59.0 & & & & \\
\hline & & & & 8 & 100 & & & & \\
\hline \multicolumn{2}{|l|}{R/L Orientation} & \multicolumn{2}{|l|}{Verbal
Comprehension} & \multicolumn{2}{|l|}{Delayed Recall} & \multicolumn{2}{|l|}{Word Recognition} & \multicolumn{2}{|r|}{Copying} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 7 & 5.0 & 7 & 1.0 & 0 & 64.0 & 3 & 5.0 & 0 & 3.0 \\
\hline 8 & 8.0 & 8 & 2.0 & 1 & 78.0 & 4 & 6.0 & 1 & 6.0 \\
\hline 9 & 14.0 & 9 & 6.0 & 2 & 92.0 & 5 & 20.0 & 2 & 10.0 \\
\hline \multirow[t]{5}{*}{10} & 100 & \multirow[t]{5}{*}{10} & \multirow[t]{5}{*}{100} & 3 & 97.0 & 6 & 47.0 & 3 & 19.0 \\
\hline & & & & 4 & 100 & 7 & 68.0 & 4 & 100 \\
\hline & & & & & & 8 & 85.0 & & \\
\hline & & & & & & 9 & 95.0 & & \\
\hline & & & & & & 10 & 100 & & \\
\hline \multicolumn{2}{|l|}{Spatial Reversal} & \multicolumn{2}{|l|}{Ideomotor} & \multicolumn{2}{|l|}{Clock Drawing} & \multicolumn{2}{|l|}{Perseveration} & & \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & & \\
\hline 0 & 45.0 & 0 & 1.0 & 0 & 10.0 & 0 & 10.0 & & \\
\hline \multirow[t]{7}{*}{5} & 100 & 1 & 2.0 & 1 & 26.0 & 1 & 41.0 & & \\
\hline & & 2 & 5.0 & 2 & 38.0 & 2 & 100 & & \\
\hline & & 3 & 100 & 3 & 53.0 & & & & \\
\hline & & & & 4 & 59.0 & & & & \\
\hline & & & & 5 & 72.0 & & & & \\
\hline & & & & 6 & 83.0 & & & & \\
\hline & & & & 7 & 100 & & & & \\
\hline
\end{tabular}

