**KINGSTON SCALES**

# Kingston

# Standardized

# Cognitive

# Assessment

# - revised

## +DRIVE SCORE

---

## KSCAr⁺*Drive* ASSESSMENT FORM

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PATIENT NAME:_____ RATER:_____

DATE:_____ CASE #:_____

The KSCAr⁺*Drive* ADMINISTRATION AND SCORING Manual,
should be used in conjunction with this form, and can be downloaded free of charge from:
**www.kingstonscales.org**   or email: **kscales@queensu.ca**
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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 |

# SCORING SUMMARY

| NAME: | |
| --- | --- |
| CASEBOOK No. | |
| DATE: | |
| RATER: | |

| Sub-Test | Scores | | | Performance Comments |
| --- | --- | --- | --- | --- |
| 1. Orientation /10 | | | | |
| 3. a) Digits Forward /5 | | | | |
| 3. b) Digits Backward /4 | | | | |
| 4. Word Recall /10 | | | | |
| 5. Visual Memory /6 | | | | |
| 6. Word Finding /10 | | | | |
| 7. Reading /3 | | | | |
| 8. Abstract Thinking /8 | | | | |
| 9. Calculation /4 | | | | |
| 10. Writing /4 | | | | |
| 11. R/L Orientation /10 | | | | |
| 12 Verbal Comprehension /10 | | | | |
| 13. Delayed Word Recall /10 | | | | |
| 14. Word Recognition /10 | | | | |
| 15. Copying /4 | | | | |
| 16. Spatial Reversal /5 | | | | |
| 17. Ideomotor /3 | | | | |
| 18. Clock Test /7 | | | | |
| 19. Perseveration /2 | | | | |

| Sub-Totals | | | Normal Cumulative % | Dementia Cumulative % |
| --- | --- | --- | --- | --- |
| Language /39 | | | | |
| Visual-Motor /31 | | | | |
| Memory /55 | | | | |
| **Total Score /125** | | | | |

| | | | FAIL ≤42 | "GREY" 43-45 | PASS ≥46 |
| --- | --- | --- | --- | --- | --- |
| **Drive Score /47** | | | | | |

# 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. REMOTE MEMORY**  (Verify If Possible)

1. **"WHERE WERE YOU BORN?"** _____ 0    1

2. **"WHERE DID YOU GO TO SCHOOL?"** _____ 0    1

3. **"WHAT WAS YOUR FATHER'S NAME?"** _____ 0    1

4. **"WHAT WAS YOUR MOTHER'S NAME?"** _____ 0    1

5. **"HOW MANY BROTHERS AND SISTERS  DID YOU HAVE?"** _____ 0    1

### 3. DIGIT REPETITION

[1 digit/second, even tone of voice; record responses; administer Trial II only if patient fails
 Trial I; continue until both are failed]

a)  Digits Forward

**"I AM GOING TO SAY SOME NUMBERS. LISTEN CAREFULLY, AND WHEN I AM
THROUGH, SAY THEM RIGHT AFTER ME."**

1. Trial I:  **3-7** _____
   Trial II: **5-2** _____                                    0    1

2. Trial I:  **9-4-6** _____
   Trial II: **7-1-8** _____                                    0    1

3. Trial I:  **2-5-8-1** _____
   Trial II: **4-7-3-2** _____                                    0    1

4. Trial I:  **3-1-9-5-8** _____
   Trial II: **7-5-9-1-4** _____                                    0    1

5. Trial I:  **5-3-7-2-8-6** _____
   Trial II: **7-1-8-5-6-9** _____                                    0    1

                                                                    TOTAL _____/5

b)  Digits Backward

**"NOW I AM GOING TO SAY SOME MORE NUMBERS, BUT THIS TIME WHEN I
STOP I WANT YOU TO  SAY THEM BACKWARDS. FOR EXAMPLE, IF I SAY  7-1-9,
WHAT WOULD YOU SAY?"**

1. Trial I:  **2-4** _____
   Trial II: **5-8** _____                                    0    1

2. Trial I:  **6-9-2** _____
   Trial II: **4-1-5** _____                                    0    1

3. Trial I:  **8-3-7-1** _____
   Trial II: **4-9-8-6** _____                                    0    1

4. Trial I:  **1-6-2-8-5** _____
   Trial II: **6-1-7-4-3** _____                                    0    1

                                                                    TOTAL _____/4

### 4 . WORD RECALL

Use 10 word list (TABLE, FOOTBALL, WINDOW ... APPLE).
USE A BLANK SHEET OF PAPER (i.e. page 7) 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

### 5. VISUAL MEMORY  [3 designs on 3 pages 10, 12, 14]

[Hand patient blank page and pencil with eraser]

**"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 secs; mark the top of the page as used by the patient; repeat instructions
 for each design as you hand patient another blank page]

Design 1 _____   0  1  2

Design 2 _____   0  1  2

Design 3 _____   0  1  2

TOTAL _____/6

Note: Pages 9, 11, 13, and 20 are blank for subject responses.

