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Georgia Centenarian Study

Fuld Object-Memory Evaluation

Pilot Testing Booklet

Summer 2002

Date of Interview

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H	H		M	M





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Instructions:

You say:

"I have 10 common objects in this bag. I want to see if you can identify them by touch, without looking.

Put your LEFT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.


You say:

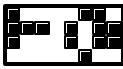
"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?

Object - Memory Evaluation Record Form

1st Object - USE LEFT HAND		NAMING	
<input type="checkbox"/> Ball	<input type="checkbox"/> Key	Touch: <input type="text"/>	
<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches	Is this correct? <input type="checkbox"/> Yes	
<input type="checkbox"/> Button	<input type="checkbox"/> Nail	<input type="checkbox"/> No	
<input type="checkbox"/> Card	<input type="checkbox"/> Ring		
<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors	If NO, then:	
		Vision: <input type="text"/>	
		Is this correct? <input type="checkbox"/> Yes	
		<input type="checkbox"/> No	



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Instructions:

You say:

Put your RIGHT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?





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Object - Memory Evaluation Record Form

2nd Object - USE RIGHT HAND

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Key |
| <input type="checkbox"/> Bottle | <input type="checkbox"/> Matches |
| <input type="checkbox"/> Button | <input type="checkbox"/> Nail |
| <input type="checkbox"/> Card | <input type="checkbox"/> Ring |
| <input type="checkbox"/> Cup | <input type="checkbox"/> Scissors |

NAMING

Touch:

Is this correct? Yes
 No



If NO, then:

Vision:

Is this correct? Yes
 No





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Instructions:

You say:

Put your RIGHT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?



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Object - Memory Evaluation Record Form

3rd Object - USE RIGHT HAND

Ball

Key

Bottle

Matches

Button

Nail

Card

Ring

Cup

Scissors

NAMING

Touch:

Is this correct?

Yes

No



If NO, then:

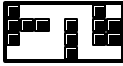
Vision:

Is this correct?

Yes

No





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Instructions:

You say:

Put your LEFT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?



Object - Memory Evaluation Record Form

4th Object - USE LEFT HAND	NAMING
<input type="checkbox"/> Ball <input type="checkbox"/> Key	Touch: <input type="text"/>
<input type="checkbox"/> Bottle <input type="checkbox"/> Matches	Is this correct? <input type="checkbox"/> Yes
<input type="checkbox"/> Button <input type="checkbox"/> Nail	<input type="checkbox"/> No
<input type="checkbox"/> Card <input type="checkbox"/> Ring	If NO, then:
<input type="checkbox"/> Cup <input type="checkbox"/> Scissors	Vision: <input type="text"/>
	Is this correct? <input type="checkbox"/> Yes
	<input type="checkbox"/> No



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Instructions:

You say:

Put your LEFT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?




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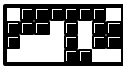
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Object - Memory Evaluation Record Form

5th Object - USE LEFT HAND	NAMING
<input type="checkbox"/> Ball <input type="checkbox"/> Key	Touch: <input type="text"/>
<input type="checkbox"/> Bottle <input type="checkbox"/> Matches	Is this correct? <input type="checkbox"/> Yes
<input type="checkbox"/> Button <input type="checkbox"/> Nail	<div style="text-align: right;"> <input type="checkbox"/> No  </div>
<input type="checkbox"/> Card <input type="checkbox"/> Ring	If NO, then:
<input type="checkbox"/> Cup <input type="checkbox"/> Scissors	Vision: <input type="text"/>
	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No





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Instructions:

You say:

Put your RIGHT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?