\section*{KSCAr \({ }^{+D r i v e}\) Norms by Education ALZHEIMER'S GROUP STATISTICS}
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline \multirow[t]{2}{*}{} & \multicolumn{2}{|l|}{Elementary School (Gr 1-8)} & \multicolumn{2}{|l|}{High School (Gr 9-12)} & \multicolumn{2}{|l|}{Post Secondary} \\
\hline & M & SD & M & SD & M & SD \\
\hline Years of Education & 7.23 & 1.41 & 11.14 & 1.08 & 15.45 & 1.91 \\
\hline Age & 80.29 & 5.39 & 78.42 & 5.78 & 78.36 & 5.65 \\
\hline Years of Illness & 2.27 & 2.41 & 2.84 & 1.92 & 2.77 & 1.79 \\
\hline N & 31 & & 50 & & 40 & \\
\hline Males & 9 & & 16 & & 24 & \\
\hline Females & 22 & & 34 & & 16 & \\
\hline Orientation & 8.06 & 2.08 & 8.02 & 2.31 & 8.73 & 9.96 \\
\hline Word Recall & 2.39 & 1.54 & 2.76 & 1.59 & 2.8 & 1.81 \\
\hline Delayed Recall & 0.65 & 1.08 & 0.8 & 1.06 & 0.83 & 1.26 \\
\hline Word Recognition & 6.16 & 2.1 & 6.71 & 1.83 & 6.54 & 1.66 \\
\hline Visual Memory & 2.71 & 1.57 & 3 & 1.71 & 4.05 & 1.22 \\
\hline Digits For ward & 3.65 & 1.31 & 4.5 & 0.95 & 4.38 & 0.8 \\
\hline Digits Backward & 2.35 & 1.45 & 2.92 & 1.18 & 3.33 & 1.19 \\
\hline Memory Sub Total /55 & 25.97 & 6.86 & 28.75 & 6.22 & 30.44 & 5.22 \\
\hline Word Finding & 9.03 & 1.47 & 9.5 & 1 & 9.68 & 0.88 \\
\hline Reading & 2.58 & 0.92 & 2.88 & 0.38 & 2.88 & 0.33 \\
\hline Writing & 3.58 & 0.92 & 3.94 & 0.31 & 3.95 & 0.22 \\
\hline Verbal Comprehension & 9.65 & 1.47 & 9.98 & 0.14 & 9.93 & 0.26 \\
\hline Abstract Thinking & 4.68 & 2.8 & 6.14 & 2.08 & 6.9 & 1.76 \\
\hline Calculation & 2.48 & 1.15 & 3.62 & 0.56 & 3.68 & 0.57 \\
\hline Language Sub Total /39 & 32 & 6.33 & 36.06 & 3.07 & 37 & 2.82 \\
\hline Right/Left Orientation & 9.48 & 1.06 & 9.74 & 0.8 & 9.85 & 0.42 \\
\hline Copying & 3.52 & 0.89 & 3.54 & 1.19 & 3.83 & 0.54 \\
\hline Spatial Reversal & 1.77 & 2.43 & 3 & 2.45 & 3.5 & 2.29 \\
\hline Ideomotor & 2.84 & 0.64 & 2.98 & 0.14 & 2.95 & 0.22 \\
\hline Clock Drawing & 1.9 & 1.49 & 3.84 & 2.41 & 4.78 & 2.13 \\
\hline Perseveration & 1.26 & 0.73 & 1.54 & 0.57 & 1.55 & 0.71 \\
\hline Visual-Motor Sub Tot /31 & 20.77 & 4.63 & 24.64 & 5.87 & 26.45 & 4.84 \\
\hline DRIVE SCORE & 35.16 & 7.34 & 40.68 & 6.05 & 42.33 & 4.9 \\
\hline Total /125 & 78.74 & 15.47 & 89.45 & 12.65 & 93.89 & 10.63 \\
\hline Minimum Score & 34 & & 59 & & 56.5 & \\
