

Kingston



Standardized Cognitive Assessment - Revised

ASSESSMENT FORM

PATIENT NAME: _____ RATER: _____

DATE: _____ CASE #: _____

Seniors Mental Health Program, Providence Care Mental Health Services,
Kingston, Canada K7L 4X3

The KSCAr ADMINISTRATION & 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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SCORING SUMMARY

NAME:	
CASEBOOK No.	
DATE:	
RATER:	

Sub-Test	Scores		Performance Comments		
1. Orientation /10					
3.a) Digits Forward /5					
b) Digits Backward /4					
4. Word Recall /10					
5. Visual Memory /6					
6. Word Finding /10					
7. Reading /3					
8. Abstract Thought /8					
9. Calculation Score /4					
10. Writing /4					
11. R/L Orientation /10					
12 Verbal Comprehension /10					
13. Delayed Recall /10					
14. Recognition /10					
15. Copying /4					
16. Spatial Reversal /5					
17. Ideomotor /3					
18. Clock Test /7					
19. Perseveration /2					
Sub-Totals			Normal %ile	Dementia %ile	
Language /39					
Visual-Motor /31					
Memory /55					
Total Score /125					

For score percentile conversions see last 3 pages (34-36)

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

 Significant Meds: _____

OBSERVATIONS DURING EXAMINATION

(normal response is larger and bolded)

BEHAVIOUR AT TIME OF EXAMINATION

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

LANGUAGE USAGE

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

RECORD ALL RESPONSES

1. ORIENTATION

"WHAT IS"

Responses and Observations

- | | | |
|--|---|---|
| 1. "YOUR FULL NAME?" _____ | 0 | 1 |
| 2. "YOUR AGE?" _____ | 0 | 1 |
| 3. "YOUR BIRTH DATE?" _____ | 0 | 1 |
| 4. "WHERE ARE WE NOW?" _____ | 0 | 1 |
| 5. "WHAT CITY (TOWN OR VILLAGE) IS THIS?" _____ | 0 | 1 |
| 6. "WHAT DAY OF THE WEEK IS THIS?" _____ | 0 | 1 |
| 7. "WHAT MONTH IS THIS?" _____ | 0 | 1 |
| 8. "WHAT YEAR IS THIS?" _____ | 0 | 1 |
| 9. "WITHOUT LOOKING AT YOUR WATCH" (or THE CLOCK)
WHAT IS THE TIME OF DAY?" _____ | 0 | 1 |
| 10. "WHAT IS THE SEASON?" _____ | 0 | 1 |

TOTAL _____/10

2. 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 |

* This sub-test is NOT scored.

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]

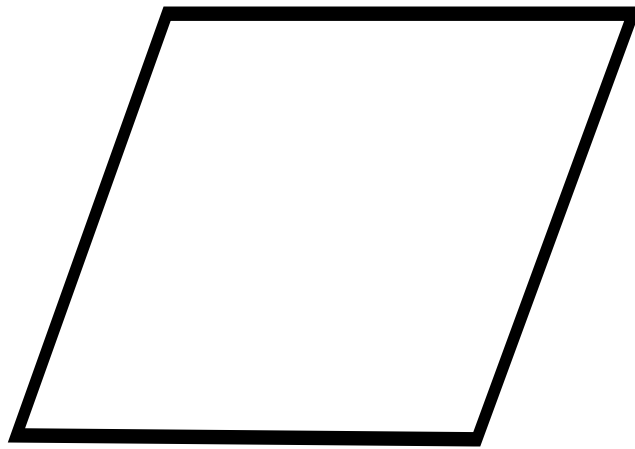
Design 1	_____	0	1	2
Design 2	_____	0	1	2
Design 3	_____	0	1	2

