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MarkVCID2 Evaluator's Instructions Manual for Clinical Assessments (Remote Administration)

Version 7.15.25
MarkVCID Consortium

By the MarkVCID Clinical & Cognitive Subcommittee (Deborah Blacker, MD, SCD, Chair, and Coordinating Center PI Steven M. Greenberg, MD, PhD).

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REMOTE ADMINISTRATION

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¹ The MarkVCID Telephone neuropsych battery does not include the Benton Complex Figure Test, written Trail Making Test, or MINT. MarkVCID instructions advise evaluators to administer the delayed recall Craft Stories subtest after the MINT to ensure the MarkVCID delay interval matches that of the NACC UDS 3.

If your site co-enrolls patients into the NACC, the UDS 3 Battery can be used for MarkVCID patients despite the test order differences since the delay interval matches that of the MarkVCID battery. Your site will need to add word list learning (HVL/SEVLT/CVLT) because this is not included in the UDS 3 battery.

Introduction to Remote Cognitive Assessment

Corresponds with NACC Form C2 and C2T Neuropsychological Battery Scores (UDS 3)

The current need for remote cognitive assessment

Conditions often arise when participants cannot meet face-to-face with staff for interviews or assessments. Failure to collect key data from participants in a timely fashion could severely compromise our research. Needed are alternative methods of data collection that yield valid information. The current COVID-19 pandemic has created an urgency to put in place new strategies, including telephone-based assessments. Telephone administration of cognitive tests and questionnaires is an approach that has been used successfully in other studies.

The modified version of the UDSSv3 cognitive battery is intended to support continued data collection in light of restrictions on in-person study visits during the COVID-19 pandemic by allowing two options for remote assessment; telephone- and video-based administrations. While the core UDSSv3 neuropsychological battery is largely preserved, measures that have visual stimuli, including the MoCA, Trail Making Test, and MINT are limited by remote administration. For telephone-based assessments, these measures have been removed and supplemented with the MoCA-Blind (omitting items from the top section of the MoCA including: trail making, cube copy, clock draw, and animal naming), the Oral Trail Making Test (Parts A & B), and the Verbal Naming Test. For video-based assessments, the MoCA-Blind and Oral Trail Making Test are added, although the visual stimuli for the MINT have been converted to an electronic format and administered using a screen-sharing feature. For participants who are still able to be evaluated in-person, the standard MarkVCID battery should continue to be followed. While not detailed here, the participant form of the CDR, along with proxy measures including the NACC Functional Assessment Scale (UDS Form B7) and CDR® can also be administered by telephone.

Advantages of remote testing:

- The participant can be tested in their own home or some other place convenient to them.
- Testing can be scheduled at the convenience of the participant, which may also improve data completeness.
- Remotely administered testing can be a cost-efficient method to reach a larger number of individuals.
- This assessment methodology can enable a study to reach a broader geographic representation of participants.
- Measurement error can be reduced in multi-site studies if the telephone batteries are administered centrally by a core of well-trained examiners, compared to training individual assessors at each site.
- Video-based assessments provide an additional benefit for establishing greater rapport, allowing participants who may be hard of hearing the opportunity to “read lips” for greater comprehension, and allow greater flexibility in administering tests with visual stimuli (MINT).

Limitations of remote testing

- Not all cognitive functions can be assessed. Psycho- and visuomotor tasks (e.g., Trail Making Test), as well as tasks requiring a visual stimulus (e.g., Multilingual Naming Test) cannot be administered by telephone. The MoCA-Blind, Oral Trail Making Test, and the Verbal Naming Test are now added to account for these removed measures. For video-based testing, the MINT is preferred to the Verbal Naming Test and stimuli are available in an electronic format for screen-sharing.
- Participants' hearing difficulties may present a problem. Also, different receiver devices (land lines, cell phones, computers) may introduce additional challenges, such as poor sound quality, desynchronized exchanges, and unreliable connections. Using the telephone or computer may be awkward for some participants due to physical limitations or fatigue.
- The quality of the interpersonal interaction between examiner and participant could also be poorer when using telephone testing.
- Some participants may rely on aids like clocks, calendars, notepads, or other persons. In order to lessen the likelihood that participants use these aids, they can be told that the tests have built in indicators of test and performance validity, and examiners have ways to monitor adherence to instructions.

While there are no perfect solutions to these potential limitations, there are steps one can take to mitigate their impact on the quality of the test data.

Recommendations for UDS v3.0 remote testing

Getting set up

- Use a telephone headset with built-in earphones and a microphone to remain hands-free for typing or writing. Voice clarity is better, too.
- Arrange a mutually agreeable time to conduct the testing with the participant, asking them to reserve 1 hour for the call.
- When you call the participant, please re-introduce yourself and remind them where you are calling from and the purpose of the call. Confirm their identity with name and date of birth.
- Make it clear to the participant at the very beginning of the call what you will do if the call or video is interrupted (typically, an immediate call-back by the examiner).
- For telephone-based assessments, work with the participant to determine the best way to use their phone during testing. Options might include holding it, using the speaker phone, or using earphones or ear buds with a built-in microphone. If the participant is hands-free, there is less risk of inadvertent disconnection by accidental pressing of cell phone buttons.
- For video-based assessments, guide the participant in setting up their video equipment by ensuring that they can see you on their screen, that the connection quality is sufficient to avoid any gaps or interruptions in streaming, and that their camera is positioned to capture their entire face. If the participant is using a tablet for their video connection, verify the following:
 - The screen size is at least 9.5" in diagonal to allow optimal resolution of visual stimuli (iPad minis are not recommended).
 - They are using a stand, or have the tablet securely propped up so that their hands are free and the camera is stable and well positioned.
 - Encourage the use of earbuds or headphones to avoid any echo or feedback.
- Instruct the participant to position themselves close to the microphone at all times. If you cannot hear them clearly, instruct the participant to speak directly into the microphone. You may need to remind them throughout the call.
- If applicable, for examiners who wish to record their session, using speaker phone is recommended so that both participant's and examiner's voices can be recorded.

Examiner's physical environment

- Examiner's environment should be quiet and free of distracting voices or sounds. This can be challenging. Posting signs on office doors that testing is under way and discussing noise-reduction strategies with officemates may be necessary.
- The examiner's space should be acoustically favorable. Large open rooms do not convey sound as well as closed-in areas.
- Have materials ready before testing to reduce extraneous noise and save time.
- Participants with dementia may benefit from having a proxy or care partner assist them with setting up the telephone or video call. After the participant and tester have successfully initiated the call, the care partner should be asked to leave the room.
- If a video visit is conducted, we recommend having the examiner briefly assess video quality by asking the participant to name common objects presented by the examiner (e.g., watch, pencil, paperclip) or identify the number of fingers presented on the examiner's hand.

Participant's Hearing

Assess participant's hearing with questions and then a hearing task. Below is a script:

"Before we begin, I have a few questions about your hearing to make sure you can hear me well enough over the telephone."

"Do you usually have trouble hearing over the phone?"

"Can you hear me well enough?"

"Do you use a hearing device?"

If YES ... **"Is it in place?"**

If NO ... **"Would you please put it on?"**

"Would you please repeat the following statement: 'I have a cat, so all I need is a dog.'"

Did participant correctly repeat statement?

If NO, then repeat the sentence: **"I have a cat, so all I need is a dog."**

Did participant correctly repeat sentence?

If YES, proceed with testing.

If NO, but you think from your interaction up to this point his/her poor hearing can be compensated for, proceed with the testing; however, speak as loudly and distinctly as possible.

If NO, and you think hearing will severely bias the cognitive test results, DO NOT continue with testing. Inform the participant that you will not be performing the testing:

“Thank you very much, Ms. / Mr. _____, but you may not be able to hear me well enough to complete the memory tasks over the telephone, so I will not continue at this time. On behalf of the MarkVCID study team, thank you for taking time to speak with me today.”

Participant’s Physical Environment

- Testing should be done with the participant alone in a room, although a proxy may initially be present in order to assist the participant with any technical difficulties encountered.
- If someone else is there you should ask that that person or the participant leave the space.
- If other people enter the participant’s space, you may have to temporarily interrupt testing to ensure that s/he gives the tasks their full attention.

Ask the participant to ensure that they are comfortable and if the testing environment is as free of distractions as possible, as in this script:

“Are you in a quiet place where you will not be disturbed for about minutes?”

“Do you have pets that need to be taken care of before we begin?”

If YES, allow the participant to take care of their pet(s) before beginning

“Other than the phone you are using, do you have a cell phone, TV, radio, or computer turned on in front of you?”

If YES ask, **“Can you to turn them off so they won’t distract you while we’re working together?”**

“Do you have anyone nearby?”

If YES ask, **“Can you please ask them to move to another room, as we don’t want you distracted during the interview.”**

“Do you need to use the bathroom or get a drink of water?”

If YES, allow the participant time to use the restroom or get a drink of water.

“These tasks should only be done in your head. Do you have any pencils, pens, or paper in front of you now?”

If YES state, **“I need you to remove them since we’ll only be using the phone to talk for these tasks.”**

“Do you have any calendars or newspapers in sight or a watch with a date feature?”

If YES state, **“I need you to put them out of sight for me.”**

IF APPLICABLE at your site, ask about permission to record:

“As part of this research study, your voice will be recorded using a digital recorder while performing some of the cognitive tests. This is to assure accuracy as we record your answers. You will not be able to inspect, review, or approve the content of the digital recordings. You may request the recording be stopped at any time, and you can withdraw your consent to use the digital recording before any information is transcribed. All recordings may be kept and stored indefinitely and may be analyzed for research purposes. May I record the interview?”

“Good, Mr. Ms. _____, I think we are ready to get started. Are you ready?”

Examiner voice clarity

- Speak a bit slower than you would face-to-face. The pace newscasters use is good. You need to give yourself time to say each word clearly and completely.
- Enunciate each word. Some sounds are not heard as clearly over the phone or are difficult to distinguish from different sounds. You may need to exaggerate a bit certain letters or syllables. Over time you may develop a list of very commonly misheard words and decide to give credit for them. Of course, the first action should be to speak more clearly and crisply.
- If you speak with an accent, you may need to adjust your speech for some words. You can practice with a person who does not speak your native tongue until you are ready. Whenever possible, use native speakers for the language of administration.

Ensuring data fidelity

- If your site permits audio-recording of the testing session, the recording can be used to check administration errors and scoring accuracy as well as in discussions among team members about specific responses.
- If interviewers are encouraged to discuss challenging situations with each other, then you can better decide as a team on any administration or scoring rule adjustments. For example, if a particular word on a word list learning task is repeatedly misunderstood, the team may decide to accept it if it is consistently reported by the participant incorrectly in the same way.
- Audio recordings of administrations can be used for periodic recertification of examiners.
- Inform the participant of your wish to record the interview and seek consent. Individual sites may need to modify this statement to match the language in their own informed consent documents.

Ensure uniformity in data collection and scoring

- This is essential for all portions of the interview. To this end:
- Administer all tests in the order in which they are presented. The sequence of tests is important.
- Provide all instructions to the participant verbatim, both sample and actual test instructions.
- If the participant did not hear you or asks for clarification, you may repeat the instructions verbatim.
- Be sure to gain and hold the subject's attention as items are administered.
- Do not assume that partial answers or misstatements are correct. When in doubt about the acceptability of a response, refer to the manual.

Avoid missing data. Every reasonable attempt should be made to administer all performance items and all tests. Note that if an item is administered and the correct response is not made, the response should be scored as an error.

Record the participant's responses on the test forms as they are given. Audio recording each full test administration is strongly encouraged. This allows for cross scoring, which should be done routinely as part of quality assurance. Never depend on your memory to record the participant's responses after the test session is over.

Validity of participant's responses.

At the end of testing, have the examiner record their impression of whether hearing or other factors significantly influenced test results. It can be difficult to judge sometimes, but knowing that such an influence may have been present is helpful in adjudication and data analysis. Here is an example:

How valid do you think the participant's responses are?