\hline Maximum Score & 110 & & 109 & & 109 & \\
\hline BriefKSCAr SCORE & 26.87 & 8.62 & 32.81 & 8.94 & 35.41 & 7.85 \\
\hline mini-KSCAr SCORE & 23.84 & 7.34 & 28.27 & 7.44 & 30.36 & 6.67 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{ALZHEIMER'S GROUP ELEMENTARY SCHOOL CUMULATIVE PERCENT} \\
\hline \multicolumn{2}{|l|}{TOTAL SCORE} & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 34 & 3.2 & 10 & 3.2 & 20 & 6.5 & 15 & 6.5 & 15 & 3.2 \\
\hline 41 & 6.5 & 12 & 6.5 & 24 & 9.7 & 16 & 16.1 & 20 & 6.5 \\
\hline 59 & 9.7 & 14 & 9.7 & 26 & 12.9 & 17 & 22.6 & 24 & 9.7 \\
\hline 62 & 12.9 & 17 & 12.9 & 27 & 16.1 & 18 & 25.8 & 26 & 12.9 \\
\hline 64 & 16.1 & 22 & 19.4 & 28 & 19.4 & 19 & 48.4 & 27 & 16.1 \\
\hline 69 & 19.4 & 23 & 22.6 & 30 & 22.6 & 20 & 51.6 & 30 & 19.4 \\
\hline 70 & 22.6 & 24 & 32.3 & 31 & 38.7 & 21 & 61.3 & 31 & 22.6 \\
\hline 75 & 25.6 & 25 & 45.2 & 32 & 48.4 & 23 & 64.5 & 32 & 29.0 \\
\hline 77 & 35.5 & 26 & 54.8 & 33 & 61.3 & 24 & 67.7 & 33 & 32.3 \\
\hline 79 & 45.2 & 27 & 67.7 & 34 & 64.5 & 25 & 83.9 & 35 & 45.2 \\
\hline 81 & 51.6 & 28 & 74.2 & 35 & 71.0 & 26 & 90.3 & 36 & 61.3 \\
\hline 82 & 58.1 & 29 & 77.4 & 37 & 77.4 & 27 & 96.8 & 37 & 64.5 \\
\hline 84 & 64.5 & 32 & 83.9 & 38 & 90.3 & 29 & 100 & 38 & 67.7 \\
\hline 85 & 67.7 & 33 & 87.1 & 39 & 100 & & & 39 & 74.2 \\
\hline 86 & 74.2 & 36 & 96.8 & & & & & 40 & 77.4 \\
\hline 87 & 80.6 & 42 & 100 & & & & & 41 & 83.9 \\
\hline 88 & 83.9 & & & & & & & 42 & 87.1 \\
\hline 90 & 87.1 & & & & & & & 44 & 90.3 \\
\hline 94 & 90.3 & & & & & & & 45 & 93.5 \\
\hline 99 & 93.5 & & & & & & & 47 & 100 \\
\hline 101 & 96.8 & & & & & & & & \\
\hline 110 & 100 & & & & & & & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{9}{|c|}{\begin{tabular}{l}
ALZHEIMER'S GROUP \\
ELEMENTARY SCHOOL \\
SUB-TEST CUMULATIVE PERCENT
\end{tabular}} \\
\hline Orientation & \multicolumn{2}{|l|}{Digits Forward} & \multicolumn{2}{|l|}{Digits Backward} & \multicolumn{2}{|l|}{Word Recall} & \multicolumn{2}{|l|}{Visual Memory} \\
\hline \[
\text { Score } \begin{gathered}
\text { Cumulative } \\
\text { Percent }
\end{gathered}
\] & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 3 l & 1 & 6.5 & 0 & 12.9 & 0 & 12.9 & 0 & 6.5 \\
\hline \(4 \quad 9.7\) & 2 & 22.6 & 1 & 29.0 & 1 & 22.6 & 1 & 22.6 \\
