## Neurological Assessments

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>Uses</th>
<th>Age</th>
<th>Price</th>
</tr>
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<tbody>
<tr>
<td><strong>Brief Cognitive Status Exam (BCSE)</strong></td>
<td>Helps evaluate global cognitive functioning in patients with dementia, mild MR, TBI, or suspected Alzheimer’s disease.</td>
<td>16 years and older</td>
<td>25 UK record forms, notes for UK user, manual and WMS-IV scoring template</td>
</tr>
<tr>
<td><strong>Brief Neuropsychological Cognitive Examination (BNCE)</strong></td>
<td>A brief neuropsychological exam that efficiently helps assess cognitive functions.</td>
<td>18 years and older</td>
<td>Includes manual, Stimulus Booklet, 20 Response Booklets, 20 Administration and Scoring Forms</td>
</tr>
<tr>
<td><strong>Comprehensive Trail-Making Test (CTMT)</strong></td>
<td>Assesses the effects of brain injury and other forms of central nervous system compromise. It also detects frontal lobe deficits; problems with psychomotor speed, visual search, sequencing; and attention; and impairments in set shifting.</td>
<td>11–74 years old</td>
<td>Manual and 10 CTMT Record Booklets</td>
</tr>
<tr>
<td><strong>Koppitz Developmental Scoring System for the Bender Gestalt Test (KOPPITZ-2)</strong></td>
<td>Determine the presence and degree of visual-motor problems; identify candidates for remediation or visual-motor</td>
<td>5 to 85 years</td>
<td>Manual; Bender Gestalt II Stimulus Cards; 25 Examiner Record Forms, Ages 5 to 7; 25 Examiner Record Forms, Ages 8 to 85+; 25</td>
</tr>
</tbody>
</table>

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Neurological Test

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Age Range</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Test training; monitor</td>
<td>progress in cases of acute injury or degenerative disease; and evaluate the effectiveness of intervention efforts.</td>
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<tr>
<td>Emotional Indicators Record Forms;</td>
<td>Scoring Template; all in a sturdy storage box</td>
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<tr>
<td>Mental Status Checklist-Adult (MSC)</td>
<td>Helpful in assessing mental status of adults</td>
<td>18 to 60 years</td>
<td>Mental Status Checklist-Adult (pkg/25)</td>
</tr>
<tr>
<td>Neuropsychological Impairment Scale (NIS)</td>
<td>Get a reliable picture of neuropsychological status in just 15 to 20 minutes. Provides a quick, accurate picture of neuropsychological symptoms, eliciting relevant diagnostic information that might otherwise go unreported</td>
<td>18 to 88 years</td>
<td>25 Self-Report AutoScore Answer Forms; 25 Observer-Report AutoScore Answer Forms; 1 Senior Interview Response Card; 1 Manual</td>
</tr>
<tr>
<td>Psychopathic Personality Inventory-Revised (PPI-R)</td>
<td>Assess psychopathic personality traits</td>
<td>18 to 86 years</td>
<td>PPI-R Professional Manual, PPI-R Software Portfolio with On-Screen Help and Quick Start Guide, 25 Reusable Item Booklets, 25 Response Forms, and 25 Scoring Summary Forms</td>
</tr>
<tr>
<td>Test Description</td>
<td>Description</td>
<td>Age Range</td>
<td>Included Items</td>
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<tr>
<td>Quick Neurological Screening Test, 3rd Edition (QNST-3)</td>
<td>Document the presence of neurological soft signs</td>
<td>4 to 80 years</td>
<td>QNST-3 Manual, 25 Record Forms, and 25 Remedial Guidelines Forms</td>
</tr>
<tr>
<td>Shipley Institute of Living Scale: 2nd Ed. (SHIPLEY-2)</td>
<td>Provides a brief yet robust measure of crystallized and fluid cognitive ability, generating a quick estimate of overall cognitive functioning and impairment</td>
<td>7 to 89 years</td>
<td>20 Vocabulary AutoScore Forms; 10 Abstraction AutoScore Forms; 10 Block Patterns Forms; Manual</td>
</tr>
<tr>
<td>Stroop Neuropsychological Screening Test (SNST)</td>
<td>Screen for brain damage</td>
<td>18 to 79 years</td>
<td>SNST Manual, 25 Form C Stimulus Sheets, 25 Form C-W Stimulus Sheets, and 50 Record Forms</td>
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**Brief Cognitive Status Exam (BCSE)**

Assess cognitive abilities quickly and reliably.
Neurological Test

The Brief Cognitive Status Exam helps evaluate global cognitive functioning in patients with dementia, mild MR, TBI, or suspected Alzheimer’s disease. This brief, reliable test is a stand-alone version of the optional Brief Cognitive Status Exam found in the WMS®-IV (Wechsler Memory Scale®, Fourth Edition).