USE THIS PAGE TO COVER WORD LIST

# TABLE

# FOOTBALL

# WINDOW

# ROSE

# COMPUTER

# GLOVE

# MOON

# FORK

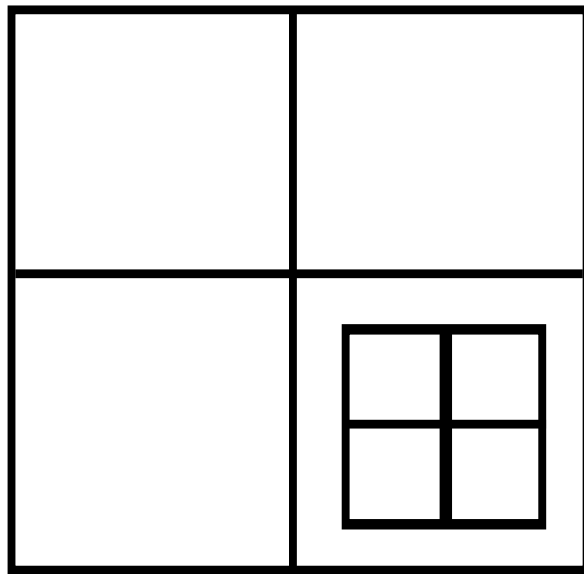# GOLD

# APPLE
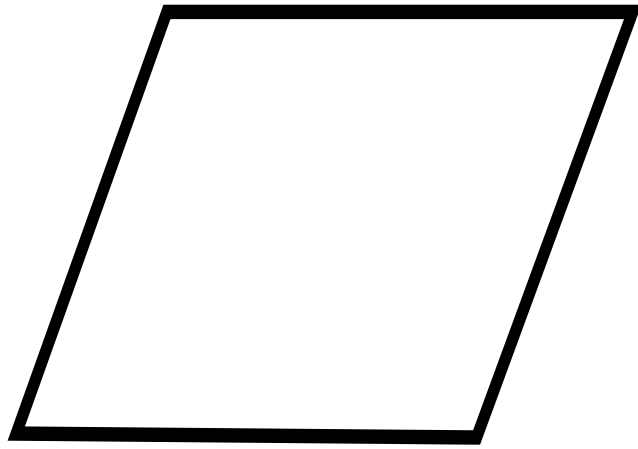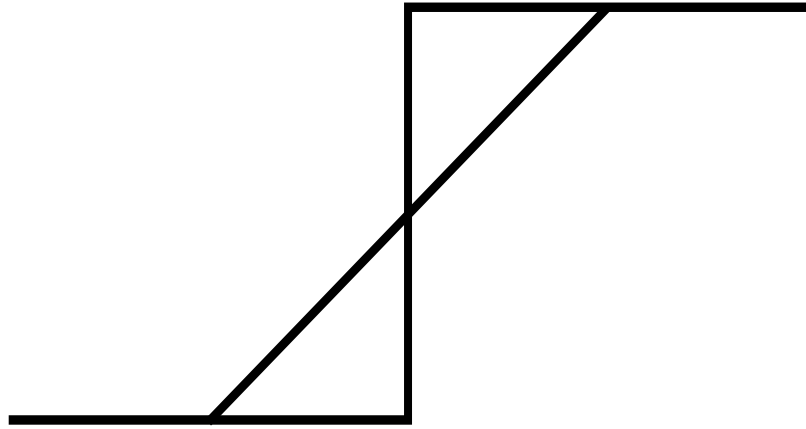
**6. WORD FINDING**      [2 picture pages (16, 17)]

Point to each of the pictures in turn **"TELL ME WHAT YOU CALL THIS"**

                              SCORE        If Incorrect, Record Response

1. KITE                    0    1    _____
2. BICYCLE                 0    1    _____
3. SPADE (SHOVEL)          0    1    _____
4. FOOT                    0    1    _____
5. BOTTLE                  0    1    _____
6. UMBRELLA                0    1    _____
7. ELEPHANT                0    1    _____
8. CHIMNEY                 0    1    _____
9. PEDAL  (Use Pic 2)      0    1    _____
10. SPOKES (Use Pic 2)     0    1    _____

              _____  →                                          TOTAL _____/10

**7. READING COMPREHENSION**      [Story page (18)]

**"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; Patient must have story in their possession when answering
questions; Tell patient to refer to text; note articulation!]

**Mr. Davis had to go to Toronto. He decided to go by bus. His daughter drove him
to the bus terminal, but on the way there they ran out of gas. However, they arrived at the
terminal just in time for him to catch the bus.**

[ ] Unable To Read

(If patient is unable to read, or does so with great difficulty, proceed to next task.)