\hline 519.4 & 3 & 41.9 & 2 & 51.6 & 2 & 54.8 & 2 & 48.4 \\
\hline \(7 \quad 29.0\) & 4 & 61.3 & 3 & 77.4 & 3 & 87.1 & 3 & 74.2 \\
\hline \(8 \quad 38.7\) & 5 & 100 & 4 & 100 & 4 & 90.3 & 4 & 80.6 \\
\hline \(9 \quad 74.2\) & & & & & 5 & 96.8 & 5 & 96.8 \\
\hline 10100 & & & & & 6 & 96.8 & 6 & 100 \\
\hline & & & & & 7 & 100 & & \\
\hline Word Finding & \multicolumn{2}{|r|}{Reading} & \multicolumn{2}{|l|}{Abstract Thinking} & \multicolumn{2}{|l|}{Calculation} & \multicolumn{2}{|r|}{Writing} \\
\hline Score Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 43.2 & 0 & 9.7 & 0 & 9.7 & 1 & 25.8 & 1 & 9.7 \\
\hline \(5 \quad 3.2\) & 2 & 22.6 & 2 & 32.3 & 2 & 51.6 & 3 & 22.6 \\
\hline \(6 \quad 3.2\) & 3 & 100 & 3 & 41.9 & 3 & 74.2 & 4 & 100 \\
\hline \(7 \quad 19.4\) & & & 4 & 45.2 & 4 & 100 & & \\
\hline \(8 \quad 25.8\) & & & 5 & 54.8 & & & & \\
\hline \(9 \quad 41.9\) & & & 6 & 64.5 & & & & \\
\hline 10100 & & & 7 & 74.2 & & & & \\
\hline & & & 8 & 100 & & & & \\
\hline R/L Orientation & \multicolumn{2}{|l|}{Verbal Comprehension} & \multicolumn{2}{|l|}{Delayed Recall} & \multicolumn{2}{|l|}{Word Recognition} & \multicolumn{2}{|r|}{Copying} \\
\hline Score Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline \(7 \quad 12.9\) & 2 & 3.2 & 0 & 67.7 & 0 & 6.5 & 1 & 6.5 \\
\hline \(8 \quad 16.1\) & 8 & 6.5 & 1 & 80.6 & 4 & 9.7 & 2 & 12.9 \\
\hline 922.6 & 9 & 9.7 & 2 & 87.1 & 5 & 29.0 & 3 & 29.0 \\
\hline \multirow[t]{4}{*}{10100} & \multirow[t]{4}{*}{10} & \multirow[t]{4}{*}{100} & \multirow[t]{4}{*}{3} & \multirow[t]{4}{*}{100} & 6 & 45.2 & 4 & 100 \\
\hline & & & & & 7 & 67.7 & & \\
\hline & & & & & 8 & 90.3 & & \\
\hline & & & & & 9 & 100 & & \\
\hline Spatial Reversal & \multicolumn{2}{|l|}{Ideomotor} & \multicolumn{2}{|l|}{Clock Drawing} & \multicolumn{2}{|l|}{Perseveration} & & \\
\hline Score Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & & \\
\hline \(0 \quad 64.5\) & 0 & 3.2 & 0 & 12.9 & 0 & 16.1 & & \\
\hline \multirow[t]{6}{*}{5100} & 1 & 6.5 & 1 & 51.6 & 1 & 58.1 & & \\
\hline & \multirow[t]{5}{*}{3} & 100 & 2 & 67.7 & 2 & 100 & & \\
\hline & & & 3 & 87.1 & & & & \\
\hline & & & 4 & 93.5 & & & & \\
\hline & & & 5 & 96.8 & & & & \\
\hline & & & 6 & 100 & & & & \\
\hline
\end{tabular}


