BRIEF

Kingston
Standardized
Cognitive
Assessment -
revised
(BriefKSCAr)

ASSESSMENT FORM

PATIENT NAME:________________________________________

DATE:________________________      CASE #:________________________

The Kingston Scales and Manuals can be downloaded free of charge from:
www.kingstonscales.org
email: kscale@queensu.ca

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Brief Kingston Standardized Cognitive Assessment-Revised
SCORING SUMMARY

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CASEBOOK NO.</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td></td>
</tr>
<tr>
<td>RATER:</td>
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<table>
<thead>
<tr>
<th>Sub-Tests</th>
<th>Score</th>
<th>Performance Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Orientation /10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Word Recall /10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Abstract Thought Score /8</td>
<td></td>
<td></td>
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<tr>
<td>4. Spatial Reversal /5</td>
<td></td>
<td></td>
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<tr>
<td>5. Clock Test /7</td>
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<tr>
<td>6. Perseveration /2</td>
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<td></td>
</tr>
<tr>
<td>7. Delayed Recall /10</td>
<td></td>
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<tr>
<td>8. Recognition /10</td>
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<table>
<thead>
<tr>
<th>Total Score /62</th>
<th>Normal %ile</th>
<th>Dementia %ile</th>
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</table>
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
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
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>
<thead>
<tr>
<th>TABLE</th>
<th>FOOTBALL</th>
<th>COMPUTER</th>
<th>WINDOW</th>
<th>GLOVE</th>
<th>GLOBE</th>
<th>FORK</th>
<th>GOLD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

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."

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

[3rd circle - numbered]
"NOW TRY THIS ONE. PUT IN THE HANDS FOR 5 PAST 10. MAKE IT SAY 5 PAST 10."

[4th circle - numbered and hands (20 past 8)]
"WHAT TIME IS IT ON THIS CLOCK?"

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.]

0 1

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.]

0 1

TOTAL _____/2
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>
<thead>
<tr>
<th>Table</th>
<th>Football</th>
<th>Window</th>
<th>Rose</th>
<th>Computer</th>
<th>Glove</th>
<th>Moon</th>
<th>Fork</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Glove</th>
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</thead>
<tbody>
<tr>
<td>King</td>
<td></td>
</tr>
<tr>
<td>Moon</td>
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</tr>
<tr>
<td>Clock</td>
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</tr>
<tr>
<td>Gift</td>
<td></td>
</tr>
<tr>
<td>Fork</td>
<td></td>
</tr>
<tr>
<td>Gold</td>
<td></td>
</tr>
<tr>
<td>Store</td>
<td></td>
</tr>
<tr>
<td>Apple</td>
<td></td>
</tr>
<tr>
<td>Bird</td>
<td></td>
</tr>
</tbody>
</table>

Score /10 /10

TOTAL = _______/20 ÷ 2 = _______/10

(Jan 2018)
TABLE
HOUSE
BOWL
FOOTBALL
WINDOW
LAKE
ROSE
DRESS
WHEAT
COMPUTER
GLOVE
KING
MOON
CLOCK
GIFT
FORK
GOLD
STORE
APPLE
BIRD
BriefKSCAr 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 NORMALS (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.

YES

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

NORMALS

<table>
<thead>
<tr>
<th>TOTAL SCORE</th>
<th>PERCENTILES</th>
<th>RANGE</th>
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<tbody>
<tr>
<td>55.5</td>
<td>95</td>
<td>↑</td>
</tr>
<tr>
<td>55</td>
<td>90</td>
<td>AVG</td>
</tr>
<tr>
<td>52</td>
<td>85</td>
<td>AVG</td>
</tr>
<tr>
<td>51.8</td>
<td>80</td>
<td>AVG</td>
</tr>
<tr>
<td>51.3</td>
<td>75</td>
<td>AVG</td>
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<td>51</td>
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<td>AVG</td>
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<td>50</td>
<td>60</td>
<td>AVG</td>
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<tr>
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<td>5</td>
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### BriefKSCAr SCORE ANALYSIS Page 2

#### STEP 4: What is the degree of decline?

Using the chart for DEMENTIA (right), circle the patient's total score and read the percentile and range.

<table>
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<tr>
<th>TOTAL SCORE</th>
<th>PERCENTILES</th>
<th>RANGE</th>
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</thead>
<tbody>
<tr>
<td>45</td>
<td>96</td>
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<td>35</td>
<td>64</td>
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<tr>
<td>34</td>
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Percentile _____

Range: Mild _____
Moderate _____
Severe _____