**"WHAT CITY WAS MR. DAVIS TRAVELLING TO?"** _____  0    1

**"HOW DID HE INTEND TO GET THERE**?" _____  0    1

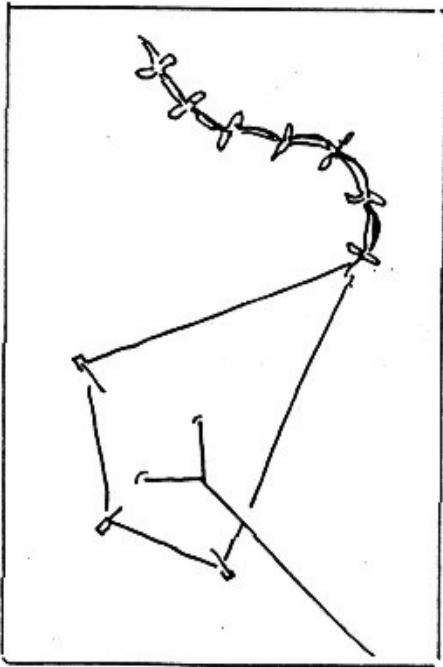**"WHERE WAS HIS DAUGHTER DRIVING HIM?"** _____  0    1

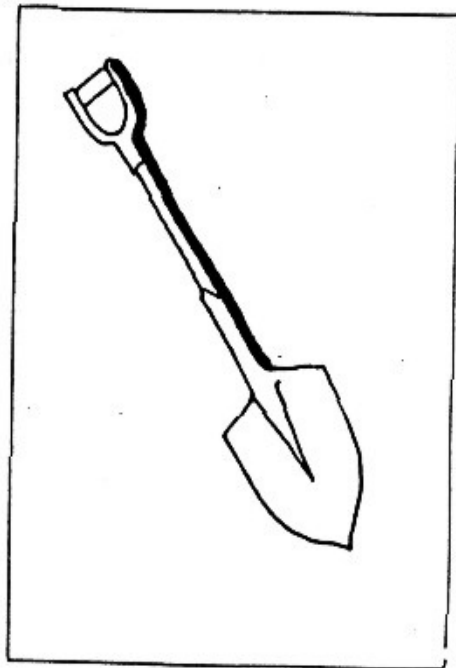                                                          TOTAL _____/3
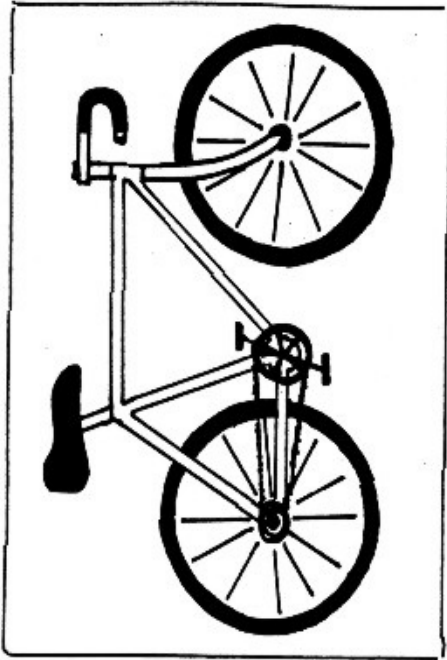
2
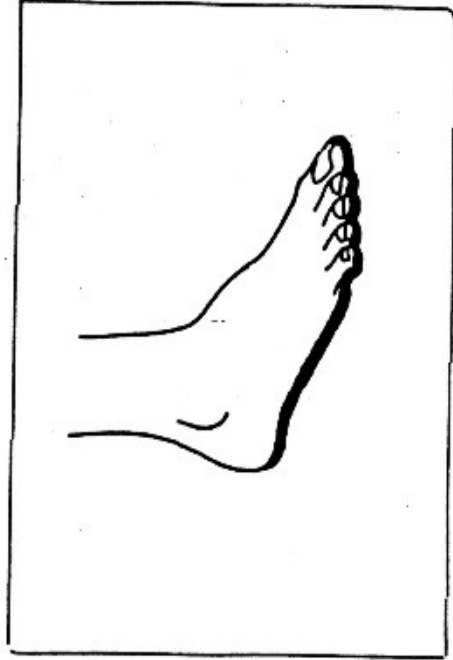