\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{ALZHEIMER'S GROUP POST SECONDARY SCHOOL CUMULATIVE PERCENT} \\
\hline \multicolumn{2}{|l|}{TOTAL SCORE} & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 57 & 2.5 & 21 & 2.5 & 24 & 2.5 & 15 & 5 & 40 & 2.5 \\
\hline 73 & 5 & 22 & 7.5 & 32 & 5.0 & 20 & 12.5 & 47 & 5 \\
\hline 76 & 10 & 23 & 12.5 & 33 & 10.0 & 21 & 20.0 & 43 & 10.0 \\
\hline 83 & 15 & 25 & 15 & 34 & 15.0 & 22 & 22.5 & 45 & 12.5 \\
\hline 87 & 17.5 & 26 & 25.0 & 35 & 15.0 & 23 & 27.5 & 38 & 15.0 \\
\hline 88 & 22.5 & 27 & 35.0 & 36 & 30.0 & 24 & 35.0 & 44 & 20.0 \\
\hline 90 & 27.5 & 28 & 40.0 & 37 & 42.5 & 25 & 37.5 & 45 & 25.0 \\
\hline 91 & 32.5 & 29 & 42.5 & 38 & 62.5 & 27 & 45 & 44 & 37.5 \\
\hline 92 & 35.0 & 30 & 45.0 & 39 & 100 & 28 & 52.5 & 44 & 40.0 \\
\hline 93 & 37.5 & 31 & 57.5 & & & 29 & 62.5 & 40 & 47.5 \\
\hline 94 & 47.5 & 32 & 62.5 & & & 30 & 70.0 & 41 & 65.0 \\
\hline 95 & 55.0 & 33 & 65.0 & & & 31 & 100 & 46 & 72.5 \\
\hline 96 & 57.5 & 34 & 72.5 & & & & & 47 & 77.5 \\
\hline 97 & 62.5 & 35 & 77.5 & & & & & 44 & 100 \\
\hline 98 & 65.0 & 36 & 82.5 & & & & & & \\
\hline 99 & 72.5 & 37 & 92.5 & & & & & & \\
\hline 100 & 75.0 & 38 & 95.0 & & & & & & \\
\hline 104 & 82.5 & 40 & 97.5 & & & & & & \\
\hline 105 & 85.0 & 41 & 100 & & & & & & \\
\hline 106 & 90.0 & & & & & & & & \\
\hline 107 & 95.0 & & & & & & & & \\
\hline 108 & 97.5 & & & & & & & & \\
\hline 109 & 100 & & & & & & & & \\
\hline
\end{tabular}