- 1) Very valid, probably accurate indication of participant's cognitive abilities.
- 2) Questionably valid, possibly inaccurate indication of participant's cognitive abilities.
- 3) Invalid, probably inaccurate indication of participant's cognitive abilities.

What makes this participant's responses less valid? (Select all that apply.)

- 1) Hearing impairment
- 2) Distractions
- 3) Interruptions
- 4) Lack of effort or disinterest
- 5) Fatigue
- 6) Emotional issues
- 7) Unapproved assistance
- 8) Other (SPECIFY):

Establishing rapport.

Establishing rapport is essential to the interview in general and the assessment of cognitive function in particular. The participants are volunteers who will typically have little experience with cognitive assessment procedures. Cognitive testing has the potential to be an uncomfortable or even threatening experience, particularly over the telephone, where they lack non-verbal cues from the examiner. This may be particularly relevant to older adults who have less familiarity with technology and may have physical challenges. The following considerations will help to establish and maintain rapport:

- Provide a brief orientation to the testing procedures at the beginning and answer any questions the participant may have. An introduction similar to this may be used: **"I am going to ask you to complete some memory and thinking tests. Some of the questions I ask you may be very easy and some of the questions are very hard. No one gets everything correct, I just want you to try the best you can on these tests. Do you have any questions?"**
- It is important to convey appreciation for the time and effort being volunteered. Remember that the participants are people (not sources of data) who are donating their time. The interviewer should convey respect for the participant, interest in the interview process, and sensitivity to the needs and concerns of the participant.
- The participant will respond to the interviewer's emotional state. If the interviewer seems anxious, unsure, or uninterested, the participant will often respond in kind. Therefore, it is critical that the examiner be thoroughly trained and confident about test administration. Participants will be most cooperative and at ease with an interviewer who is secure in his/her role and who has a firm command of test administration, delivering instructions in a fluent, clear, and practiced manner with proper inflections.
- Avoid subtle coaching or cheerleading. Your job is to administer each item as specified and obtain a response that can be scored. Do not provide either explicit or implicit verbal or non-verbal responses that could influence the participant's responses beyond what is permitted. For example, do not convey surprise, pleasure or disapproval to any answer. The examiner's role is to obtain honest, uninfluenced responses to the questions.
- You may offer generic phrases of encouragement during testing when needed (e.g., **"You're doing just fine. Some of these tests are very challenging and some are easier"**) but do not offer any information on the

correctness of a particular response. If participants ask how they are doing, explain that you are not permitted to give feedback. However, you should thank them for their effort and convey appreciation for participating in the study

- It may be more difficult to observe the participant for signs of strain or stress (e.g., becomes nervous, puts less effort into tasks, and starts making excuses) because you cannot observe them face-to-face; however, continue to help the participant relax with generic reassurances and encouragement (e.g., “These tasks are designed to be challenging. Just do the best you can”). If you continue to notice signs of stress or anything unusual during the testing (especially interruptions or technological issues), note this information.

Order of remote test administration.

The MarkVCID cognitive battery provides two options for remotely administering the neuropsychological assessment: video-based and telephone-based assessments. Each battery should be administered in the following order:

OPTION 1: Video-Based Administration:

1. MoCA-Blind
2. Verbal Fluency – F (F-Fluency administered as part of MoCA-Blind)
3. Craft Story 21 Recall – Immediate
4. List Learning
5. Number Span – Forward and Backward
6. Category Fluency – Animals and Vegetables
7. Oral Trail Making Test
8. Multilingual Naming Test (MiNT)
9. Craft Story 21 Recall – Delayed*

OPTION 2: Telephone-Based Administration:

1. MoCA-Blind
2. Verbal Fluency – F (F-Fluency administered as part of MoCA-Blind)
3. Craft Story 21 Recall – Immediate
4. List Learning
5. Number Span – Forward and Backward
6. Category Fluency – Animals and Vegetables
7. Oral Trail Making Test
8. Verbal Naming Test
9. Craft Story 21 Recall – Delayed*

***NOTE:** The anticipated delay time for the Craft Story 21 Delayed Recall should be recorded on the test form after completion of the Immediate Recall section. If the time since completing the Craft Immediate Recall section has exceeded 20 minutes and the naming task (MiNT or Verbal Naming Test) has not yet been started, skip this task to complete the Craft Story Delayed Recall, and then resume with the naming task after this has been completed.

MoCA-Blind Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

INSTRUCTIONS:

The Montreal Cognitive Assessment (MoCA) is a screening scale that evaluates the following cognitive domains: Visuospatial/executive, Language, Memory, Attention, Abstraction, Delayed recall, and Orientation. The MoCA is scored as the number of correctly completed items, with lower scores indicative of poorer performance and greater cognitive impairment. The MoCA-Blind is an adaptation of the full MoCA, removing the initial 6 items that rely on visual stimuli or graphomotor responses. Please review specific NOTES below with additional clarity/modifications of items for remote assessment.

Review the direction below and complete the worksheet. Compute the raw, uncorrected scores for the MoCA-Blind Total Score and all the sub-items, and enter those numbers in the spaces provided on the MarkVCID e-Case Report Form – MoCA-Blind section.

Source: All information on this test, including publications and norms and cut-off scores, appears on <http://www.mocatest.org>. © Ziad Nasreddine MD 2004. MoCA® is a registered trademark property of Neurosearch Développements Inc. and is used under license. Form created as part of the National Alzheimer's Coordinating Center Uniform Data Set, copyright 2013 University of Washington.

Blind MoCA (MONTREAL COGNITIVE ASSESSMENT) MarkVCID Sample Case Report Form with Coding	
Was any part of the Blind MoCA administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please provide the primary reason: <input type="checkbox"/> Physical problem <input type="checkbox"/> Verbal refusal <input type="checkbox"/> Cognitive/behavior problem <input type="checkbox"/> Other problem (specify): _____	
Date of Examination: ____ / ____ / ____ (MM/DD/YYYY)	
Language of test administration: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____	
KEY: If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes: 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	
7. Memory — Registration (two trials):	____ [0-10, 95-98]
8. Attention — Digits:	____ [0-2, 95-98]
9. Attention — Letter A:	____ [0-1, 95-98]
10. Attention — Serial 7s:	____ [0-3, 95-98]
11. Language — Repetition:	____ [0-2, 95-98]
12. Language — Fluency:	____ [0-1, 95-98]
13. Abstraction:	____ [0-2, 95-98]

14. Delayed recall — No cue:	___ ___ [0-5, 95-98]
(if not completed, enter reason code and skip to question 17)	
15. Delayed recall — Category cue:	___ ___ [0-5, 95-98]
16. Delayed recall — Recognition:	___ ___ [0-5, 95-98]
17. Orientation — Date:	___ ___ [0-1, 95-98]
18. Orientation — Month:	___ ___ [0-1, 95-98]
19. Orientation — Year:	___ ___ [0-1, 95-98]
20. Orientation — Day:	___ ___ [0-1, 95-98]
21. Orientation — Place:	___ ___ [0-1, 95-98]
22. Orientation — City:	___ ___ [0-1, 95-98]

MoCA-Blind Administration

Time to administer the MoCA-Blind is approximately 5-10 minutes. The examiner is permitted to repeat each item once, if asked. Note that scoring for F fluency has been expanded from the original MoCA criteria. Following are detailed instructions.

1. Memory

The examiner reads a list of five words at a rate of 1.5 to 2 words per second, speaking clearly and slowly. Provide the following instructions: **“This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn’t matter in what order you say them.”**

Mark a check in the allocated space for each word the subject produces on this first trial. When the subject indicates that he/she has finished (has recalled all words), or can recall no more words, read the list a second time with the following instructions: **“I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.”** Put a check in the allocated space for each word the subject recalls after the second trial.

At the end of the second trial, inform the subject that he/she will be asked to recall these words again by saying, **“I will ask you to recall those words again at the end of the test.”**

NOTE: Because some of the words on the word list may be easily misheard over a phone or video format (i.e., “face” was heard by participant as “vase” or “faith”), slight modifications to scoring are allowed. If the participant recalls the same misheard word on both of the initial (learning) presentations of the word list, write it down and count it as a correct response if that same word is provided again at the delay. If the participant recalls the same misheard word twice during the initial presentation of the word list, but then fails to recall it at the delay, proceed with the cuing options provided for the original word.

2. Attention

Forward Digit Span: Give the following instruction: **“I am going to say some numbers and when I am through, repeat them to me exactly as I said them.”** Read the five- number sequence at a rate of one digit per second.

Backward Digit Span: Give the following instruction: **“Now I am going to say some more numbers, but when I am through you must repeat them to me in the backwards order.”** Read the three-number sequence at a rate of one digit per second.

Vigilance (Telephone): The examiner reads the list of letters at a rate of one per second, after giving the following instruction: **“I am going to read a sequence of letters. Every time I say the letter A, knock on a hard surface. If I say a different letter, do not knock.”**

-OR-

Vigilance (Video): The examiner reads the list of letters at a rate of one per second, after giving the following instruction: **“I am going to read a sequence of letters. Every time I say the letter A, clap your hands once in front of your face so that I can see you. If I say a different letter, do not clap your hands.”**

NOTE: Administration of the Vigilance task is uniquely modified for telephone- and video-based assessments. For telephone-based administration, instruct the participant to **“knock on a hard surface”** for each time letter A is presented, instead of tapping their hand. For video-based administration, instruct the participant to **“clap with their hands in front of their face”** each time a letter A is presented. Regardless of assessment modality, have the participant engage in a practice response (i.e., clap or knock) prior to starting this task to ensure that their response can be registered by the examiner. For both video- and telephone-based administrations, it may be necessary to slow the pace of reading each letter to 1 every 2 seconds to account for delays in transmission.

Serial 7S: The examiner gives the following instruction: **“Now I will ask you to count by subtracting seven from 100, and then, keep subtracting seven from your answer until I tell you to stop.”** Give this instruction twice if necessary.

Sentence repetition

The examiner gives the following instructions: **“I am going to read you a sentence. Repeat it after me, exactly as I say it [pause]: I only know that John is the one to help today.”** Following the response, [SAY]: **“Now I am going to read you another sentence. Repeat it after me, exactly as I say it [pause]: The cat always hid under the couch when dogs were in the room.”** Space is also provided (MoCA notes page) to record responses.

3. Verbal fluency

The examiner gives the following instruction: **“Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? [Pause] Now, tell me as many words as you can think of that begin with the letter F. [Time for 60 sec]. Stop.”**

PROMPTS:

If the subject pauses for 15 seconds:

Say **“Keep going.” – or – “What other words beginning with “F” can you think of?”**

If the subject gives three consecutive words that do not start with the designated letter (provide this prompt only once):

Say **“We are now using the letter F.”**

If the participant has difficulty hearing the letter prompt, you can clarify with,

“We are now using the letter F, as in fox.”

NOTE: The verbal fluency response form immediately following the MoCA-Blind in the testing packet should be used to record ALL responses made by the participant, including repeated words and rule violations. While MoCA-Blind scoring is based only on the number correct, more detailed scoring is required for the Neuropsychological Battery Form.

4. Abstraction

The examiner asks the subject to explain what each pair of words has in common, starting with the example: **“Tell me how an orange and a banana are alike.”** If the subject answers in a concrete manner, then say only one additional time: **“Tell me another way in which those items are alike.”** If the subject does not give the appropriate response (fruit), say, **“Yes, and they are also both fruit.”** Do not give any additional instructions or clarification. After the practice trial, [SAY]: **“Now, tell me how a train and a bicycle are alike.”** Following the response, administer the second trial, saying: **“Now tell me how a ruler and a watch are alike.”** Do not give any additional instructions or prompts.

5. Delayed recall

The examiner gives the following instruction: **“I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember.”** Make a check mark (✓) for each of the words correctly recalled spontaneously without any cues, in the allocated space. If the subject fails to freely recall one or more, proceed to cueing, as indicated below.