4
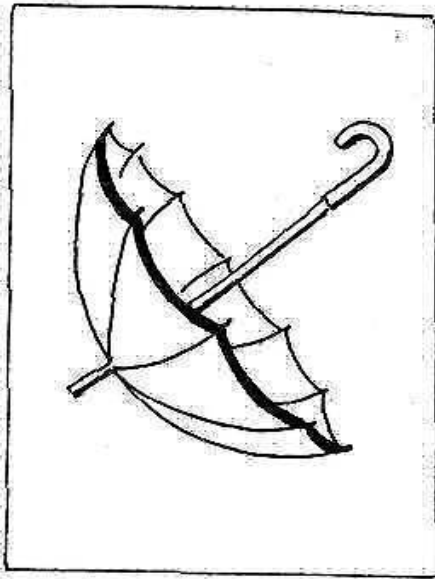


1


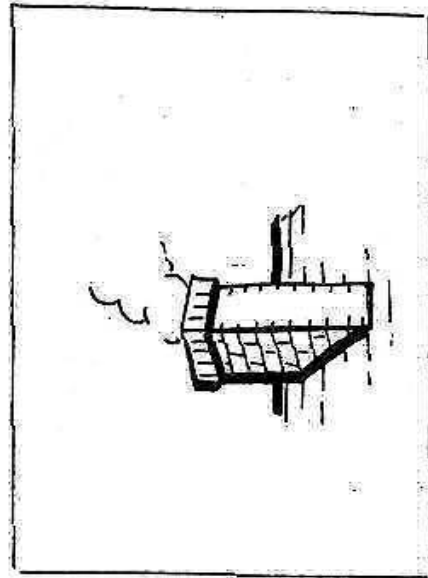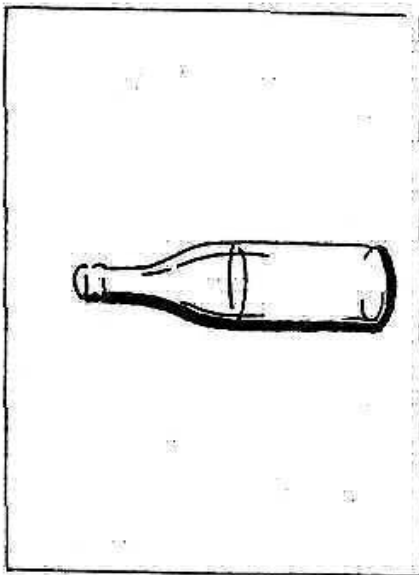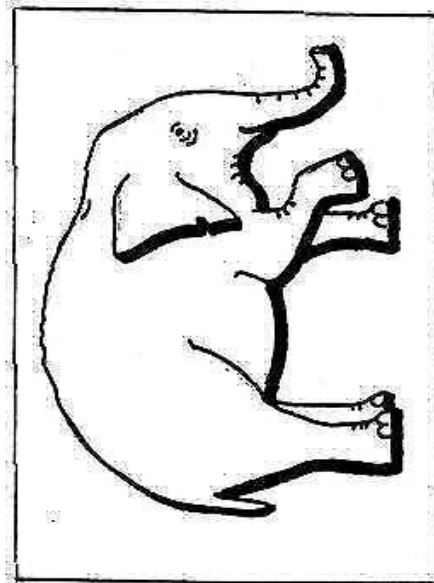
3

6



8



5



7

Mr. Davis had to go to Toronto.

He decided to go by bus.

His daughter drove him to the

bus terminal, but on the

way there they ran out of gas.

However, they arrived at

the terminal just in time for

him to catch the bus.

## 8.  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

## 9.  CALCULATION

**"I WANT TO ASK YOU A FEW MORE QUESTIONS:  HOW MUCH IS"**...

1.  **2 PLUS 4 (2 + 4)** = _____          0    1

2.  **9 MINUS 2 (9 - 2)** = _____          0    1

3.  **5 TIMES 5 (5 X 5)** = _____          0    1

4.  **56 DIVIDED BY 7 (56 ÷ 7)** = _____          0    1

TOTAL _____/4

## 10.  WRITING    [Use blank page (20)]

**"NOW I WOULD LIKE YOU TO WRITE SOMETHING "**

a)**"FIRST YOUR NAME, PLEASE"**.                                   0    1

b)**"AND NOW I WANT YOU TO WRITE: KINGSTON, ONTARIO, CANADA"*"**
   [Repeat, if patient forgets it]

0    1    2    3

* *use a more familiar local address (of similar length) if the patient is not from Kingston.*
*Note: Patient must write (i.e. use script) not print.  If patients start to print,*
   *correct them, if they persist, score is 0.*

TOTAL _____/4

*(Use this page for Writing)*

*(Use this page for Writing)*

## 11.  RIGHT/LEFT ORIENTATION and

## 12. VERBAL COMPREHENSION

NOTE: while Right/Left Orientation and Verbal Comprehension are run together as one task, they are scored separately as two distinct tasks.  Ask the patient to

|  | R / L | Part |
|---|---|---|
| 1. **"TOUCH YOUR LEFT SHOULDER."** _____ | 0  1 | 0  1 |
| 2. **"TOUCH YOUR RIGHT ELBOW."** _____ | 0  1 | 0  1 |
| 3. **"TOUCH YOUR RIGHT EAR."** _____ | 0  1 | 0  1 |
| 4. **"TOUCH YOUR LEFT HAND."** _____ | 0  1 | 0  1 |
| 5. **"TOUCH YOUR RIGHT ANKLE."** _____ | 0  1 | 0  1 |
| 6. **"TOUCH YOUR LEFT KNEE."** _____ | 0  1 | 0  1 |
| 7. **"TOUCH YOUR LEFT THUMB."** _____ | 0  1 | 0  1 |
| 8. **"POINT TO MY LEFT HAND."** _____ | 0  1 | 0  1 |
| 9. **"POINT TO MY RIGHT ARM."**_____ | 0  1 | 0  1 |
| 10.**"POINT TO MY RIGHT ELBOW."**_____ | 0  1 | 0  1 |