\section*{OTHER DEMENTIAS GROUP STATISTICS}
\begin{tabular}{lcccrr} 
& MEAN & STD DEV & STD ERR & MIN & MAX \\
& & & & 1.19 & 57 \\
AGE OF SUBJECT & 75.13 & 7.71 & 94 \\
YEARS OF EDUCATION & 11.67 & 3.32 & 0.56 & 4 & 20 \\
DURATION OF ILLNESS & 2.50 & 1.98 & 0.31 & 0 & 10 \\
& & & & & \\
ORIENTATION & 9.17 & 1.16 & 0.18 & 5 & 10 \\
WORD RECALL & 3.44 & 1.70 & 0.26 & 0 & 8 \\
DELAYED RECALL & 1.39 & 1.58 & 0.24 & 0 & 6 \\
WORD RECOGNITION & 6.77 & 1.85 & 0.29 & 2 & 10 \\
VISUAL MEMORY & 3.70 & 1.49 & 0.23 & 1 & 6 \\
DIGITS FORWARD & 4.59 & 0.77 & 0.12 & 1 & 5 \\
DIGITS BACKWARD & 2.81 & 1.07 & 0.16 & 1 & 4 \\
WORD FINDING & 9.72 & 0.92 & 0.14 & 4 & 10 \\
READING COMPREHENSION & 2.93 & 0.33 & 0.05 & 1 & 3 \\
WRITING & 3.96 & 0.27 & 0.04 & 2 & 4 \\
VERBAL COMPREHENSION & 9.96 & 0.27 & 0.04 & 8 & 10 \\
ABSTRACT THINKING & 6.59 & 1.65 & 0.26 & 2 & 8 \\
CALCULATION & 3.50 & 0.75 & 0.12 & 1 & 4 \\
RIGHT-LEFT ORIENTATION & 9.70 & 0.79 & 0.12 & 7 & 10 \\
COPYING TASK & 3.80 & 0.59 & 0.09 & 1 & 4 \\
SPATIAL REVERSAL & 3.61 & 2.26 & 0.35 & 0 & 5 \\
IDEOMOTOR & 2.93 & 0.26 & 0.04 & 2 & 3 \\
CLOCK TEST & 4.44 & 2.35 & 0.36 & 0 & 7 \\
PERSEVERATION & 1.70 & 0.57 & 0.09 & 0 & 2 \\
TOTAL SCORE & 94.73 & 10.04 & 1.55 & 61 & 116 \\
SUB TOTALS & & & & & \\
LANGUAGE & & & & & \\
VISUAL-MOTOR & 36.67 & 2.27 & 0.35 & 30 & 39 \\
MEMORY & 26.19 & 4.67 & 0.72 & 13 & 31 \\
DRIVE SCORE & 31.88 & 5.75 & 0.89 & 18 & 46 \\
N & 41.64 & 4.57 & 0.70 & 24 & 47 \\
54 & & & & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{OTHER DEMENTIAS GROUP CUMULATIVE PERCENT} \\
\hline \multicolumn{2}{|l|}{TOTAL SCORE} & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 76 & 1.9 & 19 & 1.9 & 30 & 1.9 & 13 & 1.9 & 24 & 1.9 \\
\hline 77 & 3.7 & 19.5 & 3.7 & 31 & 3.7 & 16 & 3.7 & 33 & 5.6 \\
\hline 79 & 5.6 & 22 & 5.6 & 32 & 5.6 & 17 & 5.6 & 34 & 9.3 \\
\hline 83 & 13 & 24 & 7.4 & 33 & 11.1 & 19 & 14.8 & 36 & 11.1 \\
\hline 84 & 16.7 & 25.5 & 9.3 & 34 & 20.4 & 20 & 18.5 & 37 & 13 \\
\hline 86 & 20.4 & 26.5 & 13 & 35 & 22.2 & 22 & 20.4 & 38 & 14.8 \\
\hline 89 & 25.9 & 27 & 18.5 & 36 & 37.0 & 23 & 27.8 & 39 & 27.8 \\
\hline 90 & 31.5 & 27.5 & 20.4 & 37 & 57.4 & 25 & 33.3 & 40 & 37.0 \\
\hline 91 & 33.3 & 28 & 24.1 & 38 & 74.1 & 26 & 40.7 & 41 & 46.3 \\
\hline 92 & 35.2 & 28.5 & 29.6 & 39 & 100.0 & 27 & 51.9 & 42 & 48.1 \\
\hline 93 & 42.6 & 29 & 33.3 & & & 28 & 57.4 & 43 & 55.6 \\
\hline 94 & 48.1 & 29.5 & 37.0 & & & 29 & 72.2 & 44 & 68.5 \\
\hline 95 & 53.7 & 30 & 40.7 & & & 30 & 77.8 & 45 & 79.6 \\
\hline 96 & 59.3 & 30.5 & 44.4 & & & 31 & 100 & 46 & 88.9 \\
\hline 97 & 61.1 & 31 & 48.1 & & & & & 47 & 100 \\
\hline 98 & 64.8 & 31.5 & 51.9 & & & & & & \\
\hline 99 & 66.7 & 32 & 64.8 & & & & & & \\
\hline 100 & 72.2 & 32.5 & 64.8 & & & & & & \\
\hline 101 & 75.9 & 33 & 66.7 & & & & & & \\
\hline 102 & 77.8 & 33.5 & 68.5 & & & & & & \\
\hline 103 & 79.6 & 35 & 72.2 & & & & & & \\
\hline 104 & 85.2 & 35.5 & 75.9 & & & & & & \\
\hline 105 & 85.2 & 36 & 75.9 & & & & & & \\
\hline 106 & 87.0 & 36.5 & 79.6 & & & & & & \\
\hline 107 & 88.9 & 37 & 83.3 & & & & & & \\
\hline 108 & 92.6 & 37.5 & 85.2 & & & & & & \\
\hline 109 & 92.6 & 38 & 87.0 & & & & & & \\
\hline 111 & 94.4 & 38.5 & 90.7 & & & & & & \\