Following the delayed free recall trial, prompt the subject with the semantic category cue provided below for any word not recalled. Make a check mark (✓) in the allocated space. If the subject does not recall the word after the category cue, give him/her a multiple choice trial. For example, if the word FACE was not freely recalled with the category cue, ask, **“Which of the following words do you think it was, NOSE, FACE, or HAND?”** Use the following category and/or multiple-choice cues for each word, when appropriate:

	Category cue	Multiple choice
FACE	part of the body	nose, face, hand
VELVET	type of fabric	denim, cotton, velvet
CHURCH	type of building	church, school, hospital
DAISY	type of flower	rose, daisy, tulip
RED	a color	red, blue, green

NOTE: See additional instructions for item 1 above. If the participant recalls the same misheard word on both of the initial (learning) presentations of the word list, write it down and count it as a correct response if that same word is provided again at the delay. If the participant recalls the same misheard word twice during the initial presentation of the word list, but then fails to recall it at the delay, proceed with the cuing options provided for the original word.

6. Orientation

The examiner gives the following instructions: **“Tell me the date today.”** If the subject does not give a complete answer, then prompt accordingly by saying: **“Tell me the [year, month, exact date, and day of the week].”** Then [SAY]: **“Now, tell me the name of the clinic/institution that I am calling you from. What is the city in which our clinic/institution is located?”**

NOTE: Orientation to place is modified for remote administration of the MoCA-Blind as suggested on the MoCA website (see <https://www.mocatest.org/remote-moca-testing/>). Instead of asking the participant to state their current location (which is unable to be verified by the examiner), the participant is instead asked to state the name of the institution that the examiner is calling from, and the city in which it is located. Thus, it is important to clearly state these facts during your introduction to the testing session, as indicated in the script.

ADDITIONAL INSTRUCTIONS FOR ADMINISTERING THE MoCA-Blind

- The MoCA-Blind need not be administered by the clinician who is administering the rest of the battery, and it need not be administered in the same session as the other tests (it can be administered one to seven days before the rest of the battery).
- Make sure to record all F-fluency words on the F-fluency response form provided in the testing packet immediately following the MoCA-Blind form. Additional scoring criteria are specified and requires entering these supplemental scores into the Verbal Fluency section within the *Neuropsychological Battery Form items #6a-d*. Refer to scoring rules on page 12 of this manual for additional instructions.
- Be sure to clearly state the institution you are calling from (and the city of it's location) prior to administering the MoCA-Blind. For remote administration of the orientation item, the “place” and “city” prompts are modified to reflect the institution and location that the examiner is calling from.

SCORING – MoCA-Blind

If any of the individual items cannot be administered, enter the appropriate reason code (95 – 98) from the key.

1. Memory

Count the number of correct immediate recall responses for both trials and *enter the score for “Memory — Registration (two trials)” in MarkVCID e-Case Report Form Blind MoCA - Question #7*. Note that this score does not contribute towards the MoCA Total Score. Because some of the words on the word list may be easily misheard over a phone or video format (i.e., “face” was heard by participant as “vase” or “faith”), slight modifications to scoring are allowed. If the participant recalls the same misheard word on both of the initial (learning) presentations of the word list, write it down and count it as a correct response

2. Attention

Forward Digit Span, Backward Digit Span: Allocate one point for each sequence correctly repeated. (N.B.: the correct response for the backwards trial is 2 – 4 – 7.) *Enter the score for “Attention — Digits” in MarkVCID e-Case Report Form Blind MoCA - Question #8*.

Vigilance: Give one point if there is zero to one errors (an error is a knock/clap on a wrong letter or a failure to knock/clap on letter A). *Enter the score for “Attention — Letter A” in MarkVCID e-Case Report Form Blind MoCA - Question #9*.

Serial 7s: This item is scored out of 3 points. Give no (0) points for no correct subtractions, 1 point for one correction subtraction, 2 points for two to three correct subtractions, and 3 points if the subject successfully makes four or five correct subtractions. Count each correct subtraction of 7 beginning at 100. Each subtraction is evaluated independently; that is, if the subject responds with an incorrect number but continues to correctly subtract 7 from it, give a point for each correct subtraction. For example, a subject may respond “92 – 85 – 78 – 71 – 64” where the “92” is incorrect, but all subsequent numbers are subtracted correctly. This is one error and the item would be given a score of 3. *Enter the score for “Attention — Serial 7s” in MarkVCID e-Case Report Form Blind MoCA - Question #10*.

3. Sentence repetition

Allocate 1 point for each sentence correctly repeated. Repetition must be exact. Be alert for errors that are omissions (e.g., omitting “only,” “always”) and substitutions/additions (e.g., “John is the one who helped today;” substituting “hides” for “hid,” altering plurals, etc.). *Enter the score for “Language — Repetition” in MarkVCID e-Case Report Form Blind MoCA - Question #11*.

4. Verbal fluency

Enter the score in e-Case Report Form Blind MoCA - #12 (item combined with #6 Neuropsychological Battery Form)

Correct responses

Any word that begins with the specified letter, can be found in a dictionary, is not a proper noun or a number, and is not a repetition within that trial, should be scored as a correct response.

Although scoring of most responses is straightforward, many responses are ambiguous.

For example, “frank” can refer to a man’s name, a food item, or an adjective. The scoring principle with these sorts of responses is to give the benefit of the doubt and score the item as correct for the first instance of the response in a trial. In some instances, the context in which the response is given can provide clues as to the subject’s meaning. For example, the sound “fôr” is ambiguous, and could be a preposition (for), golf term (fore), or number (four). If the word is given along with other numbers (e.g., “four, five”), the response can be interpreted as a number and be scored as a rule violation. If the response is at all ambiguous, however, apply the general principle of giving the benefit of the doubt. If a person self-corrects a rule violation or repetition during the trial, the response should not be counted as an error.

Other types of responses that should be scored as correct include:

- Contractions
- Compound words or conjoined words that convey a single meaning (e.g., ferris wheel)
- Slang words if they can be found in a dictionary
- Proper nouns that are not the names of people or places (e.g., days of the week, months of the year, brand names)

For the Blind MoCA, you only need to keep track of correct responses, but please keep track of

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding	
6. Verbal Fluency – Phonemic Tests (words beginning with F):	
a) If test not completed, enter reason code and skip to question 7a:	_____ [95-98]
b) Number of correct F-words generated in 1 minute:	_____ [0-40]
c) Number of F-words repeated in 1 minute:	_____ [0-15]
d) Number of non-F-words and rule violation errors in 1 minute:	_____ [0-15]

repetitions and errors/rule violations for the more detailed scoring required for the Neuropsychological Battery Form, as described below.

MoCA Item Scoring:

Allocate one point if the subject generates 11 correct words or more in 60 sec, otherwise score is zero.

Enter the score for “12. Language — Fluency” on the MarkVCID e-Case Report Form Blind MoCA.

Additional Scoring: Neuropsychological Battery Form:

Enter the total number of correct F-words generated on the Neuropsychological Battery Form item “6b. Verbal Fluency – Phonemic Tests (Number of correct F-words generated in 1 minute)”.

Repetitions

Any response that is repeated verbatim within the 60-second trial should be scored as a repetition.

If a repeated word has more than one meaning (e.g., “still” can be an adjective and a noun) or is a homophone (e.g., “flue” and “flew”), score the second response as a repetition error unless the subject explicitly or implicitly (e.g., with intonation or gesture) indicates that the second response has a different meaning or spelling, or if the context strongly suggests that it is a different word. For example, for the string of responses “felt, feeling, fresh, fabric, felt,” the second occurrence of “felt” can be scored as correct since the context implies a different meaning than the first occurrence of “felt.”

Grammatical variants should be scored as rule violations, not repetitions (see below).

Enter the number of repetitions on the Neuropsychological Battery Form item “6c. Verbal Fluency – Phonemic Tests (Number of F-words repeated in 1 minute)”.

Rule violations

Any response that reflects a deviation from the rules provided to the subject should be scored as a rule violation. Several types of responses are potentially rule violations and include:

- Words beginning with letters other than the designated letter. This includes words that have the same initial sound but begin with a different letter (e.g., “phone” for F-words).
- Non-words
- Proper nouns that are names of people or places
- Numbers
- Grammatical variants of a previous response. These include words that are exactly the same as a previous response but with a different ending that represents a plural, altered tense, or other grammatical variant (e.g., present participle; comparatives). It is important to note that the examples in the instructions only explicitly prohibit plurals (e.g., bake, bakes), alteration in tense (bake, baking), and comparatives (big, bigger), and thus only these types of variants should be scored as rule violations.

Responses that are at all ambiguous should not be scored as rule violations. This particularly applies to responses that use the same root word as a previous response, but the addition is not a plural or change in tense. For example, give credit for “bakery,” even if “bake” was a previous response. Repeated rule violations count as repetitions, not rule violations. *Enter the number of rule violation errors on the Neuropsychological Battery Form item “6d. Verbal Fluency – Phonemic Tests (Number of non-F-words and rule violation errors in 1 minute)”.*

5. Abstraction

Only the last two item pairs are scored. Give 1 point to each item pair correctly answered.

The following responses are acceptable:

Train – bicycle: means of transportation, means of traveling, you take trips in both

Ruler – watch: measuring instruments, used to measure

The following responses are not acceptable:

Train – bicycle: they have wheels

Ruler – watch: they have numbers

Enter the number correctly answered for “Abstraction” in MarkVCID e-Case Report Form Blind MoCA - Question #13.

6. Delayed recall

Allocate 1 point for each word recalled freely without any cues. Because some of the words on the word list may be easily misheard over a phone or video format (i.e., “face” was heard by participant as “vase” or “faith”), slight modifications to scoring are allowed. If the participant recalls the same misheard word on both of the initial (learning) presentations of the word list, write it down and count it as a correct response if that same word is provided again at the delay. If the participant recalls the same misheard word twice during the initial presentation of the word list, but then fails to recall it at the delay, proceed with the cuing options provided for the original word.

Scoring this section for the MoCA Total Score: No points are allocated for words recalled with a cue. A cue is used for clinical information purposes only and can give the test interpreter additional information about the type of memory disorder. For memory deficits due to retrieval failures, performance can be improved with a cue. For memory deficits due to encoding failures, performance does not improve with a cue.

Enter the number of words recalled without a cue for “Delayed recall — No cue” in MarkVCID e-Case Report Form Blind MoCA - Question #14.

Scoring for cued recall

If a category cue was given, enter the number of words recalled following a category cue; otherwise, select the ‘Not Done’ checkbox for “Delayed recall — Category cue” in MarkVCID e-Case Report Form Blind MoCA - Question #15.

If a multiple choice cue was given, enter the number of words recalled following a multiple choice cue; otherwise, select the ‘Not Done’ checkbox for “Delayed recall — Recognition” in MarkVCID e-Case Report Form Blind MoCA - Question #16.

The total possible words recalled and entered in Questions #14, 15, 16 should be 5 or less. If a subject remembers all five words on the MoCA delayed recall without cueing (i.e., uncued), enter 5 total correct for Question #14; in this case, the ‘Not Done’ checkbox for the number correct with a category cue and recognition cue (#15 and 16) should be selected because they were not administered.

If a subject does not remember all five words uncued, record the number correct uncued for Question #14, then provide the category cue for the words that were not recalled without a cue, and enter the number correct with the category cue (if any) for Question #15.

If the subject did not recall all the words presented with category cue, administer those not recalled using the recognition cue and enter the total correct with the recognition cue (if any) for Question #16.