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Object - Memory Evaluation Record Form

<p>6th Object - USE RIGHT HAND</p> <table border="0"> <tr> <td><input type="checkbox"/> Ball</td> <td><input type="checkbox"/> Key</td> </tr> <tr> <td><input type="checkbox"/> Bottle</td> <td><input type="checkbox"/> Matches</td> </tr> <tr> <td><input type="checkbox"/> Button</td> <td><input type="checkbox"/> Nail</td> </tr> <tr> <td><input type="checkbox"/> Card</td> <td><input type="checkbox"/> Ring</td> </tr> <tr> <td><input type="checkbox"/> Cup</td> <td><input type="checkbox"/> Scissors</td> </tr> </table>	<input type="checkbox"/> Ball	<input type="checkbox"/> Key	<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches	<input type="checkbox"/> Button	<input type="checkbox"/> Nail	<input type="checkbox"/> Card	<input type="checkbox"/> Ring	<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors	<p align="center">NAMING</p> <p>Touch: <input style="width: 100%;" type="text"/></p> <p>Is this correct? <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p> <p align="center">↓</p> <p>If NO, then:</p> <p>Vision: <input style="width: 100%;" type="text"/></p> <p>Is this correct? <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p>
<input type="checkbox"/> Ball	<input type="checkbox"/> Key										
<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches										
<input type="checkbox"/> Button	<input type="checkbox"/> Nail										
<input type="checkbox"/> Card	<input type="checkbox"/> Ring										
<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors										





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Instructions:

You say:

Put your RIGHT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?





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Object - Memory Evaluation Record Form

<p>7th Object - USE RIGHT HAND</p> <table border="0"> <tr> <td><input type="checkbox"/> Ball</td> <td><input type="checkbox"/> Key</td> </tr> <tr> <td><input type="checkbox"/> Bottle</td> <td><input type="checkbox"/> Matches</td> </tr> <tr> <td><input type="checkbox"/> Button</td> <td><input type="checkbox"/> Nail</td> </tr> <tr> <td><input type="checkbox"/> Card</td> <td><input type="checkbox"/> Ring</td> </tr> <tr> <td><input type="checkbox"/> Cup</td> <td><input type="checkbox"/> Scissors</td> </tr> </table>	<input type="checkbox"/> Ball	<input type="checkbox"/> Key	<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches	<input type="checkbox"/> Button	<input type="checkbox"/> Nail	<input type="checkbox"/> Card	<input type="checkbox"/> Ring	<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors	<p align="center">NAMING</p> <p>Touch: <input type="text"/></p> <p>Is this correct? <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p> <p align="center">↓</p> <p>If NO, then:</p> <p>Vision: <input type="text"/></p> <p>Is this correct? <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p>
<input type="checkbox"/> Ball	<input type="checkbox"/> Key										
<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches										
<input type="checkbox"/> Button	<input type="checkbox"/> Nail										
<input type="checkbox"/> Card	<input type="checkbox"/> Ring										
<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors										





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Instructions:

You say:

Put your LEFT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?





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Object - Memory Evaluation Record Form

8th Object - USE LEFT HAND

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Key |
| <input type="checkbox"/> Bottle | <input type="checkbox"/> Matches |
| <input type="checkbox"/> Button | <input type="checkbox"/> Nail |
| <input type="checkbox"/> Card | <input type="checkbox"/> Ring |
| <input type="checkbox"/> Cup | <input type="checkbox"/> Scissors |

NAMING

Touch:

Is this correct? Yes
 No



If NO, then:

Vision:

Is this correct? Yes
 No



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Instructions:

You say:

Put your LEFT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,


Say: Let's call it a (bottle), OK?

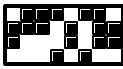


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Object - Memory Evaluation Record Form

9th Object - USE LEFT HAND		NAMING	
<input type="checkbox"/> Ball	<input type="checkbox"/> Key	Touch: <input type="text"/>	
<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches	Is this correct? <input type="checkbox"/> Yes	
<input type="checkbox"/> Button	<input type="checkbox"/> Nail	<input type="checkbox"/> No	
<input type="checkbox"/> Card	<input type="checkbox"/> Ring		
<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors	If NO, then:	
		Vision: <input type="text"/>	
		Is this correct? <input type="checkbox"/> Yes	
		<input type="checkbox"/> No	



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Instructions:

You say:

Put your RIGHT hand in the bag and find something. Don't pull it out! (Prevent patient from doing so.) Examine it with your fingers. What do you think it is?"