TOTAL Sub-Test 11          _____/10

TOTAL Sub-Test 12

_____/10

## 13.  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

## 14. WORD RECOGNITION

After completing the recall, show the subject the second list of 20 words [pages 23,24]
(TABLE, HOUSE, BOWL, .. BIRD), point to the first word and say to the subject
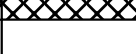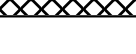
**"DID YOU SEE THIS WORD ON THE LIST THAT I SHOWED TO YOU EARLIER
OR IS THIS A NEW WORD?"**

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).

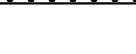| | IN | NOT IN |
|---|---|---|
| TABLE | | ▨ |
| HOUSE | ▨ | |
| BOWL | ▨ | |
| FOOTBALL | | ▨ |
| WINDOW | | ▨ |
| LAKE | ▨ | |
| ROSE | | ▨ |
| DRESS | ▨ | |
| WHEAT | ▨ | |
| COMPUTER | | ▨ |
| GLOVE | | ▨ |
| KING | ▨ | |
| MOON | | ▨ |
| CLOCK | ▨ | |
| GIFT | ▨ | |
| FORK | | ▨ |
| GOLD | | ▨ |
| STORE | ▨ | |
| APPLE | | ▨ |
| BIRD | ▨ | |

| | IN | NOT IN |
|---|---|---|
| **SCORE** | /10 | /10 |

TOTAL = _____ /20 ÷ 2 = _____ /10

# TABLE
# HOUSE
# BOWL
# FOOTBALL
# WINDOW
# LAKE
# ROSE
# DRESS
# WHEAT
# COMPUTER

# GLOVE
# KING
# MOON
# CLOCK
# GIFT
# FORK
# GOLD
# STORE
# APPLE
# BIRD

**15.  COPYING**     [2 design pages (26, 27)]

**"HERE I HAVE A FIGURE FOR YOU TO COPY"** [avoid naming designs].

    a.) [diamond]_____     0   1   2