\hline 112 & 96.3 & 40 & 92.6 & & & & & & \\
\hline 113 & 98.1 & 40.5 & 92.6 & & & & & & \\
\hline 116 & 100 & 42.5 & 96.3 & & & & & & \\
\hline & & 44.5 & 98.1 & & & & & & \\
\hline & & 46 & 100 & & & & & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{9}{|c|}{\begin{tabular}{l}
OTHER DEMENTIAS GROUP \\
SUB-TEST CUMULATIVE PERCENT
\end{tabular}} \\
\hline Orientation & \multicolumn{2}{|l|}{Digits Forward} & \multicolumn{2}{|l|}{Digits Backward} & \multicolumn{2}{|l|}{Word Recall} & \multicolumn{2}{|l|}{Visual Memory} \\
\hline Score Cumulative & Score & Cumulative
Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline \(5 \quad 1.9\) & 1 & 1.9 & 1 & 14.8 & 1 & 7.4 & 1 & 7.4 \\
\hline \(7 \quad 9.3\) & 3 & 7.4 & 2 & 37.0 & 2 & 29.6 & 2 & 24.1 \\
\hline \(8 \quad 27.8\) & 4 & 29.6 & 3 & 66.7 & 3 & 55.6 & 3 & 42.6 \\
\hline \(9 \quad 42.6\) & 5 & 100 & 4 & 100 & 4 & 75.9 & 4 & 70.4 \\
\hline \multirow[t]{4}{*}{10100} & & & & & 5 & 87.0 & 5 & 85.2 \\
\hline & & & & & 6 & 96.3 & 6 & 100 \\
\hline & & & & & 7 & 98.1 & & \\
\hline & & & & & 8 & 100 & & \\
\hline Word Finding & \multicolumn{2}{|r|}{Reading} & \multicolumn{2}{|l|}{Abstract Thinking} & \multicolumn{2}{|l|}{Calculation} & \multicolumn{2}{|r|}{Writing} \\
\hline Score Cumulative & Score & Cumulative
Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline \(4 \quad 1.9\) & 1 & 1.9 & 2 & 1.9 & 1 & 1.9 & 2 & 1.9 \\
\hline \(8 \quad 5.6\) & 2 & 5.6 & 3 & 7.4 & 2 & 11.1 & 4 & 100 \\
\hline 914.8 & 3 & 100 & 4 & 13.0 & 3 & 37.0 & & \\
\hline \multirow[t]{4}{*}{10100} & & & 5 & 20.4 & 4 & 100 & & \\
\hline & & & 6 & 44.4 & & & & \\
\hline & & & 7 & 53.7 & & & & \\
\hline & & & 8 & 100 & & & & \\
\hline \multirow[t]{2}{*}{R/L Orientation} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{Verbal
Comprehension}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{Delayed Recall}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{Word Recognition}} & \multicolumn{2}{|r|}{\multirow[t]{2}{*}{Copying}} \\
\hline & & & & & & & & \\
\hline Score \(\begin{gathered}\text { Cumulative } \\ \text { Percent }\end{gathered}\) & Score & Cumulative
Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline \(7 \quad 5.6\) & 8 & 1.9 & 1 & 53.7 & 2 & 3.7 & 1 & 1.9 \\
\hline \(8 \quad 9.3\) & 10 & 100 & 2 & 77.8 & 3 & 3.7 & 2 & 5.6 \\
\hline \(9 \quad 14.8\) & & & 3 & 90.7 & 4 & 9.3 & 3 & 13.0 \\
\hline \multirow[t]{6}{*}{10100} & & & 4 & 94.4 & 5 & 18.5 & 4 & 100 \\
\hline & & & 5 & 98.1 & 6 & 35.2 & & \\
\hline & & & 6 & 100 & 7 & 63.0 & & \\
\hline & & & & & 8 & 77.8 & & \\
\hline & & & & & 9 & 88.9 & & \\
\hline & & & & & 10 & 100 & & \\
\hline Spatial Reversal & \multicolumn{2}{|l|}{Ideomotor} & \multicolumn{2}{|l|}{Clock Drawing} & \multicolumn{2}{|l|}{Perseveration} & & \\
\hline Score \(\begin{gathered}\text { Cumulative } \\ \text { Percent }\end{gathered}\) & Score & Cumulative
Percent & Score & Cumulative Percent & Score & Cumulative Percent & & \\
\hline \(0 \quad 18.8\) & 3 & 100 & 2 & 6.3 & 1 & 12.5 & & \\
\hline \multirow[t]{5}{*}{100} & & & 3 & 15.6 & 2 & 100 & & \\
\hline & & & 4 & 21.9 & & & & \\
\hline & & & 5 & 40.6 & & & & \\
\hline & & & 6 & 53.1 & & & & \\
\hline & & & 7 & 100 & & & & \\
\hline
\end{tabular}