7. Orientation

For the MoCA-Blind orientation score, give one point for each item correctly answered. The subject must tell the exact date and the name of the clinic/institution the examiner is calling from, as well as the exact city in which it is located. Note that it is important to state this information clearly in the introduction to the testing session. No points are allocated if subject makes an error of one day for the day and date. *For each item, enter 1 if correct or 0 if incorrect for Orientation in MarkVCID e-Case Report Form Blind MoCA - Question #17-22.*

TOTAL SCORE – MoCA-Blind:

The MarkVCID e-Case Report Form will auto-calculate the sum of all subscores listed on the right-hand side of the MoCA-Blind worksheet. The maximum score is 22 points. It is suggested (although not validated) that a final total score of 18 and above is considered normal.

REMOTE NEUROPSYCHOLOGICAL TESTING BATTERY²

MarkVCID Sample Case Report Form with Coding

Administration of the remaining battery: It is intended that the tests be administered in the order in which they appear even if they were previously administered at a recent clinic screening. This is necessary to standardize among centers the delay intervals for testing memory, and to eliminate any differences due to the order of test administration. It is therefore required that the remaining battery be administered in its entirety either before or after the administration of other tests commonly used by the sites.

Was any part of the Neuropsychological Testing Battery administered?

☐ No ☐ Yes

If No, please provide the primary reason: ☐ Physical problem ☐ Verbal refusal

☐ Cognitive/behavior problem ☐ Other problem (specify): _____

Date of Examination: ____ / ____ / ____ (MM/DD/YYYY)

Language of test administration:

☐ English ☐ Spanish

☐ Other (specify): _____

² The MarkVCID neuropsych battery does not include the Benton Complex Figure Test. MarkVCID instructions advise evaluators to administer the delayed recall Craft Stories subtest after the MINT to ensure the MarkVCID delay interval matches that of the NACC UDS 3.

If your site co-enrolls patients into the NACC, the UDS 3 Battery can be used for MarkVCID patients despite the test order differences since the delay interval matches that of the MarkVCID battery. Your site will need to add word list learning (HVL/SEVLT/CVLT) because this is not included in the UDS 3 battery.

Craft Story 21 Recall (Immediate) Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

This test assesses the ability to recall a short story. The examiner reads the story to the subject in a clear voice. Immediately after hearing the story, the subject is asked to retell the story from memory. The story should be read with adequate volume and clarity for the subject to understand during the presentation. No repetitions are permitted.

It is important for the examiner to get a sense of the subject's hearing acuity and modulate her/his voice accordingly. Please note that for the hard of hearing, it is not necessarily helpful merely to increase the volume. A change in pitch tends to be effective, with a lower-pitched voice more audible than a loud, high-pitched voice. As with all neuropsychological testing, it is best if the examiner projects his/her voice at the subject, rather than down toward a clipboard.

ADMINISTRATION – Craft Story (Immediate)

Making sure you have the subject's attention, read the following instructions aloud. Then read the story slowly, articulating clearly and with normal inflection.

[SAY]: **"I am going to read you a story. Listen carefully, and when I am through, I want you to tell me everything you can remember. Try to use the same words I use but you may also use your own words. The story is ..."**

[Read the story slowly and clearly].

As soon as the story is over, give the recall instruction:

[SAY]: **"Now tell me the story I just told you. Try to remember as much as you can."**

Record the subject's recall, writing between the lines of the story. For rapid and accurate transcribing of the story, use abbreviations as needed, omit filler words and irrelevant verbiage, and if absolutely necessary, say **"A little slower, please,"** rather than miss story elements. Make sure your transcription of the story is legible before proceeding.

Your transcriptions should be an exact replica of the subject's verbal responses. Write legibly, in ink, and leave room between each line for scoring. If it is difficult to write the subject's response, the examiner may prefer to tape-record the subject's response and then transcribe the results after the session; this is acceptable if appropriate consent has been obtained.

After the subject tells the story, you must give the delayed recall cue.

[SAY]: **"Later on, I will ask you to tell me this story again, so try not to forget it."** Note the time so that later you can calculate the time that has elapsed between Craft Story 21 Recall (Immediate) test and the Craft Story 21 Recall (Delayed) test.

Craft S, Newcomer J, Kanne S, Dagogo-Jack S, Cryer P, Sheline Y, Luby J, Dagogo-Jack A, Alderson A. Memory improvement following induced hyperinsulinemia in Alzheimer's disease. *Neurobiol Aging*. 1996 Jan-Feb;17(1):123-30. Reproduced by permission of the author, Suzanne Craft, PhD. Do not copy or distribute without author's permission. Form created as part of the Uniform Data Set of the National Alzheimer's Coordinating Center, copyright ©2013 University of Washington.

SCORING – Craft Story (Immediate)

MarkVCID Sample Case Report Form with Coding			
KEY: If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes: 94 = Test not administered as part of battery at this session (where applicable) 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal			
1. Craft Story 21 Recall (Immediate):			
a) If test not completed, enter reason code and skip to question 2a:	_____	_____	[95-98]
b) Total story units recalled, verbatim scoring:	_____	_____	[0-44]
c) Total story units recalled, paraphrase scoring:	_____	_____	[0-25]
Method of Administration:	<input type="checkbox"/> In-person	<input type="checkbox"/> Video	<input type="checkbox"/> Phone

A.

GENERAL INSTRUCTIONS

Scoring can be deferred until after the entire battery is administered but should be performed close to the completion time. Use the score sheets to score the transcription. One sheet is for verbatim scoring and the second is for paraphrase scoring.

The verbatim score is independent of the paraphrase score. Treat each scoring effort separately: they are not additive. Score the story first for verbatim recall and then score it for paraphrase recall.

For verbatim scoring, the story is divided into 44 “bits.” All bits contain one “content” word, which is scored. Some bits also contain “non-content” words, which are not considered in scoring. Each bit is demarcated by a slash (/) at the beginning and at the end of the bit (e.g., /Barry/) on the score form.

For the paraphrase scoring, there are 25 bits of information to score.

Separately sum verbatim and paraphrase points earned for each story, for both the immediate and delayed recall conditions. Record all sums, in the appropriate boxes, on the summary scoring sheet.

B. DEFINITIONS

1. Content words: nouns, adjectives, adverbs, verbs, pronouns, prepositions with semantic load. These are considered during the scoring process.
2. Non-Content Words: conjunctions, articles, helping verbs, prepositions without semantic load. These are not considered during the scoring process.

VERBATIM SCORING

Perfect Verbatim Response (1.0 point): Give the subject 1 point for every bit for which content words are recalled exactly and completely. Allowances can be made for variations of verbs (e.g., “likes” for “liked,” “join” for “joining”) and minor omissions (e.g., “neighbor” for “neighbor’s”) or changes in number (e.g., “games” for “game”). The content words do not need to be recalled by the subject in the same order they were read to receive credit. The words can appear anywhere in the recall.

Enter the verbatim score in MarkVCID e-Case Report Form Neuropsychological Battery Question #1B. If the test was not completed, enter the appropriate reason code, 95 – 98, and leave the paraphrase score blank.

PARAPHRASE SCORING

Paraphrase Response (1.0 point): Give a point for a response that captures the elements of the story although not necessarily with the exact words (see table). If the subject provides a bit verbatim (e.g., the name), you should give a point for that bit.

Enter the paraphrase score in MarkVCID e-Case Report Form Neuropsychological Battery Question #1C.

Number Span Test (Forward & Backward) Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

This is a test of working memory, and it taps two different working memory constructs. The first, Forward Number Span, measures the capacity for holding information very briefly for repeating it exactly. The second, Backward Number Span, measures the ability not only to hold the information but also to manipulate the numbers and reverse the sequence. This test is also referred to as Digit Span.

Numbers for both forward and backward span tests are presented, with sequences ranging from 2 to 9 numbers. Two trials are administered at each sequence length. There are two scores: total number of correct trials; longest sequence repeated correctly prior to failing two consecutive trials of the same length.

ADMINISTRATION – Number Span Test

Forward Number Span

[SAY]: **“I am going to ask you to repeat some numbers for me. Wait until I finish saying the numbers and then repeat them in the same order. For example, if I say 1 – 8 – 7, you would say 1 – 8 – 7. If I say 2 – 9 – 8, what would you say?”** If the subject gives the wrong answer, say, **“Actually, you would say 2 – 9 – 8.”**

[SAY]: **“Repeat only the numbers I say each time.”** Then start with the test items. Before each item, say, **“Ready?”**

Administer the items in the order indicated on the test form. Write the subject's response on the answer sheet. Continue testing until two number strings at the same length are failed. Record total number of trials correct and longest number sequence repeated correctly prior to the two failed trials.

Backward Number Span

[SAY]: **“I am now going to ask you to repeat some numbers for me but to reverse them from the way I say them. Wait until I finish saying the numbers and then repeat them in reverse order, or backward. For example, if I say 3 – 7 – 4, you would say 4 – 7 – 3. If I say 7 – 3 – 6, what would you say?”** If the subject gives the wrong answer, say, **“Actually, you would say 6 – 3 – 7.”**

[SAY]: **“Repeat only the numbers I say each time, backward, in reverse order.”** Then start with the test items. Before each item, say, **“Ready?”**

Stop testing after two consecutive failures of the same span length. Administer the items in the order indicated on the test form. Write the subject's response on the answer sheet. Continue testing until two number strings at the same length are failed. Record total number of trials correct and longest number sequence repeated correctly prior to the two failed trials.

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SCORING – Number Span Test

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding			
3. Number Span Test — Forward:			
a) If test not completed, enter reason code and skip to question 4a:	_____	_____	[95-98]
b) Number of correct trials:	_____	_____	[0-14]
c) Longest span forward:	_____	_____	[0, 3-9]
Method of Administration:	<input type="checkbox"/> In-person	<input type="checkbox"/> Video	<input type="checkbox"/> Phone

4. Number Span Test — Backward:			
a) If test not completed, enter reason code and skip to question 5a:	_____	_____	[95-98]
b) Number of correct trials:	_____	_____	[0-14]
c) Longest span backward:	_____	_____	[0, 2-8]

Number Span Test Forward: After completing the worksheet, calculate the number of total correct trials and the length of the longest number sequence repeated correctly prior to the two failed trials.

Enter the total number of correct trials MarkVCID e-Case Report Form Neuropsychological Battery Question #3b.

Enter the longest span length for MarkVCID e-Case Report Form Neuropsychological Battery Question #3c.

If the test was not completed, enter the appropriate reason code, 95 – 98, for MarkVCID e-Case Report Form Neuropsychological Battery Question #3a.

Number Span Test Backward: After completing the worksheet, calculate the number of total correct trials and the length of the longest number sequence repeated correctly prior to the two failed trials.

Enter the total number of correct trials MarkVCID e-Case Report Form Neuropsychological Battery Question #4b.

Enter the longest span length for MarkVCID e-Case Report Form Neuropsychological Battery Question #4c.

If the test was not completed, enter the appropriate reason code, 95 – 98, for MarkVCID e-Case Report Form Neuropsychological Battery Question #4a.

Category Fluency Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

This is a widely-used measure of semantic memory (verbal fluency, language). The subject is asked to name exemplars of a given semantic category, and the number of unique exemplars named is scored.

ADMINISTRATION – Category Fluency

Read the initial instruction:

[SAY]: **“I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say ‘articles of clothing’, you could say ‘shirt’, ‘tie’, or ‘hat’. Can you think of other articles of clothing?”**

Allow up to 20 seconds for the subject to produce two responses. Circle the number corresponding to the subject’s responses, and read the associated instruction.

Response Code		Instruction
0	(No response)	“You could have said ‘shoes’ or ‘coat’ since they are articles of clothing.”
1	(One or more incorrect responses, no correct response)	“No, ____ is (are) not an article(s) of clothing. You could have said ‘shoes’ or ‘coat’ since they are articles of clothing.”
2	(One or more correct response, no incorrect responses)	“That’s right. You also could have said ‘shoes’ or ‘coat’.”
3	(One or more correct responses, one or more incorrect responses)	“____ is (are) correct, but ____ is (are) not an article of clothing. You also could have said ‘shoes’ or ‘coat’.”
4	(Two or more correct responses)	“That’s right.”