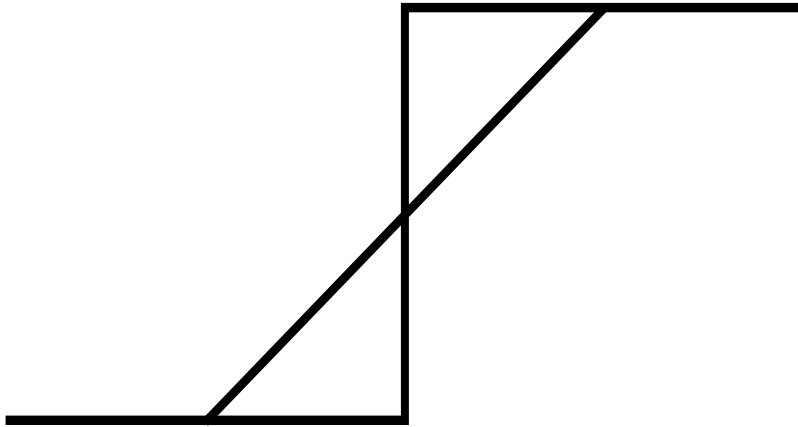
TOTAL _____/6

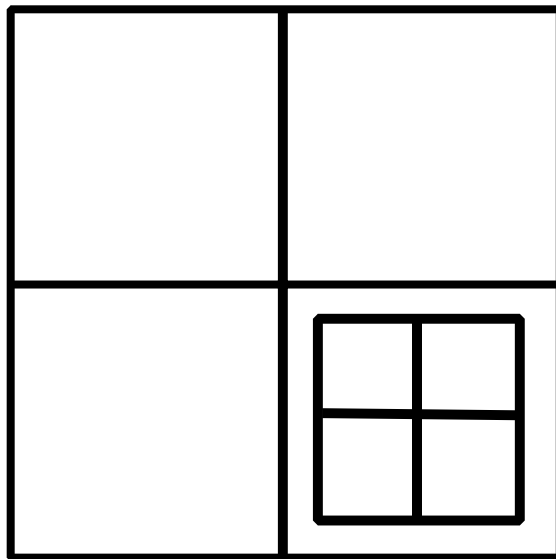
Note: Pages 9, 11, 13, and 22 are blank for subject responses.

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

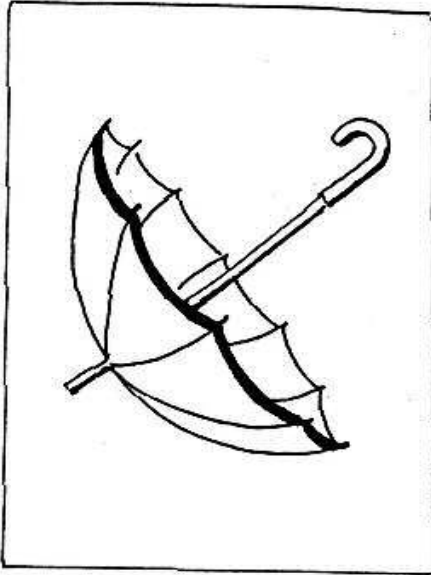
(If patient is unable to read, or does so with great difficulty, proceed to next task.)

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

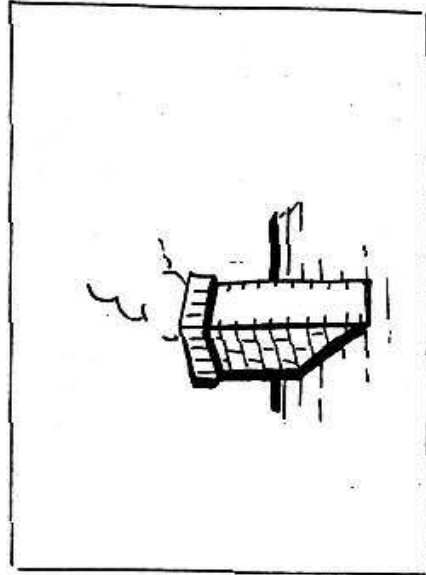
"HOW DID HE INTEND TO GET THERE?" _____ 0 1