\section*{(C) KSCAr+Drive Instruction and Scoring Manual}

\section*{DEPRESSION GROUP STATISTICS}
\begin{tabular}{lrcrrr} 
& MEAN & STD DEV & STD ERR & MIN & MAX \\
& & & & & \\
AGE OF SUBJECT & 76.25 & 6.94 & 1.07 & 66 & 89 \\
YEARS OF EDUCATION & 11.16 & 2.83 & 0.44 & 6 & 17 \\
DURATION OF ILLNESS & 14.85 & 14.32 & 2.21 & 1 & 53 \\
& & & & & \\
ORIENTATION & 9.91 & 0.39 & 0.06 & 8 & 10 \\
WORD RECALL & 3.50 & 1.39 & 0.21 & 0 & 6 \\
DELAYED RECALL & 2.44 & 1.44 & 0.22 & 0 & 5 \\
WORD RECOGNITION & 7.77 & 1.24 & 0.19 & 5 & 10 \\
VISUAL MEMORY & 4.09 & 1.75 & 0.27 & 0 & 6 \\
DIGITS FORWARD & 4.88 & 0.42 & 0.06 & 3 & 5 \\
DIGITS BACKWARD & 3.38 & 0.83 & 0.13 & 1 & 4 \\
WORD FINDING & 9.97 & 0.18 & 0.03 & 9 & 10 \\
READING COMPREHENSION & 2.94 & 0.25 & 0.04 & 2 & 3 \\
WRITING & 3.94 & 0.25 & 0.04 & 3 & 4 \\
VERBAL COMPREHENSION & 10.00 & 0.00 & 0.00 & 10 & 10 \\
ABSTRACT THINKING & 6.75 & 1.74 & 0.27 & 1 & 8 \\
CALCULATION & 3.81 & 0.40 & 0.06 & 3 & 4 \\
RIGHT-LEFT ORIENTATION & 9.88 & 0.42 & 0.06 & 8 & 10 \\
COPYING TASK & 4.00 & 0.00 & 0.00 & 4 & 4 \\
SPATIALREVERSAL & 4.06 & 1.96 & 0.31 & 0 & 5 \\
IDEOMOTOR & 3.00 & 0.00 & 0.00 & 3 & 3 \\
CLOCK TEST & 5.63 & 1.64 & 0.25 & 2 & 7 \\
PERSEVERATION & 1.88 & 0.34 & 0.05 & 1 & 2 \\
TOTAL SCORE & & & & & \\
SUB TOTALS & 101.80 & 7.61 & 1.17 & 87 & 113 \\
SUB & & & & & \\
LANGUAGE & 37.41 & 1.95 & 0.30 & 31 & 39 \\
VISUAL-MOTOR & 28.44 & 3.19 & 0.49 & 21 & 31 \\
MEMORY & 45.95 & 4.67 & 0.72 & 28 & 43 \\
DRIVE SCORE & 3.75 & & & 0.58 & 36 \\
\hline
\end{tabular}
\(N=32\)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{10}{|c|}{\begin{tabular}{l}
DEPRESSION GROUP \\
CUMULATIVE PERCENT
\end{tabular}} \\
\hline \multicolumn{2}{|l|}{TOTAL SCORE} & \multicolumn{2}{|r|}{MEMORY} & \multicolumn{2}{|l|}{LANGUAGE} & \multicolumn{2}{|l|}{VISUAL-MOTOR} & \multicolumn{2}{|l|}{DRIVE SCORE} \\
\hline Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent & Score & Cumulative Percent \\
\hline 87 & 3.1 & 27.5 & 6.3 & 31 & 3.1 & 21 & 6.3 & 36 & 6.3 \\
\hline 90 & 9.4 & 29 & 15.6 & 34 & 9.4 & 22 & 9.4 & 37 & 12.5 \\
\hline 92 & 12.5 & 31 & 18.8 & 36 & 34.4 & 23 & 15.6 & 38 & 15.6 \\
\hline 93 & 15.6 & 32 & 21.9 & 37 & 40.6 & 26 & 21.9 & 39 & 21.9 \\
\hline 94 & 25 & 32.5 & 25.0 & 38 & 56.3 & 27 & 28.1 & 42 & 28.1 \\
\hline 95 & 28.1 & 33 & 34.4 & 39 & 100 & 28 & 31.3 & 43 & 34.4 \\
\hline 97 & 37.5 & 35 & 40.6 & & & 29 & 46.9 & 44 & 40.6 \\
\hline 101 & 43.8 & 35.5 & 43.8 & & & 30 & 65.6 & 45 & 50 \\
\hline 102 & 46.9 & 36 & 53.1 & & & 31 & 100 & 46 & 71.9 \\
\hline 103 & 53.1 & 36.5 & 56.3 & & & & & 47 & 100 \\
\hline 106 & 65.6 & 37 & 59.4 & & & & & & \\
\hline 107 & 68.8 & 38 & 62.5 & & & & & & \\
\hline 108 & 71.9 & 38.5 & 65.6 & & & & & & \\
\hline 109 & 84.4 & 39 & 68.8 & & & & & & \\
\hline 110 & 87.5 & 39.5 & 75.0 & & & & & & \\
\hline 111 & 90.6 & 40 & 81.3 & & & & & & \\
\hline 112 & 93.8 & 40.5 & 84.4 & & & & & & \\
\hline 113 & 100 & 42 & 87.5 & & & & & & \\
\hline & & 42.5 & 100 & & & & & & \\
\hline
\end{tabular}


\section*{THE KINGSTON SCALES}

\section*{Cognition}

\title{
Kingston Standardized Cognitive Assessment - Revised + Drive Score (KSCAr \({ }^{+ \text {Drive }}\) ) BriefKingston Standardized Cognitive Assessment - Revised (BKSCAr) mini-Kingston Standardized Cognitive Assessment - Rev (mini-KSCAr)
}

\section*{Behaviour}

Kingston Standardized Behavioural Assessment - Community Form (KSBA comm )
Kingston Standardized Behavioural Assessment - Long Term Care Form (KSBA \({ }_{\text {LTc }}\) )

\section*{Caregiver Stress}

Kingston Caregiver Stress Scale (KCSS)

\section*{O( KSCAr \({ }^{\text {+Drive }}\) Instruction and Scoring Manual}

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Normative Groups Frequency Distributions



OTHER DEMENTIAS GROUP


\section*{DEPRESSION GROUP}
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