Observe the patient's ability to present hand requested. Does he actively explore object?

Record object-name or description patient gives. Record numerical order of object-naming.

You say:

"Now let's see if you're right."

Have patient pull the object out. Elicit name if not correct before. Record. Accept any reasonable name; supply if not forthcoming. If patient's object-name is too complex,

Say: Let's call it a (bottle), OK?

Replace all objects in bag. Bag remains closed but within sight for remainder of test.



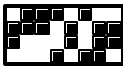


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Object - Memory Evaluation Record Form

10th Object - USE RIGHT HAND		NAMING	
<input type="checkbox"/> Ball	<input type="checkbox"/> Key	Touch: <input type="text"/>	
<input type="checkbox"/> Bottle	<input type="checkbox"/> Matches	Is this correct?	<input type="checkbox"/> Yes
<input type="checkbox"/> Button	<input type="checkbox"/> Nail		<input type="checkbox"/> No
<input type="checkbox"/> Card	<input type="checkbox"/> Ring	↙	
<input type="checkbox"/> Cup	<input type="checkbox"/> Scissors	If NO, then:	
		Vision: <input type="text"/>	
		Is this correct?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No



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Instructions:

Rapid Verbal Retrieval

You say:

"Now I want you to tell me, as quickly as you can, all the different girls' (boys') names (same sex as patient) you can think of. Ready, go!"

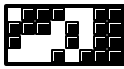
Start stopwatch.

Time: 60 seconds

Record names.

When patient pauses, encourage him to keep trying.





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Rapid Verbal Retrieval - Names

		Valid			Valid
1.	<input type="text"/>	<input type="checkbox"/>	21.	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="checkbox"/>	22.	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="checkbox"/>	23.	<input type="text"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="checkbox"/>	24.	<input type="text"/>	<input type="checkbox"/>
5.	<input type="text"/>	<input type="checkbox"/>	25.	<input type="text"/>	<input type="checkbox"/>
6.	<input type="text"/>	<input type="checkbox"/>	26.	<input type="text"/>	<input type="checkbox"/>
7.	<input type="text"/>	<input type="checkbox"/>	27.	<input type="text"/>	<input type="checkbox"/>
8.	<input type="text"/>	<input type="checkbox"/>	28.	<input type="text"/>	<input type="checkbox"/>
9.	<input type="text"/>	<input type="checkbox"/>	29.	<input type="text"/>	<input type="checkbox"/>
10.	<input type="text"/>	<input type="checkbox"/>	30.	<input type="text"/>	<input type="checkbox"/>
11.	<input type="text"/>	<input type="checkbox"/>	31.	<input type="text"/>	<input type="checkbox"/>
12.	<input type="text"/>	<input type="checkbox"/>	32.	<input type="text"/>	<input type="checkbox"/>
13.	<input type="text"/>	<input type="checkbox"/>	33.	<input type="text"/>	<input type="checkbox"/>
14.	<input type="text"/>	<input type="checkbox"/>	34.	<input type="text"/>	<input type="checkbox"/>
15.	<input type="text"/>	<input type="checkbox"/>	35.	<input type="text"/>	<input type="checkbox"/>
16.	<input type="text"/>	<input type="checkbox"/>	36.	<input type="text"/>	<input type="checkbox"/>
17.	<input type="text"/>	<input type="checkbox"/>	37.	<input type="text"/>	<input type="checkbox"/>
18.	<input type="text"/>	<input type="checkbox"/>	38.	<input type="text"/>	<input type="checkbox"/>
19.	<input type="text"/>	<input type="checkbox"/>	39.	<input type="text"/>	<input type="checkbox"/>
20.	<input type="text"/>	<input type="checkbox"/>	40.	<input type="text"/>	<input type="checkbox"/>



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Instructions:

60 Second Recall - TRIAL 1

Say:

"Remember the things from the bag? I'd like to see how many you can recall."