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

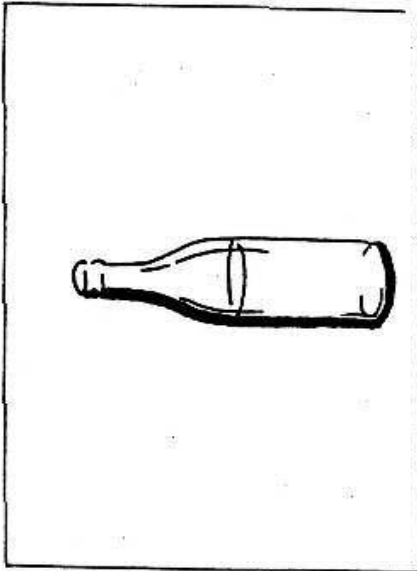
TOTAL _____/3



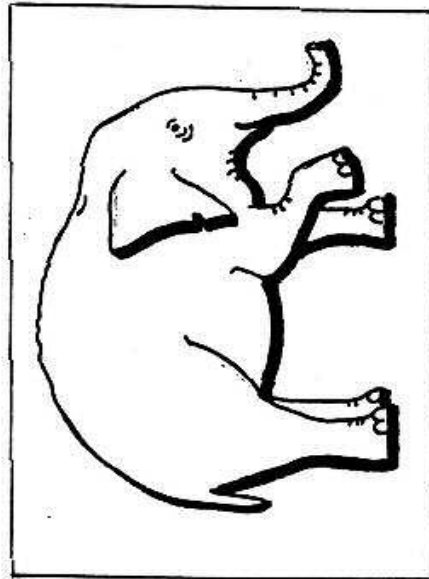
6



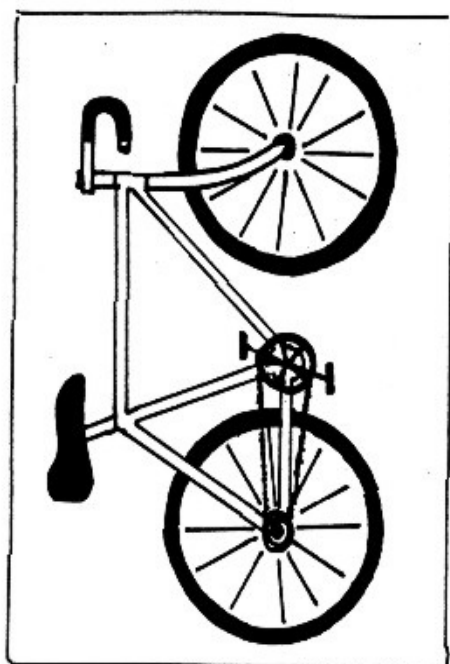
8



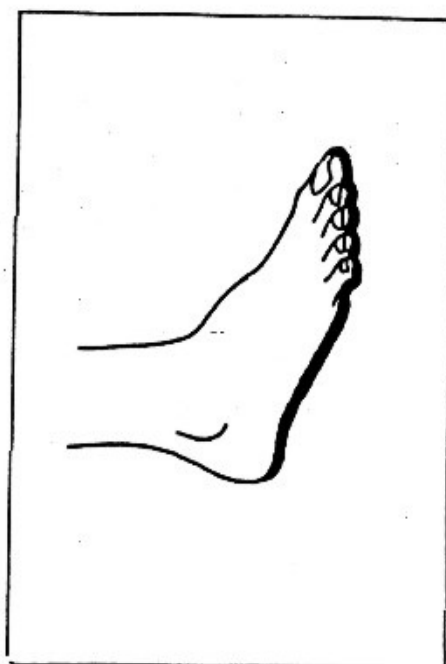
5



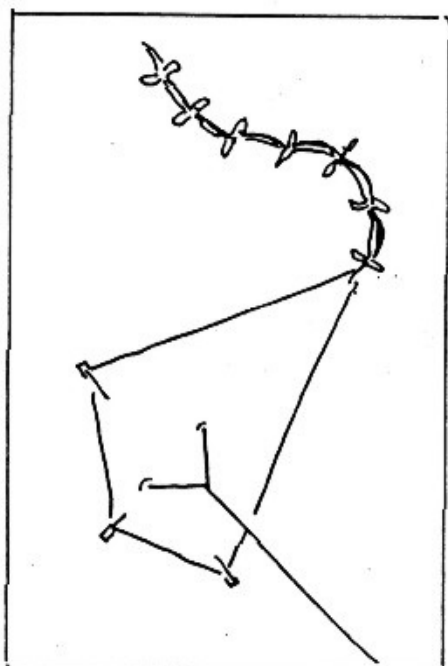
7



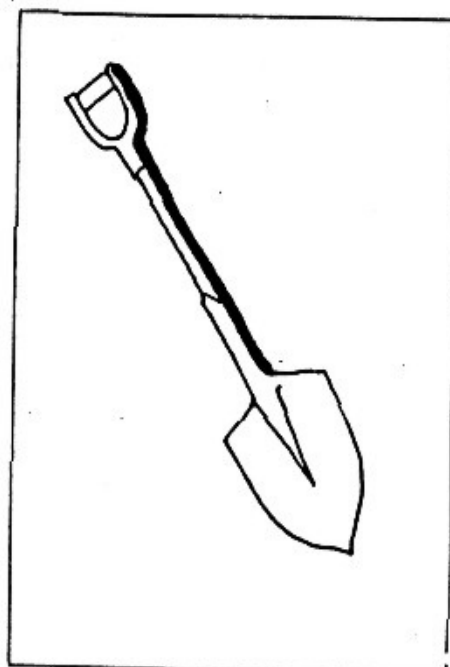
2



4



1



3

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 12. **9 MINUS 2 (9 - 2) =** _____ 0 13. **5 TIMES 5 (5 X 5) =** _____ 0 14. **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

(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 1st page go to the second one (GLOVE, KING)