Next, read the instructions for the Animals category:

[SAY]: **“Now I want you to name things that belong to another category: Animals. You will have one minute. I want you to tell me all the animals you can think of in one minute. Ready? Begin.”**

Start timer as you say “Begin.” Write actual responses as legibly as possible on the Worksheet for Category Fluency — Animals. Stop the procedure at 60 seconds. One prompt (“**Tell me all the animals you can think of**”) is permitted if the subject makes no response for 15 seconds or expresses incapacity (e.g., “I can’t think of any more.”). It is also permissible to repeat the instruction or category if the subject specifically requests it. Do not cue the subject about including more than mammals. However, if the subject inquires prior to initiating the response or asks during the test, the examiner is permitted to say “yes.”

The procedure is adapted from CERAD administration and scoring procedures for Verbal Fluency (Morris et al., 1989).

SCORING - Category Fluency

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding			
5. Category Fluency – Animals:			
a) If test not completed, enter reason code and skip to question 6a:	_____	_____	[95-98]
b) Total number of animals named in 60 seconds:	_____	_____	[0-77]
Method of Administration:	<input type="checkbox"/> In-person	<input type="checkbox"/> Video	<input type="checkbox"/> Phone

Defer scoring until after all test administration is finished.

The Animal Total score on the *Worksheet for Category Fluency — Animals* is the number of correct unique animal names produced within the one-minute time limit.

- CREDIT: Breeds (e.g., terriers); male, female, and infant names of a species (e.g., bull, cow, calf); both superordinate and subordinate examples of a species (e.g., both dog and terrier are credited); birds; fish; reptiles, insects.
- DO NOT CREDIT: Repetitions, mythical animals.

If the test could not be completed, enter the appropriate reason code, 95 – 98 in MarkVCID e-Case Report Form Neuropsychological Battery Question #5a. Enter the total number of correct animals in MarkVCID e-Case Report Form Neuropsychological Battery Question #5b.

Oral Trail Making Test Parts A & B Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

Brief measure assessing mental sequencing and switching.

Source: Ricker JH, Axelrod BN, Houtler BD. Clinical validation of the oral trail making test. *Neuropsychiatry Neuropsychology and Behavioral Neurology*. 1996;9(1):50-53.

For normative data, please see: Strauss, E., Sherman, E. M. S., & Spreen, O. (2006). *A compendium of neuropsychological tests: Administration, norms, and commentary* (3rd ed.). Oxford University Press.

ADMINISTRATION – Oral Trail Making Test Parts A & B

Part A

SAY: **“Ok, here is something a little different. I’d like you to count from 1 to 25 as quickly as you can. 1, 2, 3, 4, and so on. Ready? Begin.”**

[Administer Part A Test Item]

Start timing as soon as you say “Begin.” If a mistake is made, stop the participant and have them continue the series from the last correct number by saying: **“[specific number] was the last correct number, please continue from there.”** Do not stop timing during corrections.

If the participant stops for 5 seconds or more before completing you may prompt with **“Please keep going.”** If the participant does not recall where they are, provide the last correct response (e.g., **“‘14’ was the last correct number, please continue from there.”**) and score as an error. After a further delay of 15 seconds or more, discontinue. Allow a maximum of 100 seconds for the test. If the participant does not finish by 100 seconds, record the time to completion as 100.

Record the time in seconds to complete the series, including the time to offer corrections. Be sure to write down where errors occurred, you will record the total number of errors as well. If the participant refused to try the practice, record the time as “REFUSAL”.

Part B

Say: **“Now I’d like you to switch between numbers and letters when you count. So you would say the number 1, and then say the letter A, then number 2, then letter B and so on. Let’s do a practice trial first. Count to the number 4, switching between numbers and letters. Ready? Begin.”**

[Administer Part B Practice Items]

If participant makes a mistake, say **“No, that was incorrect, it should be 1, A, 2, B, 3, C, 4.”** Allow participant to practice up to 3 attempts. Repeat instructions with guidance twice. If participant still does not understand, discontinue Part B and go on to the next task. Record the time to completion as “300” and enter the appropriate reason code (95-98) from the key, and leave the total number of errors and correct responses blank.

If participant is able to complete the practice say: **“Now I want you to switch between numbers and letters when you count 1, A, 2, B, 3, C, and so on until you reach the number 13. Ready, Begin.”**

[Administer Part B Test Item]

Start timing as soon as you say “Begin”. Correct mistakes immediately by stopping participant and reorienting them to the last correct by saying: **“You last said ‘[specific number] [specific letter], please continue from there.”** Do not stop timing during corrections. If the participant stops for 5 seconds or more before completing, you may prompt with **“Please keep going”**. If the participant does not recall where they are, provide the last correct response and score as an error. You can remind the participant **“Number-Letter”** to keep them on task. After a further delay of 15 seconds or more, discontinue and enter the appropriate reason code (95-98) from the key and leave the total number of errors and correct

responses blank. Allow a maximum of 300 seconds to complete the test. If the participant is not finished by 300 seconds, score as 300 with total correct and errors recorded.

Record the time in seconds to complete the series, including the time to offer corrections. Be sure to write down where errors occur, you will record the total number of errors as well.

SCORING – Oral Trail Making Test Parts A & B

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding			
12. Oral Trail Making Test A:			
a) If test not completed, enter reason code and skip to question 13a:	_____	_____	[94-98]
b) Total number of seconds to complete (if not finished by 100 seconds, enter 100)	_____	_____	[0-100]
i. Total number of errors:	_____	_____	[0-25]
ii. Total number correct:	_____	_____	[0-25]
Method of Administration:	<input type="checkbox"/> In-person	<input type="checkbox"/> Video	<input type="checkbox"/> Phone
13. Oral Trail Making Test B:			
a) If test not completed, enter reason code:	_____	_____	[94-98]
b) Total number of seconds to complete: (if not finished by 300 seconds, enter 300)	_____	_____	[0-300]
i. Total number of errors:	_____	_____	[0-25]
ii. Total number correct:	_____	_____	[0-25]

Record the total number of seconds to complete Part A, up to a maximum of 100 seconds. If the subject is not finished by 100 seconds, the score is 100.

Enter the time to completion in seconds for Part A in MarkVCID e-Case Report Form Neuropsychological Battery Oral Trail Making Test A Question #12B.

If the test was not completed, enter the appropriate reason code in #12A.

Record the total number of seconds to complete Part B, up to a maximum of 300 seconds. If the subject is not finished by 300 seconds, the score is 300.

Enter the time to completion in seconds for Part B in MarkVCID e-Case Report Form Neuropsychological Battery Oral Trail Making Test B Question #13B.

If the test was not completed, enter the appropriate reason code in 13A.

For both Part A and Part B, record the total number of errors and correct responses.

Enter the total errors for Part A in MarkVCID e-Case Report Form Neuropsychological Battery Question #12Bi.

Enter the total errors for Part B in MarkVCID e-Case Report Form Neuropsychological Battery Question #13Bi.

Enter the total number of correct responses for Part A in MarkVCID e-Case Report Form Neuropsychological Battery Question #12Bii.

Enter the total number of correct responses for Part B in MarkVCID e-Case Report Form Neuropsychological Battery Question #13Bii.

MiNT Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

THE MiNT IS ADMINISTERED FOR VIDEO-BASED ASSESSMENTS ONLY!

The Multilingual Naming Test (MiNT) is a test of visual object naming designed to contain items that have similar levels of usage and familiarity across four different languages: English, Spanish, Hebrew and Mandarin. Other naming tests designed for English speakers have items that either do not exist in another language or that occur in different frequencies in other languages, making the MiNT appropriate for use in diverse populations. Line drawings are presented to the subject with the instruction to say the name of the object. These stimuli have been adapted to an electronic format to be presented to the participant through screen-sharing features of the video platform as a Powerpoint "slide-show."

VIDEO-BASED ADMINISTRATION – MiNT

Open the MiNT stimuli slideshow presentation in PowerPoint and share your screen with the participant.

SAY: "I am going to show you some pictures of objects, one at a time. Please tell me the name of each object, that is, tell me what it is called. If you cannot think of the name try to make your best guess. If you don't know what the object is, I will try to help you. Do you have any questions?"

Allow up to 20 seconds for a response, particularly if the subject is struggling. If the answer is correct, put a check mark in the column "Uncued-correct." For items 30 and 31 (mortar, pestle), there is only one picture, although this is repeated on 2 slides with appropriate arrows pointing to the different response targets.

SAY: "In this picture there are two things I would like you to name." Present the slide with the arrow pointing to the mortar and say **"What is this called?"** and record the response. Then advance the slides to the picture with the arrow pointing to the pestle and say **"What is this called?"** and record the response.

Continue until the subject fails to name six consecutive items, either spontaneously or after receiving semantic cues.

ALTERNATIVE RESPONSES

Item no.	MINT item	Alternative correct response(s)
3	lightbulb	electric bulb, bulb
10	seesaw	teeter-totter
27	gauge	manometer, barometer

CUEING

If the initial response is incorrect, there are several procedures to follow. Responses to cues are not timed, and if they do not occur immediately, the examiner should move on. When the subject indicates knowledge of the object but cannot name it, it is appropriate to give a phonemic cue (the first few sounds of the word). Knowledge of the word can be assumed if the subject makes a phonemic paraphasia, such as "ankle" for "anvil" (substituting a sound within the word, retaining most of its original sounds) or correctly describes the use of the object (e.g., "You use it to mash things up," for "pestle").

Please take care to provide only the sound of the letter(s) underlined on the response form. Only three-syllable words have the first two letters underlined. The examiner can practice cuing by starting to say each word and suddenly stopping after the first sound.

Sometimes a subject will give a response that indicates lack of visual recognition of the object, that is, misperception (e.g., focusing only on the flame at the top of the candle and saying "fire" or misperceiving the twigs in the nest and saying "hair"). In that instance, a semantic cue should be given since it helps lead the subject to more accurate visual perception of the object. If the response is correct with the semantic cue, it is marked correct in the appropriate column under "Semantic cue." If it is incorrect it is marked as wrong and the examiner should then move to the phonemic cue. Note, the semantic cue is only given if the subject does not recognize the object.

PROMPTS ALLOWED FOLLOWING SPONTANEOUS RESPONSE ONLY

Subjects will often say non-target/alternative names. If that happens there are three prompts you can give to try to elicit the target name as follows:

Prompt 1: **“Can you think of a more specific name?”** (code = S) Prompt 2: **“Can you think of a more general name?”** (code = G) Prompt 3: **“Can you think of a different or another name?”** (code = A)

If you use one of these three prompts, indicate this on the coding sheet by writing the relevant code in the Spontaneous Response column.

Examples:

- 1) If the subject gives a circumlocutory or more general response (e.g., for “saw” says “it cuts wood” or “it’s a tool”), use Prompt 1 and write (S) on the coding sheet.
- 2) If the subject gives a more specific name (e.g., for “volcano” says “It’s Mt. Vesuvius”), use Prompt 2 and write (G) on the coding sheet.
- 3) If subject gives an alternative, but not incorrect response (e.g., “dromedary” for ‘camel’), use Prompt 3 and write (A) on the coding sheet.

Other useful prompts

Sometimes subjects might tell you other things that they remember about using the object, etc. For example, “My dad had one of those!” If that happens [SAY]:

Prompt 4: **“Can you tell me the name?”**

If the subject gives a correct name, but says it is not that object (e.g., “Well, it’s not a canoe”), cueing proceeds as if the response was incorrect, [SAY]:

Prompt 5: **“Do you know the name?”** or **“Do you know what it is?”**

If the subject is focusing on the wrong part of the picture (e.g., “needle” for “barometer” or “sky” for “rainbow”), point to what they should be focusing on and [SAY]:

Prompt 6: **“What is the whole thing called?”** or **“What is this part called?”**

SOURCES:

Tamar H. Gollan, PhD, Department of Psychiatry, University of California, San Diego

Ivanova I, Salmon DP, Gollan TH. The Multilingual Naming Test in Alzheimer’s Disease: Clues to the Origin of Naming Impairments. J Int Neuropsychol Soc. 2013; 19:272-283.