Users & Applications

The Brief Cognitive Status Exam is used by clinical psychologists, medical professionals, and other mental health professionals in hospitals, mental health facilities, and assisted living facilities.

Features & Benefits

- Covers seven cognitive domains: Orientation, Time, Mental Control, Planning and Visual-Perceptual Processing, Incidental Recall, Inhibitory Control, and Verbal Productivity
- Designed to yield a performance classification focused on impaired rather than normal or superior performance (Average, Low Average, Borderline, Low, Very Low)
- Provides classifications stratified by age and years of education

Brief Neuropsychological Cognitive Examination (BNCE)
by Joseph M. Tonkonogy, M.D., Ph.D.

Purpose: Assesses major cognitive functions in one short session, yielding a general cognitive profile

Ages / Grade: 18 years and up

Administration Time Less than 30 minutes

Format: 10 subtests composed of easily administered tasks, none requiring more than minimal reading skills

Scores Total score indicating overall severity of impairment, subtest scores, and two aggregate scores for the simple and complex subtests

This convenient test assesses the cognitive functions targeted in a typical neuropsychological exam. In less than 30 minutes, it gives you a general cognitive profile that can be used for screening, diagnosis, or follow-up. More efficient than a neuropsychological battery and more thorough than a screener, BNCE is an ideal way to evaluate the cognitive status of patients with psychiatric disorders or psychiatric manifestations of neurological diseases.

Measure processing skills needed for everyday functioning

Appropriate for individuals 18 years of age and older, the BNCE assesses
Neurological Test

- Working memory
- Gnosis
- Praxis
- Language
- Orientation
- Attention
- Executive functions

It is composed of 10 subtests, none requiring more than minimal reading skills. Five of these subtests measure the ability to process conventional, frequently used information, while the remaining five measure the ability to process novel or incomplete information. The test focuses on processing skills needed for everyday functioning, and is sensitive to mild impairment often missed by other brief cognitive screeners.

Find out how the patient processes novel versus conventional information

The BNCE gives you subtest scores, a total score indicating overall severity, and two aggregate scores for the simple and complex subtests--so that you can look at the patient's ability to process conventional versus novel information. Results can help you differentiate problems caused by subcortical lesions from those caused by cortical lesions and those caused by primary psychiatric disorders. The BNCE Manual is unique in that it provides extensive guidance in interpreting test results.

Quickly uncover cognitive abnormalities

The BNCE is an excellent way to start a process-oriented neuropsychological exam--It quickly reveals specific cognitive abnormalities that may warrant more detailed evaluation. And it can be used to monitor the course of both psychiatric and neurological disease. It has been found especially useful in evaluating patients with sequelae of head injury, stroke, encephalitis, and primary degenerative disorders such as Alzheimer's, Huntington's, Parkinson's and Pick's diseases and those suffering from seizure disorders, schizophrenia, mood disorders, and alcohol and drug abuse.

Comprehensive Trail-Making Test (CTMT)
by Cecil R. Reynolds, Ph.D.

Based on time-tested techniques, the CTMT is a standardized set of five visual search and sequencing tasks that are heavily influenced by attention, concentration, resistance to distraction, and cognitive flexibility (or set-shifting). It is highly useful in the evaluation and diagnosis of brain injury; frontal lobe deficits; problems with psychomotor speed, visual search and sequencing, and attention; and impairments in set-shifting.

The CTMT is for individuals ages 8 through 74. Administration is timed and takes from 5 to 12 minutes.
Neurological Test

Scoring typically requires just a few minutes more. Normative scores, derived from a nationwide sample of 1,664 people, are provided as percentile ranks and T-scores with a mean of 50 and a standard deviation of 10.

The basic task of trail-making is to connect a series of stimuli (numbers and letters) in a specified order as fast as possible. The score derived for each trail is the number of seconds required to complete the task. The composite score is obtained by pooling T-scores from the individual trails. Although similar, the test's five trails differ from each other in some significant way. For example, Trail 1 requires the examinee to draw a line connecting the numbers 1 through 25 in order, while Trail 2 presents the same task with 29 distracters on the same page.

The CTMT is extremely sensitive to neurological insult, disease, injury, or dysfunction, including the subtle neuropsychological problems often present in individuals with learning disabilities.

KOPPITZ-2: Koppitz Developmental Scoring System for the Bender® Gestalt Test, 2nd Ed. (KOPPITZ-2)

Cecil R. Reynolds, PhD

Purpose: Measure visual-motor integration skills

Age range: 5 to 85 years

Admin: Individual administration

Admin time: 5-10 minutes

The KOPPITZ-2 is a highly reliable, valid measure of visual-motor integration skills that applies the developmental approach to scoring made so popular by its originator, Dr. Elizabeth Munsterberg Koppitz.