Score = total number of correct responses i.e. IN/10 + NOT IN/10 = Total/20 ÷ 2 (max = 10).

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

SCORE		
	/10	/10

TOTAL = _____ /20 ÷ 2 = _____ /10

**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. IDEOMOTOR1. **"SHOW ME HOW YOU WOULD STIR A CUP OF TEA"** _____ 0 12. **"SHOW ME HOW YOU WOULD HAMMER A NAIL"** _____ 0 13. **"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

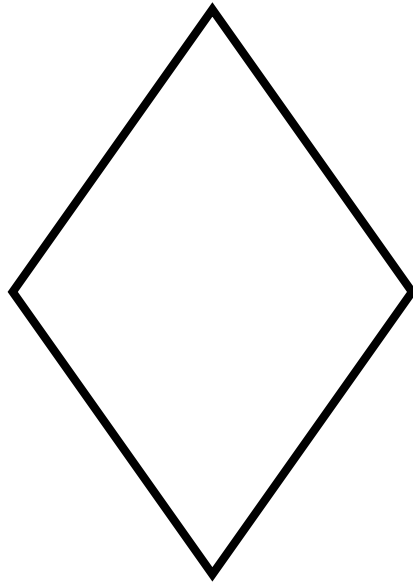
[3rd circle - numbered]

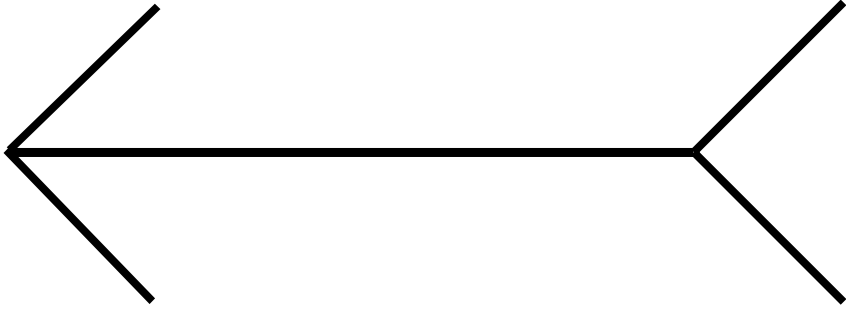
"NOW TRY THIS ONE."**PUT IN THE HANDS FOR 5 PAST 10. MAKE IT SAY 5 PAST 10."** 0 1 2