Gollan TH, Weissburger G, Runnqvist E, Montoya RI, Cera CM. Self-ratings of spoken language dominance: A Multilingual Naming Test (MINT) and preliminary norms for young and aging Spanish–English bilinguals. Bilingualism: Language and Cognition. 2011;13:215-8. From A Multilingual Naming Test, Tamar H. Gollan, PhD; reproduced by permission. Do not copy or distribute without author’s permission. Form created as part of the Uniform Data Set of the National Alzheimer’s Coordinating Center, copyright ©2013 University of Washington

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding			
9. Multilingual Naming Test (MINT):			
a) If test not completed, enter reason code and skip to question 10a:	_____	_____	[94-98]
b) Total score (9c+ 9e):	_____	_____	[0-32]
c) Total correct without semantic cue:	_____	_____	[0-32]
d) Semantic cues – Number given:	_____	_____	[0-32]
e) Semantic cues – Number correct with cue:	<input type="checkbox"/> N/A	_____	[0-32]
f) Phonemic cues – Number given:	_____	_____	[0-32]
g) Phonemic cues – Number correct with cue:	<input type="checkbox"/> N/A	_____	[0-32]
Method of Administration: <input type="checkbox"/> In-person <input type="checkbox"/> Video			

The total MINT score should be calculated using items up to the point where the subject stopped the test. Items are counted as correct only if spontaneously named or named with a semantic cue if needed (see above). If the subject gives the correct name with a phonemic cue, this is not counted towards the total correct. The reason for this is that this test assesses word retrieval under conditions of full recognition of the object. If the subject is cued to the object's identity after an initially faulty recognition and names the item correctly, it is not a word retrieval problem.

If the test was not completed, enter the appropriate reason code in #9a.

Enter the total number of correctly named items on the MarkVCID e-Case Report Form Neuropsychological Battery Question #9b. For Question #9c, enter the total number of spontaneously correct items (without a semantic cue).

For Question #9d, enter the number of semantic cues given. For #9e, enter the number of items correct with a semantic cue. If no semantic cues were given, select the 'N/A' checkbox for Question #9e.

For Question #9f, enter the number of phonemic cues given. For #9g, enter the number of items correct with a phonemic cue. If no phonemic cues were given, select the 'N/A' checkbox for Question #9f.

Verbal Naming Test Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

THE VERBAL NAMING TEST IS ADMINISTERED FOR PHONE-BASED ASSESSMENTS ONLY!

The Verbal Naming Test is a 50-item auditory naming test requiring participants to name a specific item based on a verbal description. There are currently no translations of this test to allow administration in other languages. This test should only be administered during telephone-based assessments in place of the MiNT.

TELEPHONE-BASED ADMINISTRATION – Verbal Naming Test

SAY: “Now we are going to do something different. I’m going to describe an object or a verb and I want you to tell me the name of what I am describing.”

After each prompt, allow the examinee **10 seconds** to respond. If an incorrect response is given, say “**No, it’s something else**” and allow the examinee the remainder of the initial 10 seconds to respond. Prompts can be repeated but keep the stopwatch running and adhere to the 10 second time limit. If no correct response is provided during the initial 10 seconds, provide the phonemic cue, saying “**It starts with the sound...** (underlined part of word)”. If after **10 seconds** from the phonemic cue they have not provided the correct word, proceed to the next item. Continue with this task until the participant fails to name six consecutive items, either spontaneously or after receiving phonemic cues.

SCORING – Verbal Naming Test

Record the total number of correct responses provided spontaneously (without phonemic cue), as well as the total number of correct responses provided after being given a phonemic cue. Note that these two scores are separate, and not cumulative.

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding	
11. Verbal Naming	
a) If test not completed, enter reason code and skip to question 12a:	____ [94-98]
b) Total correct without a cue:	____ [0-50]
c) Total correct without phonemic cue:	____ [0-50]

Source: Yochim, B. P., Beaudreau, S. A., Fairchild, J. K., Yutsis, M. V., Raymond, N., Friedman, L., & Yesavage, J. (2015). Verbal Naming Test for use with older adults: Development and initial validation. *Journal of the International Neuropsychological Society*, 21, 239-248. doi: 10.1017/S1355617715000120

For normative data, please see: Wynn MJ, Sha AZ, Lamb K, Carpenter BD, Yochim BP. Performance on the Verbal Naming Test among healthy, community-dwelling older adults. *The Clinical Neuropsychologist*. 2019.

For information about this measure, please contact Dr. Brian Yochim at Brian.Yochim@va.gov.

Craft Story 21 Recall (Delayed) Instructions

Corresponds with NACC Form C2 Neuropsychological Battery Scores (UDS 3)

This is a test of delayed recall (episodic memory) of the story read to the subject at the beginning of the testing session, during Craft Story 21 Recall (Immediate).

ADMINISTRATION – Craft Story (Delayed)

Administer this test approximately 20 minutes after Craft Story 21 Recall (Immediate). NOTE: If 20 minutes have not elapsed, do not add other tests to fill the interval. Some of the time can be used to obtain blood pressure, weight, etc., if need be. Administer Craft Story 21 Recall (Delayed) and record the actual time elapsed.

SAY: **“I read you a story a few minutes ago. Can you tell me what you remember about that story now?”**

If the subject does not recall the story or having been told a story, make a note as indicated below and

SAY: **“It was a story about a boy. Can you tell it to me now?”**

Record the subject's response on the *Worksheet for Craft Story 21 Recall (Delayed)*. Make sure that your written record is legible before proceeding. If the subject asks a question about the story or for repetition of some or all of it, say, **“Please tell me as much as you remember about the story.”**

SOURCE: Craft S, Newcomer J, Kanne S, Dagogo-Jack S, Cryer P, Sheline Y, Luby J, Dagogo-Jack A, Alderson A.

Memory improvement following induced hyperinsulinemia in Alzheimer's disease. *Neurobiol Aging*. 1996 Jan- Feb;17(1):123-30. Reproduced by permission of the author, Suzanne Craft, PhD; do not copy or distribute without author's permission. Form created as part of the Uniform Data Set of the National Alzheimer's Coordinating Center, copyright ©2013 University of Washington.

SCORING – Craft Story 21 Recall (Delayed)

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding	
2. Craft Story 21 Recall (Delayed):	
a) If test not completed, enter reason code and skip to question 3a:	____ [95-98]
b) Total story units recalled, verbatim scoring:	____ [0-44]
c) Total story units recalled, paraphrase scoring:	____ [0-25]
d) Delay time (minutes): <input type="checkbox"/> Unknown	____ [0-85]
e) Cue (“boy”) needed:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Complete the worksheet and score according to instructions for Craft Story 21 Recall (Immediate) in this instruction book. The examiner may prefer to tape-record the subject's response and then transcribe the results after the session; this is acceptable, if appropriate consent has been obtained.

VERBATIM SCORING

PERFECT VERBATIM RESPONSE (1.0 POINT): Give the subject 1 point for every bit for which content words are recalled exactly and completely. Allowances can be made for variations of verbs (e.g., “likes” for “liked,” “join” for “joining”) and minor omissions (e.g., “neighbor” for “neighbor’s”) or changes in number (e.g., “games” for “game”). The content words do not need to be recalled by the subject in the same order they were read to receive credit. The words can appear anywhere in the recall.

Enter the verbatim score in MarkVCID e-Case Report Form Neuropsychological Battery Question #2b. If the test was not completed, enter the reason code in #2a.

PARAPHRASE SCORING

PARAPHRASE RESPONSE (1.0 POINT): Give a point for a response that captures the elements of the story although not necessarily with the exact words (see table on page 51).

Enter the paraphrase score in MarkVCID e-Case Report Form Neuropsychological Battery Question #2c. Enter the delay time, in minutes, in MarkVCID e-Case Report Form Neuropsychological Battery Question #2d. If the delay time is unknown or miss-recorded, select the ‘Unknown’ checkbox for #2d. If the cue (“boy”) was needed, select ‘Yes’ for Question 2e; otherwise, select ‘No.’

GUIDELINES FOR PARAPHRASE SCORING, CRAFT STORY 21

Item	General rule	Alternative 1-point responses	0-point responses	Points
Maria's	"Maria" or a variant of the name	Mary, Marie	Martha, Anna	
child	"child" or a phrase denoting it was a young person	son, kid, boy, teenager, young man	guy, children, daughter	
Ricky	"Ricky" or a variant of the name	Rick, Rich, Richie, Richard, Ricardo	Randy, Rusty, Robert	
played	"played" is required	to play, plays	did (soccer)	
soccer	"soccer" is required	futbol	baseball, volleyball, other sport	
every Monday	"Monday" or an indication that it occurred on a weekday	—	every day, another day of the week	
at 3:30	an indication that the activity took place in the afternoon	after school, every afternoon	after dinner, at night, in the morning	
He liked going to the field	an indication that he went to an outdoor area	went outside, went to the yard, going to the backyard	went to the school, gym	
behind their house	"house" or word denoting a house	home, residence, where they lived	any other building	
and joining	an indication that he participated in a game	played w/ other kids, became part of the team, playing w/ the team	watching, played in the park	
the game.	"game" in any context	—	—	
One day	"One day" is required	—	—	
he kicked	indication that he performed the activity with his foot	booted, punted	threw, hit (with no mention of the foot)	
the ball	"Ball" is required	football, soccer ball	baseball, volleyball	
so hard	an indication that force was used	so much force, so strongly, (kicked it) so far	—	
that it went over	"Over" is required	—	—	
the neighbor's	an indication that the person lived in the same area	nearby resident	friend's	
fence	"fence" or a word denoting a fence of some kind	garden wall, wall	property line, street	
where three	"Three" is required	three (boys)	—	
large dogs lived.	an indication that there were dogs present	hounds, doggies	puppies, cats, kittens, other animals	
The dogs' owner	an indication that the person was responsible for the dogs	neighbor (if owner implied and "neighbor" mentioned twice)	a bystander, the police	
heard loud barking	an indication that the dogs were making noise	yelping, baying, yapping, heard the dogs	saw the dogs running around	
came out	a word or phrase indicating that the owner was present	(owner) saw the ball	his mother came out, the dogs came out	
and helped them	a word or phrase indicating that help was provided	assisted, aided, had to help	—	
retrieve the ball.	an indication that they got the ball back	gave him the ball, return the ball, (helped him) get the ball —		

Number of items recalled for paraphrase scoring: **Immediate Recall Score: ____/25 maximum**

Word List Learning with Immediate/Delay/Recognition Instructions

Corresponds with CVLT, CVLT-SF, HVLT, AVLT/RAVLT, CERAD, or SEVLT (SPANISH)

Enter each response in MarkVCID e-Case Report Neuropsychological Battery #10 (word list learning).

In general, MarkVCID research sites may choose to administer one of the following word list learning tests: CVLT, CVLT-SF, HVLT, AVLT/AVLT, CERAD, or SEVLT.

The Clinical Assessments In-Person Evaluator's Manual does NOT contain administration and scoring instructions for these tests. Please contact your site neuropsychologist for the test your site employs and additional instructions specific to your site's practices.

Note:

For MarkVCID participants co-enrolled in an ADRC, sites are encouraged to conduct either AVLT/AVLT or CERAD list-learning task with co-enrolled participants as required by the NACC's 2025 Uniform Data Set 4.0 updates. Sites should not administer two different list learning tasks to the same individual as this will cause significant participant burden and test interference.³

For participants *not* co-enrolled in an ADRC, sites are welcome to continue using their current list-learning task.