    b.) [arrow]_____     0   1   2

TOTAL _____/4


**16.  SPATIAL REVERSAL**

**"NOW I WANT YOU TO DRAW ANOTHER ONE LIKE THIS"** [point to arrow]

**"BUT THIS TIME POINTING THE OPPOSITE WAY"**.   [avoid indicating direction].   0     5

TOTAL _____/5


**17.  IDEOMOTOR**

1. **"SHOW ME HOW YOU WOULD STIR A CUP OF TEA"** _____          0   1

2. **"SHOW ME HOW YOU WOULD HAMMER A NAIL"** _____          0   1

3. **"SHOW ME HOW YOU WOULD BLOW OUT A CANDLE"** _____          0   1

TOTAL _____/3


**18.  CLOCK**     [4 circle pages (28 - 31)]

  [1st circle - blank]
**"I WANT YOU TO WRITE IN THE NUMBERS, AS ON A CLOCK FACE."**     0   1   2
  [2nd circle - blank]
**"ON THIS CIRCLE DRAW IN THE HANDS TO MAKE IT SAY 9 O'CLOCK."**   0   1   2
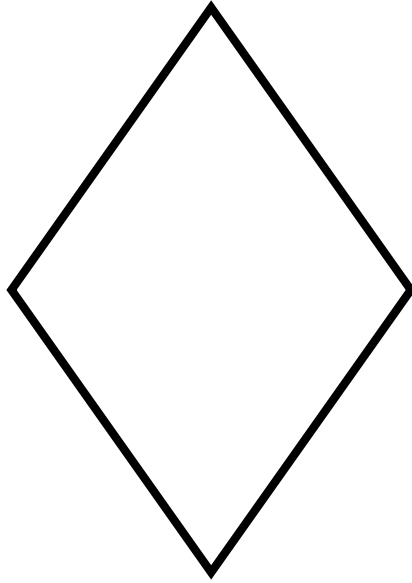  [3rd circle - numbered]
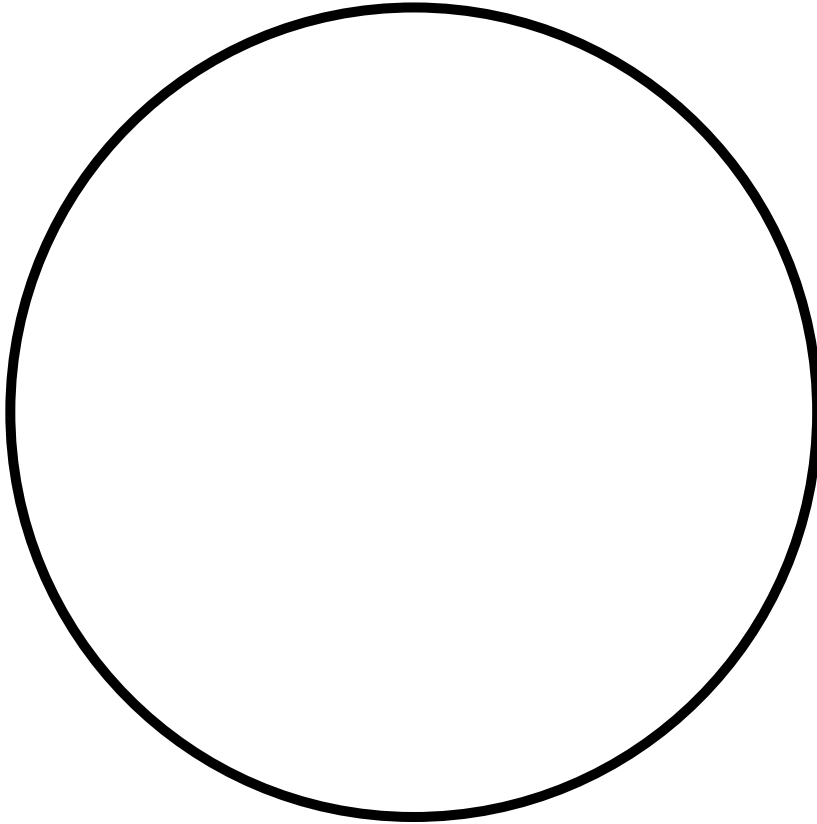 **"NOW TRY THIS ONE.  PUT IN THE HANDS FOR 5 PAST 10. MAKE IT
  SAY 5 PAST 10."**                                                 0   1   2
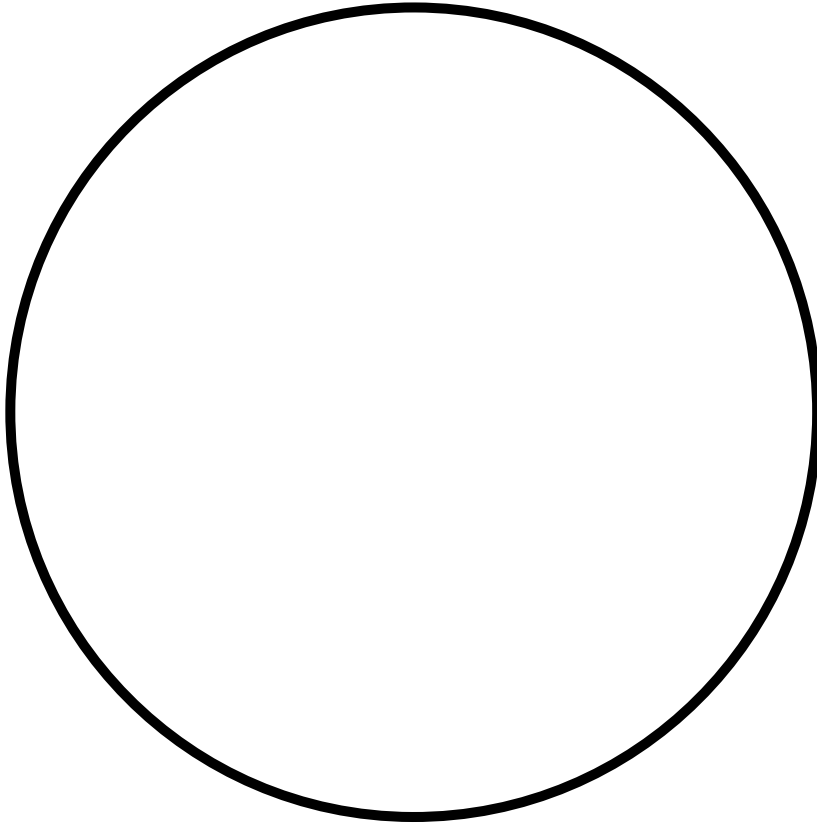  [4th circle - numbered and hands (20 past 8)]
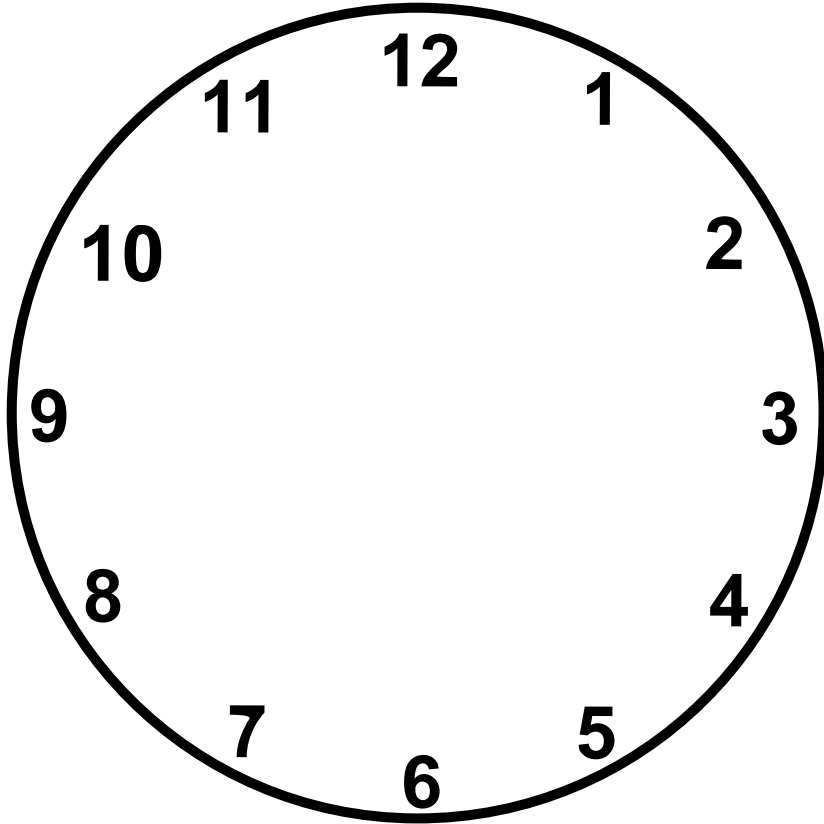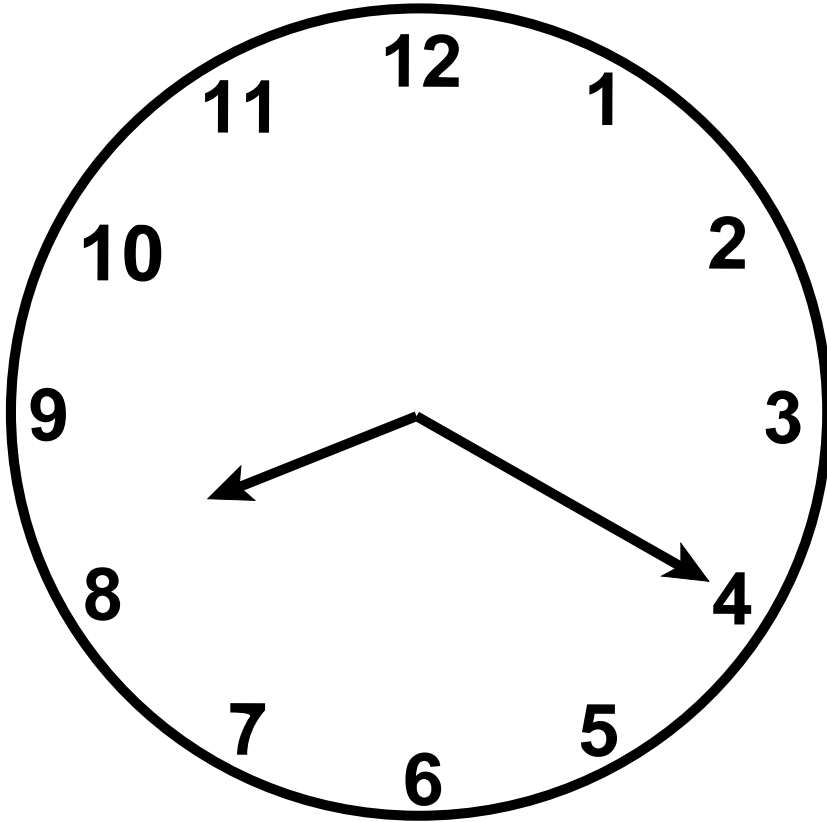**"WHAT TIME IS IT ON THIS CLOCK?"**                                 0   1