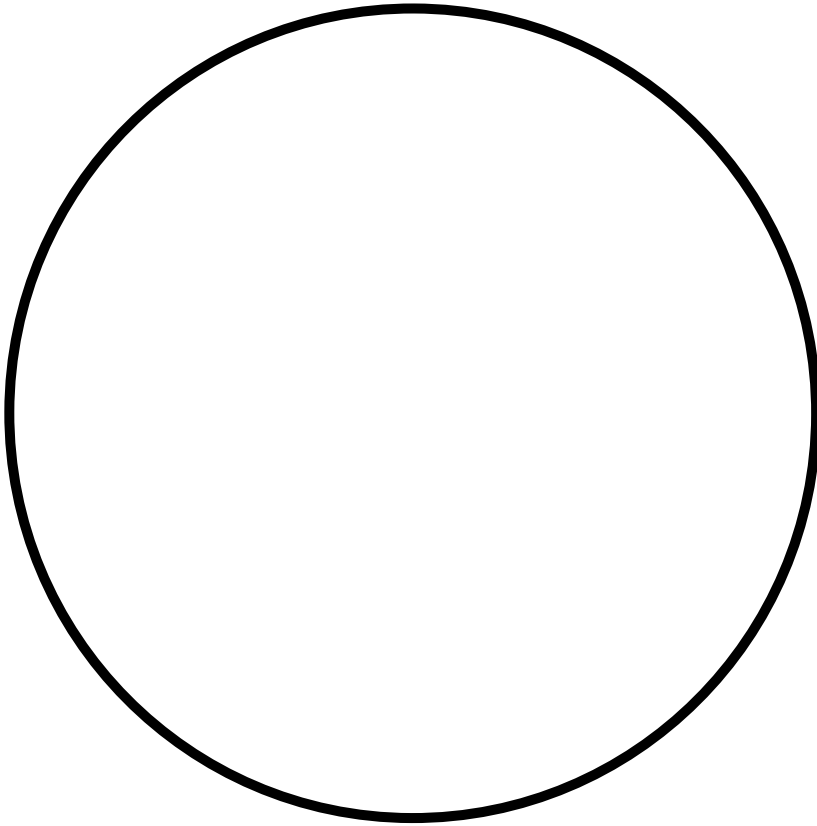
[4th circle - numbered and hands (20 past 8)]