Neuropsychological Battery - MarkVCID Sample Case Report Form with Coding			
10. Word list learning with immediate/delay/recognition:			
a) Name of test: <input type="checkbox"/> HVLT <input type="checkbox"/> CVLT <input type="checkbox"/> CVLT-SF			
<input type="checkbox"/> SEVLT [Spanish] <input type="checkbox"/> SEVLT [English] <input type="checkbox"/> AVLT/RAVLT <input type="checkbox"/> CERAD			
<input type="checkbox"/> Other (specify): _____			
b) Total number of words on list:		_____	
c) If test not completed, please select reason code:		_____ [95-98]	
d) Learning Trial 1:		_____	
e) Learning Trial 2:		_____	
f) Learning Trial 3:		_____	
g) Learning Trial 4:		<input type="checkbox"/> N/A	_____
h) Learning Trial 5:		<input type="checkbox"/> N/A	_____
i) Delay duration (if multiple options choose longest):		_____	
j) Delayed recall (if multiple delay options, choose longest):		_____	
k) Recognition hits:		_____	
l) Recognition false positives:		_____	
Method of Administration:		<input type="checkbox"/> In-person	<input type="checkbox"/> Video <input type="checkbox"/> Phone

³ Sanderson-Cimino M, Gross AL, Gaynor LS, et al. Development and validation of a harmonized memory score for multicenter Alzheimer's disease and related dementia research. Preprint. *medRxiv*. 2025;2025.03.31.25324964. Published 2025 Apr 3. doi:10.1101/2025.03.31.25324964

Brief Co-participant/Informant Questionnaire

INSTRUCTIONS: An informant will be used for the CDR, ECog-12, NPI-Q and FAS. This form is to be completed by the intake interviewer in-person, by telephone, or may be completed by the informant by electronic survey.

Co-Participant/Informant Questionnaire
1. What is co-participant's relationship to the subject? <input type="checkbox"/> Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend) <input type="checkbox"/> Child (by blood or through marriage or adoption) <input type="checkbox"/> Sibling (by blood or through marriage or adoption) <input type="checkbox"/> Other relative (by blood or through marriage or adoption) <input type="checkbox"/> Friend, neighbor, or someone known through family, friends, work, or community (e.g., church) <input type="checkbox"/> Paid caregiver, health care provider, or clinician
2. How long has the co-participant known the subject? <input type="checkbox"/> 1 year or less <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 10 years+
3. Does the co-participant live with the subject? <input type="checkbox"/> No <input type="checkbox"/> Yes 3a. If no, approximate frequency of in-person visits? <input type="checkbox"/> Daily <input type="checkbox"/> At least three times per week <input type="checkbox"/> Weekly <input type="checkbox"/> At least three times per month <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month 3b. If no, approximate frequency of telephone contact? <input type="checkbox"/> Daily <input type="checkbox"/> At least three times per week <input type="checkbox"/> Weekly <input type="checkbox"/> At least three times per month <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month

Clinical Dementia Rating Instructions

Corresponds with NACC Form B4 (UDS 3)

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the subject. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors, such as physical disability.

Enter each response in MarkVCID e-Case Report Form CDR section.

SECTION 1: Standard CDR

The Washington University ADC provides a CDR (standard version) training website for ADC personnel. This CDR training is required by MarkVCID and may be accessed online at: <http://alzheimer.wustl.edu/cdr/Application/Step1.htm>.

Use all information and make the best judgment. Score each category as independently as possible. Select only one box for each category, rating impairment as decline from the person's usual level due to cognitive loss alone, not impairment due to other factors such as physical disability. Occasionally, the evidence is ambiguous and the clinician's best judgment is that a category could be rated in either one of two adjacent boxes, such as **1=Mild** or **2=Moderate** impairment. In that situation, the standard procedure is to select the box of greater impairment.

Aphasia is taken into account by assessing both language and non-language function in each cognitive category. If aphasia is present to a greater degree than the general dementia, the subject is rated according to the general dementia. Supply evidence of non-language cognitive function.

A box score of 0 for Memory (**M=0**) applies to subjects who, in the clinician's judgment, have no memory impairment or have inconsistent slight forgetfulness. The adjective "slight" indicates that there is not even a suggestion that everyday function has been affected by a memory change. In contrast, a box score of 0.5 in Memory indicates a consistent memory change and also suggests that the change may very subtly affect everyday performance (e.g., having to return to the grocery store after forgetting an item on the list).

Before scoring the CDR boxes, the clinician is to synthesize and evaluate all information: the report of the co-participant, the report (and performance) of the subject, and the clinician's own observations. It may be that an inobservant co-participant reports no memory problems, whereas the subject self-reports memory problems; if the clinician's judgment is that the individual is correct, then a box score of 0.5 for Memory can be given (**M=0.5**). The converse also is true: a 0.5 box score can be given when the co-participant reports a problem but the subject does not. It is also possible for the clinician to rate Memory as 0.5 (**M=0.5**) if he/she believes a problem exists — even though neither the co-participant nor the subject reports a problem.

Standard CDR Sum of Boxes

The MarkVCID e-Case Report Form will auto-calculate the sum of values for all answers.

Standard Global CDR

To calculate the Standard Global CDR, please access the following calculator:

<https://www.alz.washington.edu/cdrnacc.html>

Enter the Calculated Global CDR in the space provided.

The standard global CDR is derived from the scores in each of the six categories ("box score") as follows:

- Memory (M) is the primary category, and all others are secondary.
- CDR = M if at least three secondary categories are given the same score as memory. Whenever three or more secondary categories are given a score greater or less than the memory score, CDR = score of majority of secondary categories on whichever side of M has the greater number of secondary categories. However, when three secondary categories are scored on one side of M and two secondary categories are scored on the other side of M, then CDR = M.
- When M = 0.5, CDR = 1 if at least three of the other categories are scored 1 or greater. If M = 0.5, then CDR cannot be 0; it can only be 0.5 or 1.
- If M = 0, then CDR = 0 unless there is impairment (0.5 or greater) in two more secondary categories, in which case CDR = 0.5.

Although applicable to most Alzheimer's disease situations, these rules do not cover all possible scoring combinations. Unusual circumstances that occasionally occur in AD, and may be expected in non-Alzheimer's dementia as well, are scored as follows:

1. With ties in the secondary categories on one side of M, choose the tied scores closest to M for CDR (e.g., if M and another secondary category = 3, two secondary categories = 2, and two secondary categories = 1, then CDR = 2).
2. When only one or two secondary categories are given the same score as M, CDR = M as long as no more than two secondary categories are on either side of M.
3. When M = 1 or greater, CDR cannot be 0; in this circumstance, CDR = 0.5 when the majority of secondary categories are 0.

The source of the CDR scoring algorithm is available at <http://www.biostat.wustl.edu/~adrc/cdrpgm/index.html>

CDR (CLINICAL DEMENTIA RATING)

Was the CDR administered? ☐ No ☐ Yes

If No, please provide the primary reason: ☐ Physical problem ☐ Verbal refusal

☐ Cognitive/behavior problem ☐ Other problem (specify): _____

Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)

Method of Administration: ☐ In-person ☐ Video ☐ Phone

Section 1: Standard CDR

Please enter score below:	IMPAIRMENT				
	None – 0	Questionable – 0.5	Mild – 1	Moderate – 2	Severe – 3
1. Memory ____ . ____	No memory loss, or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; “benign” forgetfulness	Moderate memory loss, more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
2. Orientation ____ . ____	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
3. Judgment and problem solving ____ . ____	Solves everyday problems, handles business and financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, and differences	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired	Unable to make judgments or solve problems
4. Community affairs ____ . ____	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home
5. Home and hobbies ____ . ____	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in the home
6. Personal care ____ . 0	Fully capable of self-care (= 0).		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence
7. <u>Auto-calculated</u> Standard CDR Sum of Boxes					
8. ____ . ____ STANDARD GLOBAL CDR use calculator: https://www.alz.washington.edu/cdrnacc.html					

SECTION 2: Supplemental CDR

In addition to the factors investigated within the standard CDR, two additional constructs (“Behavior, Comportment, and Personality” and “Language”) have been appended as the UDS & MarkVCID Supplemental CDR, which will aid in the identification subjects with frontotemporal dementia and/or primary progressive aphasia, respectively. Because of their specialized nature, instructions for the scoring of each item are outlined below.

Behavior, Comportment, and Personality

This item should be completed by a clinician or other trained health professional who is skilled in the assessment of FTLD, based on informant report and a review of the subject’s cognitive, functional, and behavioral status. This domain is intended to assess changes in personality, aberrant behaviors, and changes in interpersonal relationships. The kinds of specific issues that might fall under these rubrics include: loss of insight, disinhibition, apathy, social withdrawal and disengagement, emotional lability, easy distractibility, reduced empathy for the feelings of others, impulsivity, and changes in eating habits and table manners. A key element of each of these is the degree to which these behaviors impact interpersonal relationships.

Language

This item should be completed by a clinician or other trained health professional who is well versed in aphasia and aphasic disorders, based on information derived from the informant and also from clinical assessment of the patient’s language functions in the course of the clinical interview and the mental status examination. This domain is intended to assess changes in language. The components of language that are primarily of interest include: spontaneous speech, auditory comprehension, object naming, reading and writing. Using these in combination, the goal is to assess the subject’s ability to create and understand various forms of information. The rate at which these are generated or comprehended is also of interest.

Section 2: Supplemental CDR					
Please enter score below:	IMPAIRMENT				
	None – 0	Questionable – 0.5	Mild – 1	Moderate – 2	Severe – 3
9. Behavior, comportment, and personality ____ . ____	Socially appropriate behavior	Questionable changes in comportment, empathy, appropriateness of actions	Mild but definite changes in behavior	Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner	Severe behavioral changes, making interpersonal interactions all unidirectional
10. Language ____ . ____	No language difficulty, or occasional mild tip-of-the tongue	Consistent mild word-finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties	Moderate word-finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech and/or reduced comprehension in conversation and reading	Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective	Severe comprehension deficits; no intelligible speech

Geriatric Depression Scale Instructions

Corresponds with NACC Form B6 (UDS 3)

The form is intended for completion by the participant as a self-report form. The form is not to be administered to the co-participant. If your Center prefers to administer the entire 30-item GDS, please first administer this 15-item form and score appropriately; then administer the remaining 15 items on a separate form.

The Geriatric Depression Scale was developed by Stanford University as a basic screening measure for depression in older adults. Further information is available online at <http://www.stanford.edu/~yesavage/GDS.html>

ADMINISTRATION – GDS

Instruct the subject: “This next form will be asking you questions about your mood and feelings. Some of the questions may not apply, and some may make you feel uncomfortable. Please try to answer each question to the best of your ability by circling “yes” or “no,” depending on how you have been feeling in the past week, including today.”

NOTE: Any missing items in this form will prevent calculation of a total GDS score. Please check over the participant’s response sheet for any missing items before moving on to the next section. If a response is missing, query the participant whether they meant to leave this item blank, and if not, encourage them to pick the best option that describes their recent mood.

SCORING – GDS

GDS (GERIATRIC DEPRESSION SCALE)			
Was the GDS administered?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If No, please provide the primary reason: <input type="checkbox"/> Physical problem <input type="checkbox"/> Verbal refusal			
<input type="checkbox"/> Cognitive/behavior problem <input type="checkbox"/> Other problem (specify): _____			
Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)			
	Yes	No	Did not answer
1. Are you basically satisfied with your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you dropped many of your activities and interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel that your life is empty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you often get bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you in good spirits most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you feel happy most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you often feel helpless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel you have more problems with memory than most people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think it is wonderful to be alive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel pretty worthless the way you are now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel full of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that your situation is hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you think that most people are better off than you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter each item response in the MarkVCID e-Case Report Form GDS questions #1-15.

Total GDS scores will auto-calculate in the MarkVCID e-Case Report Form. If any of the items are unanswered, the test will be considered incomplete and the Total GDS Score will not be calculated.

Measurement of Everyday Cognition Short Form (ECog-12)

Participant (self-report) Version

The form is intended for completion by the participant as a self-report form.