Start stopwatch.

Check off items recalled under Trial 1, etc. As necessary, encourage patient to keep trying; complete recall is much harder than people expect.

Time for each Trial: 60 seconds

Say:

"Most people find this harder than they expected. I'd like to remind you of the ones that you left out and then give you a few more chances to recall all of the objects. We need to see what happens when you try to learn a list."

Remind patient only of items missed. Allow exactly five seconds after each word (slow rate).





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TRIAL 1 (60 Second Recall)

MARK ALL ITEMS RECALLED LIKE THIS

- Ball
- Bottle
- Button
- Card
- Cup
- Key
- Matches
- Nail
- Ring
- Scissors



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Instructions:

Rapid Verbal Retrieval

You say:

"I want you to tell me, as quickly as you can, all of the different foods that you can name. Go ahead."

Start stopwatch.

Time: 30 seconds

Record foods.

When patient pauses, encourage him to keep trying.





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Rapid Verbal Retrieval - FOODS

	Valid		Valid
1. <input type="text"/>	<input type="checkbox"/>	11. <input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	12. <input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	13. <input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	14. <input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	15. <input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	16. <input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	17. <input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	18. <input type="text"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	19. <input type="text"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	20. <input type="text"/>	<input type="checkbox"/>





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Instructions:

60 Second Recall - TRIAL 2

Say:

"Remember the things from the bag? I'd like to see how many you can recall."

Start stopwatch.

Check off items recalled under Trial 2. As necessary, encourage patient to keep trying; complete recall is much harder than people expect.

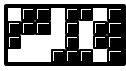
Time for each Trial: 60 seconds

Say:

"Most people find this harder than they expected. I'd like to remind you of the ones that you left out and then give you a few more chances to recall all of the objects. We need to see what happens when you try to learn a list."

Remind patient only of items missed. Allow exactly five seconds after each word (slow rate).





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TRIAL 2 (60 Second Recall)

MARK ALL ITEMS RECALLED LIKE THIS



- Ball
- Bottle
- Button
- Card
- Cup
- Key
- Matches
- Nail
- Ring
- Scissors





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Instructions:

Rapid Verbal Retrieval

You say:

"I want you to tell me, as quickly as you can, all of the different things you can think of that make people happy...things that make you happy. Go ahead."

Start stopwatch.

Time: 30 seconds

Record list of happy items.

When patient pauses, encourage him to keep trying.





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Rapid Verbal Retrieval - HAPPY

	Valid		Valid
1. <input type="text"/>	<input type="checkbox"/>	11. <input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	12. <input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	13. <input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	14. <input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	15. <input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	16. <input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	17. <input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	18. <input type="text"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	19. <input type="text"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	20. <input type="text"/>	<input type="checkbox"/>





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Instructions:

60 Second Recall - TRIAL3

Say:

"Remember the things from the bag? I'd like to see how many you can recall."

Start stopwatch.

Check off items recalled under Trial 3. As necessary, encourage patient to keep trying; complete recall is much harder than people expect.

Time for each Trial: 60 seconds

Say:

"Most people find this harder than they expected. I'd like to remind you of the ones that you left out and then give you a few more chances to recall all of the objects. We need to see what happens when you try to learn a list."

Remind patient only of items missed. Allow exactly five seconds after each word (slow rate).



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TRIAL 3 (60 Second Recall)

MARK ALL ITEMS RECALLED LIKE THIS

- Ball
- Bottle
- Button
- Card
- Cup
- Key
- Matches
- Nail
- Ring
- Scissors





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Instructions:

Rapid Verbal Retrieval

You say:

"I want you to tell me, as quickly as you can, all of the different vegetables that you can name. Go ahead."

Start stopwatch.

Time: 30 seconds

Record list of vegetables.

When patient pauses, encourage him to keep trying.