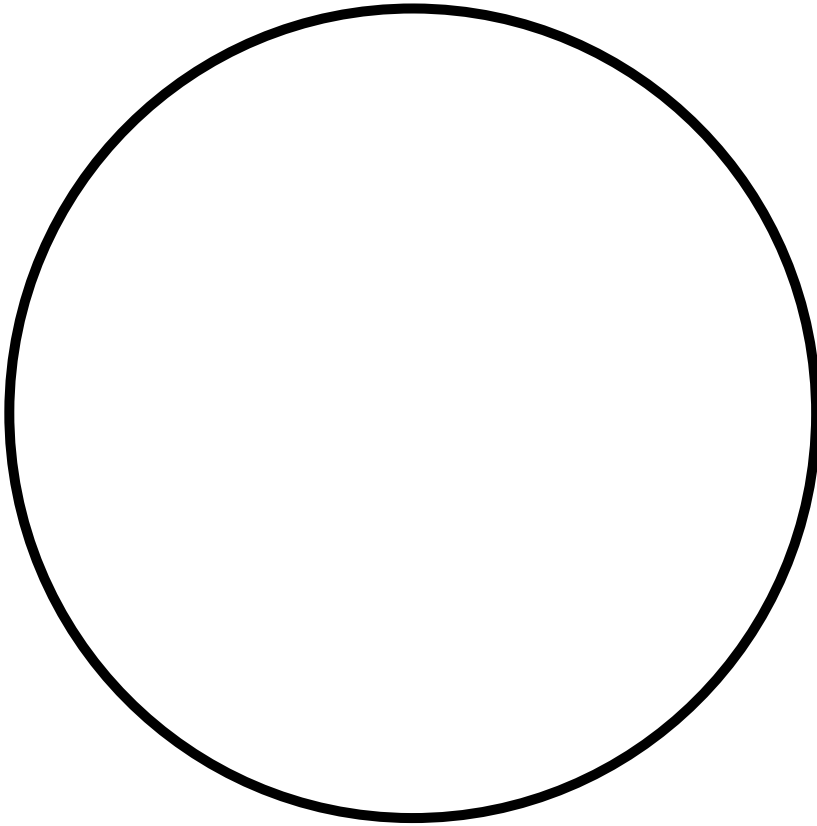
"WHAT TIME IS IT ON THIS CLOCK?" 0 1

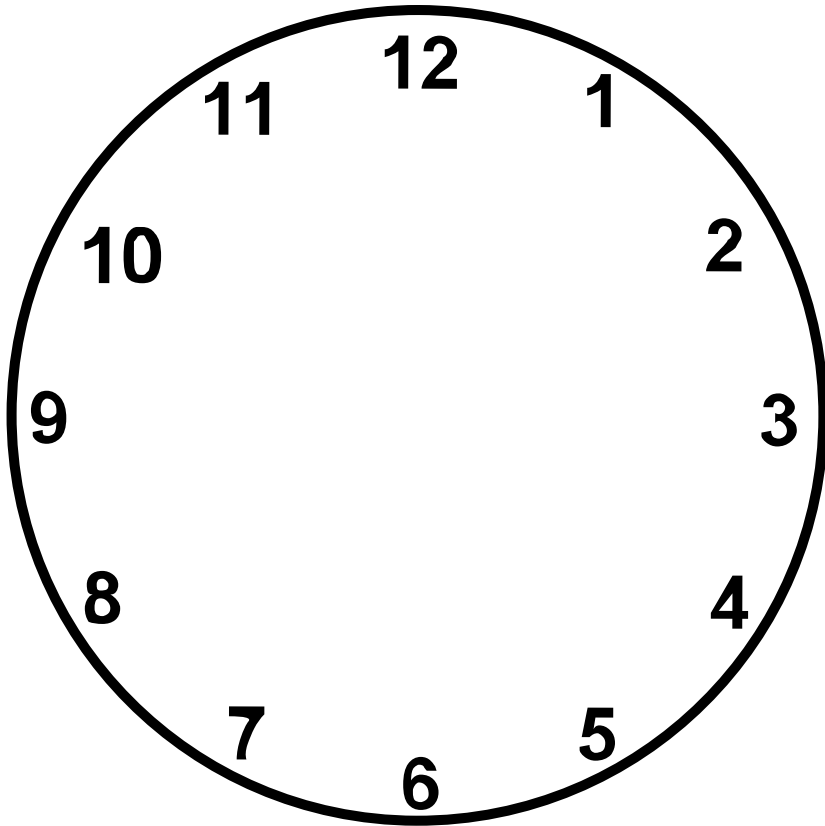
TOTAL ____/7

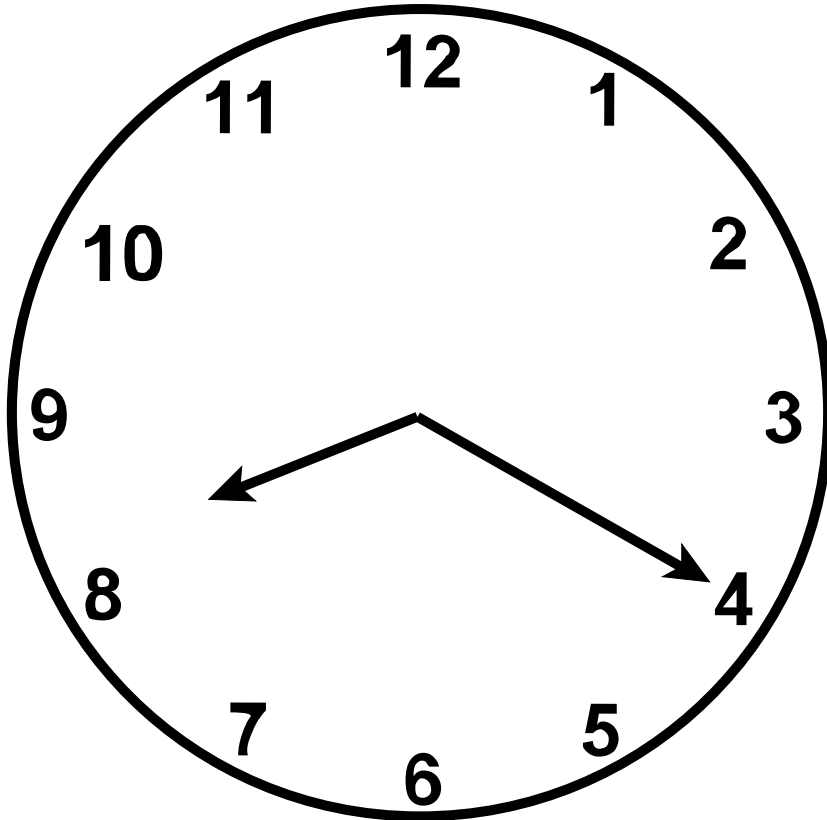












19. PERSEVERATION

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 $\frac{1}{2}$ 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