Citation: Tomaszewski Farias S, Mungas D, Harvey DJ, Simmons A, Reed BR, DeCarli C. The measurement of everyday cognition: development and validation of a short form of the Everyday Cognition scales. *Alzheimer's Dementia*. 2011;7(6):593-60.

ADMINISTRATION – ECog-12 Participant Version

For remote administration, provide the following oral instructions:

SAY: *“This next form will be asking you questions about any changes you may have experienced with completing day to day activities over time.”*

ASK INTRO QUESTION: *“To begin, are you worried or believe that you are having problems with your attention, concentration, or memory?”* Record response.

BEGIN ADMINISTRATION: *“Now, for the next several items, I would like you to please rate your CURRENT ability to perform daily tasks compared with your ability to do the same task 10 YEARS AGO. In other words, try to remember how you were 10 years ago and tell me any changes you have noticed in your ability to do the task. Rate the changes based on the following four-point scale: 1) better or there is no change in my ability compared to 10 years ago 2) I occasionally perform the task worse than 10 years ago, but not all the time 3) I consistently perform the task a little worse than 10 years ago 4) I consistently perform the task much worse than 10 years ago.”*

NOTE: For remote administration, to ease respondent burden of remembering the available response options, it is recommended to start by asking the item prompt (i.e., “Compared to 10 years ago, have there been any changes in your ability to remember where you have placed things?”). If the respondent answers “no” indicating no change, mark (1) on the score form and move to the next item. If the respondent answers “yes” probe whether change was better or worse. If better mark (1). If worse, elicit the degree of change by going over the remaining response options (2-4).

Measurement of Everyday Cognition Short Version (ECog-12) – Participant Version

Was the ECog-12 Participant Form administered? ☐ No ☐ Yes

If No, please provide the primary reason: ☐ Physical problem ☐ Verbal refusal

☐ Cognitive/behavior problem ☐ Other problem (specify): _____

Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)

Language of test administration: ☐ English ☐ Spanish ☐ Other (specify): _____

Opening Question: (1) Are you worried or believe that you are having problems with your attention, concentration or memory?

☐ No ☐ Yes

<i>Compared to 10 years ago, have there been any changes in your ability to....</i>	Better or No Change	Questionable or Occasionally Worse	Consistently or a Little Worse	Consistently Much Worse	Don't Know or N/A
1. Remember where you have placed things (i.e., glasses, keys)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Remember the current date or day of the week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Communicate thoughts in a conversation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Understand spoken directions or instructions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Read a map and help with directions when someone else is driving?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Find your way around a house/building that you have visited many times?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Anticipate weather changes and planning accordingly?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
8. Thinking ahead?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
9. Keeping your living and workspace organized?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
10. Balancing your checkbook/accounts without error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
11. Doing two things at once?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
12. Cooking, or working, and talking at the same time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

Measurement of Everyday Cognition Short Form (ECog-12)

Informant Version

The form is intended for completion by the study partner/informant.

Citation: Tomaszewski Farias S, Mungas D, Harvey DJ, Simmons A, Reed BR, DeCarli C. The measurement of everyday cognition: development and validation of a short form of the Everyday Cognition scales. *Alzheimer's Dementia*. 2011;7(6):593-60.

ADMINISTRATION – ECog-12 Informant Version

Note that this form may still be completed by the informant if they have known the participant for less than 10 years. This is clarified in the introductory administration instructions but can be clarified with informant throughout administration as (“since you’ve known the participant”) as needed. For remote administration, provide the following oral instructions:

SAY: *“This next form will be asking you questions about any changes you may have noticed with {insert name of participant}’s ability to complete day to day activities over time.”*

ASK INTRO QUESTIONS: *“To begin, how long have you known the participant?”*

Record response on the worksheet based on whether the informant has known the subject for less than or at least 10 years. If less than 10 years, instruct the informant to compare to how the participant functioned since they first knew them.

“Are you worried or believe that he/she is having problems with their attention, concentration, or memory?”

Record response.

BEGIN ADMINISTRATION: *“Now, for the next several items, I would like you to please rate the participant’s CURRENT ability to perform daily tasks compared with their ability to do the same task 10 years ago (or since you first knew them if <10 years). In other words, try to remember how they were 10 years ago and tell me any changes you have noticed in their ability to do the task. Rate the changes based on the following four-point scale: 1) better or there is no change in their ability compared to 10 years ago 2) they occasionally perform the task worse than 10 years ago, but not all the time 3) they consistently perform the task a little worse than 10 years ago 4) they consistently perform the task much worse than 10 years ago.”*

NOTE: For remote administration, to ease respondent burden of remembering the available response options, it is recommended to start by asking the item prompt (i.e., “Compared to 10 years ago, have there been any changes in their ability to remember where you have placed things?”). If the respondent answers “no” indicating no change, mark (1) on the score form and move to the next item. If the respondent answers “yes” probe whether change was better or worse. If better mark (1). If worse, elicit the degree of change by going over the remaining response options (2-4).

Measurement of Everyday Cognition Short Version (ECog-12) – Informant Version

Was the ECog-12 Informant Form administered? ☐ No ☐ Yes

If No, please provide the primary reason: ☐ Verbal refusal ☐ Informant unavailable (specify below)

☐ Other problem (specify below)

Specify reason not administered: _____

Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)

Language of test administration: ☐ English ☐ Spanish ☐ Other (specify): _____

Opening Questions:

(1) How long have you known the participant? ☐ <10 years ☐ At least 10 years

(2) Are you worried or believe that he/she is having problems with their attention, concentration or memory?
☐ No ☐ Yes

<i>Compared to 10 years ago, have there been any changes in their ability to....</i>	Better or No Change	Questionable or Occasionally Worse	Consistently or a Little Worse	Consistently Much Worse	Don't Know or N/A
1. Remember where they have placed things (i.e., glasses, keys)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Remember the current date or day of the week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Communicate thoughts in a conversation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Understand spoken directions or instructions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Read a map and help with directions when someone else is driving?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Find their way around a house/building that they have visited many times?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Anticipate weather changes and planning accordingly?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
8. Thinking ahead?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
9. Keeping their living and workspace organized?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
10. Balancing their checkbook/accounts without error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
11. Doing two things at once?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
12. Cooking, or working, and talking at the same time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

Neuropsychiatric Inventory-Questionnaire (NPI-Q)

Informant Assessment

The form is intended for completion by the study partner/informant.

Citation: Kaufer DI, Cummings JL, Ketchel P, Smith V, MacMillan A, Shelley T, Lopez OL, DeKosky ST. Validation of the NPI-Q, a brief clinical form of the Neuropsychiatric Inventory. J Neuropsychiatry Clin Neurosci. 2000 Spring;12(2):233-9. doi: 10.1176/jnp.12.2.233. PMID: 11001602.

ADMINISTRATION – NPI-Q

The NPI-Q is designed to be a self-report questionnaire completed by an informant. Initial responses to each question are “Yes” (present) or “No” (absent). If the response to the domain question is “No”, the informant is instructed to move on to the next question. If “Yes”, then the informant rates the Severity of the symptom present.

For REMOTE administration, verbally introduce the questionnaire as prompted below.

Instruct the informant: *“Please answer the following questions based on changes that have occurred since the patient first began to experience memory (i.e., cognitive) problems. Respond ‘Yes’ only if the symptoms have been present in the last month. Otherwise, respond ‘No’.”*

“For each item you indicate as ‘Yes’ or is present, I will then ask you to rate the SEVERITY of the symptom (i.e., how it affects the patient) according to the following criteria: 1=Mild (noticeable, but not a significant change; 2=Moderate (significant, but not a dramatic change; 3=Severe (very marked or prominent, a dramatic change).”

Complete the NPI-Q form as a semi-structured interview for remote administration. The examiner should first ask about the presence of each symptom and whether there has been any change since the onset of cognitive difficulties. If the informant indicates Yes to this initial prompt, then continue by asking the informant to rate the severity of change for each symptom (i.e., mild, moderate, severe); If the informant indicates the symptom is not present or has not changed since onset of cognitive difficulties, then move on to the next item.

Neuropsychiatric Inventory Questionnaire (NPI-Q) – Informant Assessment

Was the NPI-Q administered? ☐ No ☐ Yes

If No, please provide the primary reason:

☐ Verbal refusal ☐ Informant unavailable (specify below) ☐ Other problem (specify below)

Specify reason not administered: _____

Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)

NPI co-participant: ☐ Spouse ☐ Child ☐ Other (specify): _____

Question	Yes	No	Unknown	If Yes, Severity
1. Delusions — Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
2. Hallucinations — Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
3. Agitation/aggression — Is the patient resistive to help from others at times, or hard to handle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
4. Depression/dysphoria — Does the patient seem sad or say that he/she is depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
5. Anxiety — Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
6. Elation/euphoria — Does the patient appear to feel too good or act excessively happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
7. Apathy/ indifference — Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
8. Disinhibition — Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
9. Irritability/lability — Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
10. Motor disturbance — Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
11. Nighttime behaviors — Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown
12. Appetite/eating — Has the patient lost or gained weight, or had a change in the type of food he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown

NACC Functional Assessment Scale (FAS)

Informant Assessment (Corresponds with NACC Form B7 UDS3)⁴

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. Indicate the level of performance for each activity by checking the one appropriate response. The intent of the FAS is to assess change in an individual's functional activities, relative to previously attained abilities, that are caused by cognitive dysfunction. Select the most accurate response, based on the co-participant's assessment.

If the co-participant indicates that the subject no longer performs a particular task, it is reasonable to probe further and ask if they think the subject could still do the task. This will help tease out the relevant cognitive impairment. If the co-participant believes the subject did the activity but cannot speak to the subject's potential changes in that activity, then he/she should select **Unknown**.

FUNCTIONAL ASSESSMENT SCALE (FAS)						
Was the FAS Form administered? <input type="checkbox"/> No <input type="checkbox"/> Yes						
If No, please provide the primary reason: <input type="checkbox"/> Verbal refusal (specify below) <input type="checkbox"/> Informant unavailable (specify below) <input type="checkbox"/> Other problem						
Specify reason not administered: _____						
Date of Evaluation: ____ / ____ / ____ (MM/DD/YYYY)						
Language of test administration: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____						
In the past four weeks, did the participant have difficulty or need help with:	Not applicable (e.g. never did)	Normal	Has difficulty, but does by self	Requires assistance	Dependent	Unknown
1. Writing checks, paying bills, or balancing a checkbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assembling tax records, business affairs, or other papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shopping alone for clothes, household necessities, or groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Playing a game of skill such as bridge or chess, working on a hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heating water, making a cup of coffee, turning off the stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Preparing a balanced meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Keeping track of current events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Paying attention to and understanding a TV program, book, or magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remembering appointments, family occasions, holidays, medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Traveling out of the neighborhood, driving, or arranging to take public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ Adapted from table 4 of Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. J Gerontol 37:323-9, 1982. Copyright 1982. The Gerontological Society of America. Reproduced by permission of the publisher.

Document History

<p style="text-align: center;">Summary of Changes MarkVCID2 REMOTE Evaluators Instructions Manual for Clinical Assessments</p>			
Version	Description of Changes	Reason for Change	Version Date
1.0	N/A – original version	N/A	1.28.22
2.0	<ul style="list-style-type: none"> Revised packet to include the Functional Assessment Scale worksheet. Minor revisions to informant form data entry elements Removed language for auto-calculating NPI-Q and eCog scores 	<ul style="list-style-type: none"> Reflect consortium-wide agreement to include the new assessment at remaining study visits Editorial revisions to make consistent with the data capturing system Clarify the data system does not auto-calculate scores. 	5.2.25
3.0	<ul style="list-style-type: none"> Revised manual to reflect updated NACC list-learning requirements for co-enrolled ADRC & MarkVCID participants 	<ul style="list-style-type: none"> Modification of study procedures as needed 	7.15.25