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Rapid Verbal Retrieval - VEGTABLES

	Valid		Valid
1. <input type="text"/>	<input type="checkbox"/>	11. <input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	12. <input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	13. <input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	14. <input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	15. <input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	16. <input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	17. <input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	18. <input type="text"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	19. <input type="text"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	20. <input type="text"/>	<input type="checkbox"/>



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Instructions:

60 Second Recall - TRIAL4

Say:

"Remember the things from the bag? I'd like to see how many you can recall."

Start stopwatch.

Check off items recalled under Trial 4. As necessary, encourage patient to keep trying; complete recall is much harder than people expect.

Time for each Trial: 60 seconds

Say:

"Most people find this harder than they expected. I'd like to remind you of the ones that you left out and then give you a few more chances to recall all of the objects. We need to see what happens when you try to learn a list."

Remind patient only of items missed. Allow exactly five seconds after each word (slow rate).



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TRIAL 4 (60 Second Recall)

MARK ALL ITEMS RECALLED LIKE THIS



Ball

Bottle

Button

Card

Cup

Key

Matches

Nail

Ring

Scissors





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Instructions:

Rapid Verbal Retrieval

You say:

"I want you to tell me, as quickly as you can, all of the different things you can think of that make people sad...things that make you sad. Go ahead."

Start stopwatch.

Time: 30 seconds

Record list of sad items.

When patient pauses, encourage him to keep trying.





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Rapid Verbal Retrieval - SAD

	Valid		Valid
1. <input type="text"/>	<input type="checkbox"/>	11. <input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	12. <input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	13. <input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	14. <input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	15. <input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	16. <input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	17. <input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	18. <input type="text"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	19. <input type="text"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	20. <input type="text"/>	<input type="checkbox"/>



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Instructions:

60 Second Recall - TRIAL5

Say:

"Remember the things from the bag? I'd like to see how many you can recall."

Start stopwatch.

Check off items recalled under Trial 5. As necessary, encourage patient to keep trying; complete recall is much harder than people expect.

Time for each Trial: 60 seconds

Say:

"Most people find this harder than they expected. I'd like to remind you of the ones that you left out and then give you a few more chances to recall all of the objects. We need to see what happens when you try to learn a list."

Remind patient only of items missed. Allow exactly five seconds after each word (slow rate).



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TRIAL 5 (60 Second Recall)

MARK ALL ITEMS RECALLED LIKE THIS

- Ball
- Bottle
- Button
- Card
- Cup
- Key
- Matches
- Nail
- Ring
- Scissors



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Instructions:

Delayed Recall

STEVE -

IN ADDITION TO CHECKING FORMAT, WE NEED YOU TO PROVIDE US WITH INSTRUCTIONS FOR THE DELAYED RECALL TASK.

- 1) TO RECALL**
- 2) TO RECOGNIZE**





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Delayed Recall and Recognition After Delay

Check Mark Items Like This

Items Recalled	Recalled or Recognized After Delay			
<input type="checkbox"/> Ball	Stone	Block	Ball <input type="checkbox"/>	
<input type="checkbox"/> Bottle	Light Bulb	Bottle <input type="checkbox"/>	Box	
<input type="checkbox"/> Button	Coin	Buckle	Button <input type="checkbox"/>	
<input type="checkbox"/> Card	Photograph	Card <input type="checkbox"/>	Stamp	
<input type="checkbox"/> Cup	Spoon	Saucer	Cup <input type="checkbox"/>	
<input type="checkbox"/> Key	Key <input type="checkbox"/>	Can Opener	Nail File	
<input type="checkbox"/> Matches	Lighter	Toothpick	Matches <input type="checkbox"/>	
<input type="checkbox"/> Nail	Nail <input type="checkbox"/>	Screw	Pencil	
<input type="checkbox"/> Ring	Bracelet	Ring <input type="checkbox"/>	Thimble	
<input type="checkbox"/> Scissors	Scissors <input type="checkbox"/>	Knife	Pliers	