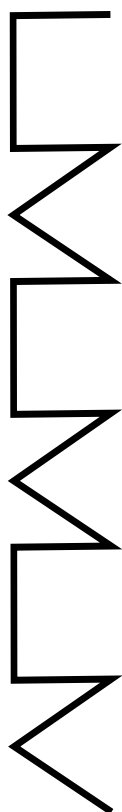
b) *Visual Pattern:* [sheet with pattern (page 33)]

"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



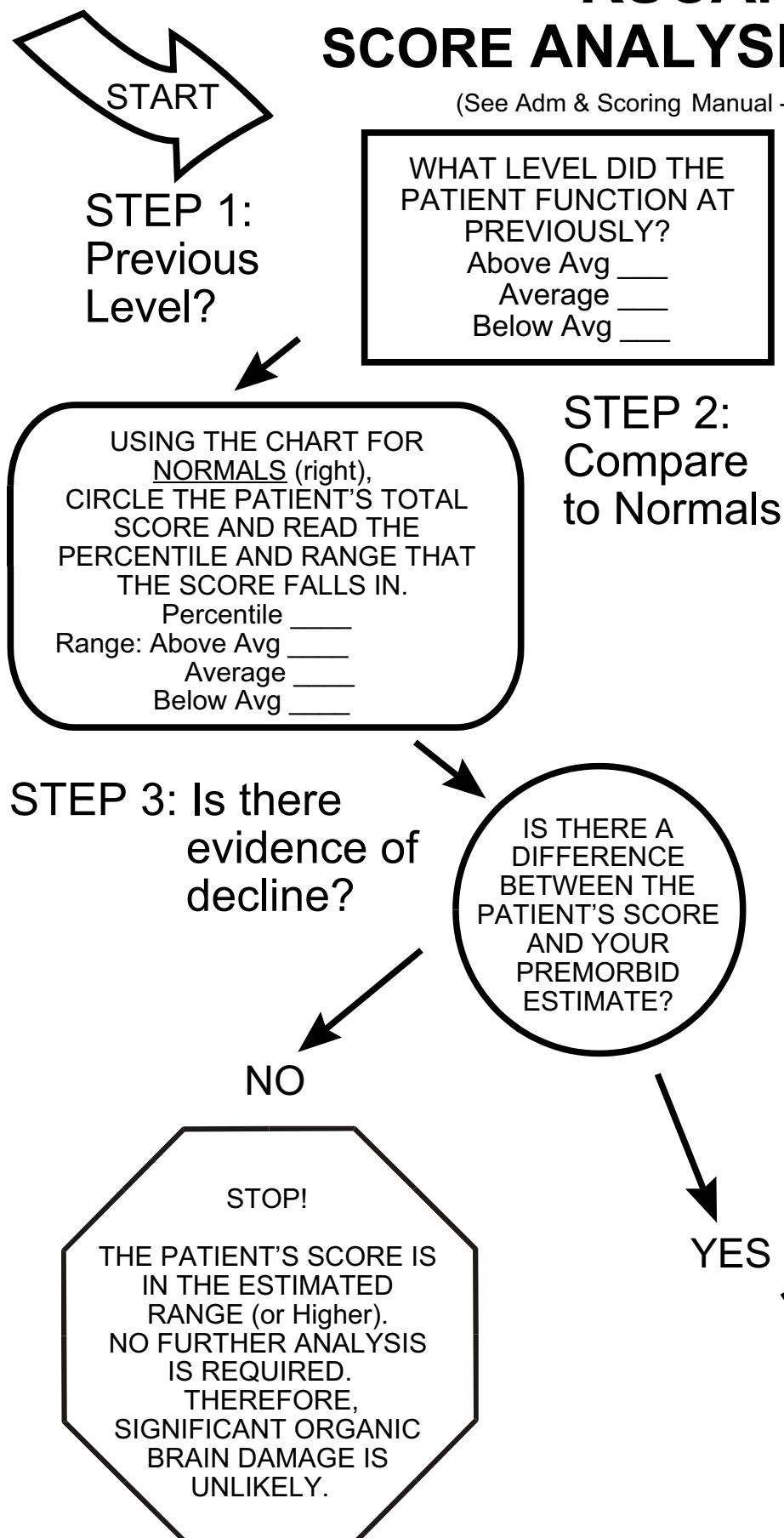
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SCORE ANALYSIS Page 1