TOTAL _____/7

### 19. 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 33)]

**"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
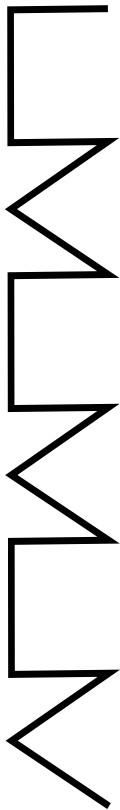
# SCORE ANALYSIS Page 1

(See KSCAr<sup>+Drive</sup> Manual)

## START

**STEP 1**:
**Previous level?**
(Premorbid Level)

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

**STEP 2**:
**Compare to
Normals**

**USING the CHART for
NORMALS (right)**

CIRCLE the INDIVIDUAL'S **TOTAL
SCORE** and READ the
**CUMULATIVE PERCENT** and
**RANGE** that the SCORE FALLS IN.
Cumulative Percent ____
Range:  Above Avg ____
Average ____
Below Avg ____

### Normals

| Score | Cumulative Percent | Descriptive Range |
|---|---|---|
| 122 | 97 | ▲ |
| 118 | 95 | A |
| 115 | 87 | V |
| 114 | 82 | G |
| 113 | 77 | |
| 112 | 70 | |
| 111 | 58 | A V E R A G E |
| 110 | 47 | |
| 109 | 33 | |
| 107 | 28 | |
| 106 | 13 | A |
| 105 | 12 | V |
| 104 | 5 | G |
| 103 | 2 | ▼ |

**STEP 3:**
Is there
evidence of
decline?

Is THERE a **DIFFERENCE**
BETWEEN the INDIVIDUAL'S
SCORE and YOUR
**PREMORBID** ESTIMATE?