(See Adm & Scoring Manual - Page 41)

NORMALS

TOTAL SCORE	PERCENTILES	RANGE
123	98	
118	95	↑
117	91	A
116	88	V
115	86	G
114	80	
113	75	A
112.5	68	V
112	61	E
111	54	R
110.5	50	A
110	44	G
109	32	E
108.5	26	
108	20	↓
107	14	A
106	12	V
105	5	G
104	2	



KSCAr SCORE ANALYSIS Page 2

DEMENTIA

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.

Percentile _____

Range: Mild _____
Moderate _____
Severe _____



GO TO
NEXT PAGE

TOTAL SCORE	PERCENTILES	RANGE
105	95	MILD
103	91	
102	88	
100	84	
98	78	MODERATE
96	73	
94	65	
93	61	
91	54	
89	50	
87	44	
85	39	
83	34	
82	30	
80	26	SEVERE
77	20	
74	11	
72	10	
68	8	
62	5	

KSCAr SCORE ANALYSIS Page 3

DEMENTIA

SUB-TOTAL SCORES

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



CIRCLE THE 3 SUB-TEST
SCORES ON THE CHART
TO THE RIGHT.
OBTAIN LEVELS AND
DESCRIPTIONS FOR EACH.

LANG	VIS-MOT	MEM
%ile _____	_____	_____
(Circle One)	(Circle One)	(Circle One)
Unimp*	Unimp*	-
Mild	Mild	Mild
Mod	Mod	Mod
Severe	Severe	Severe

* Unimpaired

Language			Visual-Motor			Memory		
Score	Percentiles	Range	Score	Percentiles	Range	Score	Percentiles	Range
39	95 ↑ ↓ 78	UNIMPAIRED	31	95 ↑ ↓ 86	UNIMPAIRED	38	98	MILD
						37	96	
						36	92	
						35	86	
						34	83	
38	75 ↑ ↓ 65	MILD	29	68	MILD	33	77	MODERATE
			28	66		32.5	75	
			27	62		32	68	
			26	59		31	64	
37	50 ↑ ↓ 42	MILD	25	50	MODERATE	30	60	MODERATE
			24	42		28	56	
			23	37		27	46	
			22	36		26	39	
35	36	MODERATE	21	29	MODERATE	25	26	MODERATE
			20	23		24	23	
34	30	MODERATE	19	15	SEVERE	22	15	SEVERE
			18	12		21	10	
33	23	MODERATE	17	9	SEVERE	20	7	SEVERE
			15	5		19	6	
32	15	MODERATE	12	3	SEVERE			SEVERE
31	8	MODERATE			SEVERE			SEVERE
30	7	SEVERE			SEVERE			SEVERE
28	5	SEVERE			SEVERE			SEVERE
24	2	SEVERE			SEVERE			SEVERE