**NO** ◄——          ——► **YES**

**STOP!**
The INDIVIDUAL'S SCORE is in
the ESTIMATED RANGE (or higher).
**NO FURTHER ANALYSIS** is NEEDED.
THEREFORE, SIGNIFICANT BRAIN
DAMAGE is UNLIKELY.

FURTHER
ANALYSIS IS
REQUIRED
GO TO STEP 4
ON NEXT PAGE

# SCORE ANALYSIS Page 2

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

USING THE CHART FOR <u>DEMENTIA</u> (right), CIRCLE the INDIVIDUAL'S **TOTAL SCORE** and READ the **CUMULATIVE PERCENT a**nd RANGE.

Cumulative Percent _____

Range:  Mild _____
        Moderate _____
        Severe _____

↓

**GO TO NEXT PAGE**

| DEMENTIA | | |
| Score | Cumulative Percent | Descriptive Range |
| --- | --- | --- |
| 105 | 95 | M |
| 102 | 89 | I |
| 100 | 85 | L |
| 98 | 79 | D |
| 96 | 73 | M |
| 95 | 71 | O |
| 94 | 67 | D |
| 92 | 60 | E |
| 81 | 56 | R |
| 89 | 50 | A |
| 87 | 45 | T |
| 85 | 41 | E |
| 83 | 36 | |
| 81 | 30 | |
| 79 | 25 | |
| 77 | 21 | S |
| 76 | 17 | E |
| 70 | 10 | V |
| 60 | 5 | R |

# SCORE ANALYSIS Page 3

## SUB-TOTAL SCORES

**STEP 5:** Which area(s) are most affected?

⬇

> **CIRCLE** the **3 SUB-TEST SCORES** on the CHART (at right).
> OBTAIN LEVELS and DESCRIPTIONS for EACH.
>
> LANG    VIS-MOT    MEM
>
> Cum% \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
>
> (Circle One)   (Circle One)   (Circle One)
>
> Unimp*    Unimp*    -
>
> Mild       Mild       Mild
>
> Mod       Mod       Mod
>
> Severe    Severe    Severe
>
> * Unimpaired

⬇

GO TO NEXT PAGE

## DEMENTIA

| Language | | | Visual-Motor | | | Memory | | |
|---|---|---|---|---|---|---|---|---|
| Score | Cumulative Percent | Description | Score | Cumulative Percent | Description | Score | Cumulative Percent | Description |
| 39 | 100 | U N I * | 31 | 100 | U N I * | 39.5 | 99 | M I L D |
|  |  |  |  |  |  | 36.5 | 95 |  |
|  |  |  |  |  |  | 35.5 | 91 |  |
| 38 | 77 |  | 30 | 85 |  | 34 | 83 |  |
| 37 | 64 | M I L D | 29 | 78 | M I L D | 33 | 79 | M O D E R A T |
|  |  |  | 28 | 67 |  | 32 | 74 |  |
|  |  |  |  |  |  | 31 | 66 |  |
| 36 | 50 |  | 27 | 65 |  | 29 | 59 |  |
| 35 | 42 | M O D ** | 25 | 58 |  | 27.5 | 55 |  |
|  |  |  | 24 | 50 | M O D ** | 27 | 51 |  |
| 34 | 36 |  | 23 | 42 |  | 26 | 43 |  |
|  |  |  | 21 | 36 |  | 25 | 34 |  |
| 33 | 30 |  | 20 | 29 |  | 24 | 26 |  |
| 32 | 23 | S E V *** | 19 | 23 | S E V *** | 23 | 21 | S E V *** |
| 31 | 15 |  | 18 | 15 |  | 22 | 16 |  |
| 30 | 8 |  | 16 | 9 |  | 20.5 | 10 |  |
| 27 | 5 |  | 14 | 5 |  | 17 | 5 |  |
| *   UNIMPAIRED<br>**   MODERATE<br>***   SEVERE | | | | | | | | |

# SCORE ANALYSIS Page 4

## STEP 6: Should he/she drive a car?

| DRIVE Score | Percentage of subjects who PASSED Road Test | Percentage of subjects who FAILED Road Test |
|---|---|---|
| 47 | 100 | 0 |
| 46 | 83.3 | 16.7 |
| 45 | 71.4 | 28.6 |
| 44 | 50 | 50 |
| 43 * | not-computed | not-computed |
| ≤42 | 0 | 100 |

\* As only 1 person in the sample scored 43, and passed the road test, the percentages passed/failed were not calculated for this table.

[March 23, 2023]