True to original conceptualization but updated to meet current psychometric standards

- Requires the examinee to draw increasingly complex figures from a model (the Bender designs, derived from theories of Gestalt psychology) on a plain sheet of white paper and to organize the task independently, effectively assessing the ability to relate visual stimuli accurately to motor responses.

- Uses a less structured task than other tests of visual-motor integration, thereby providing a more ecologically sound approach to this type of assessment.

- Extended age range allows for the evaluation of special education students through age 21 years and the evaluation of the visual-motor integration deficits of the growing population of seniors.
• For older children and adults, both 2- and 3-dimensional drawings are now required that reveal subtle deficits in visual-motor integration processes.

Maintains a developmental view of visual-motor integration
• Provides separate scoring systems for young children (ages 5-7 years) as well as older children and adults (ages 8-85 years and older).
• Normative sample of 3,600 persons is matched to U.S. Census statistics on socioeconomic factors, ethnicity, geographic region, community size, and other critical variables to ensure representativeness of the total population.
• Completely nonverbal and useful with individuals from widely varied cultural and ethnic backgrounds.
• A special chapter of the Examiner’s Manual is devoted to the Koppitz Emotional Indicators (EIs) and their proper use; a specialized scoring form is also provided.

Highly reliable across age, gender, and ethnicity
• Reliability coefficients are reported for multiple subgroups, including individuals with various disorders.
• Internal consistency (alpha) reliabilities for all but one age are greater than .80; the average of reliabilities across ages is .88. The test correlates highly with the WISC®-III Performance Scale and Perceptual Organization Index.
• Detailed scoring guides and a clear scoring template ensure high levels of interscorer reliability.

Mental Status Checklist™ – Adult (MSC)
John A. Schinka, PhD

Purpose: Helpful in assessing mental status of adults

Age range: 18 to 60 years

Admin: Individual

Admin time: Varies

Scoring time: 5 minutes

Consists of 120 items typically included in a comprehensive mental status exam of adults.
Neurological Test

Neuropsychological Impairment Scale (NIS)

by William E. O'Donnell, Ph.D., M.P.H., Clinton B. DeSoto, Ph.D., Janet L. DeSoto, Ed.D., and Don McQ. Reynolds, Ph.D.

Purpose: Provides a quick, accurate picture of neuropsychological symptoms, eliciting relevant diagnostic information that might otherwise go unreported.

Ages / Grade: 18 to 88 years

Administration Time: 15 to 20 minutes

Format: Self-report, observer report, and senior interview

Norms: Nonclinical norms based on a sample of 1,000 adults stratified by age; Clinical norms based on a sample of 534 neuropsychiatric patients, separated by diagnosis.

Here is a quick and convenient way to screen adults for neuropsychological symptoms. This brief self-report questionnaire addresses both global impairment and specific symptom areas, eliciting diagnostically relevant information that might otherwise go unreported. The NIS brings up symptoms that patients often fail to mention in an informal clinical interview. A useful addition to any general psychological evaluation, it is an efficient way to screen for organic problems.

Serving as an "early warning system," the NIS can identify areas for inquiry, focus treatment efforts and help determine whether the patient will benefit from therapy. It has proven particularly useful in assessing age- and AIDS-related dementia.

Composed of 95 items, the NIS provides three very helpful summary scores, plus subscale scores and validity checks:

- Global Measure of Impairment--serves as a general index of neuropsychological functioning.
- Total Items Circled--distinguishes patients who report many low-intensity symptoms from those...
Neurological Test

who report a few high-intensity symptoms.

• Symptom Intensity Measure--alerts you to individuals with organic personality disorder, diminished affective experience, limited awareness of their impairments, or high levels of frustration or psychological distress.

<table>
<thead>
<tr>
<th>Subscale Scores</th>
<th>Validity Checks</th>
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<tbody>
<tr>
<td>Cognitive Efficiency</td>
<td>Defensiveness</td>
</tr>
<tr>
<td>Attention</td>
<td>Affective Disturbance</td>
</tr>
<tr>
<td>Memory</td>
<td>Response Inconsistency</td>
</tr>
<tr>
<td>Frustration Tolerance</td>
<td>Subjective Distortion</td>
</tr>
<tr>
<td>Learning-Verbal</td>
<td></td>
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<tr>
<td>Academic Skills</td>
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<tr>
<td>Critical Items</td>
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</table>

The Subjective Distortion Check is particularly helpful because it tells you whether the client is under- or over-reporting symptoms.

Written at a fifth-grade reading level, the scale can be completed in just 15 to 20 minutes by anyone over the age of 17. Nonclinical norms, based on a sample of 1,000 adults (18 to 88 years old), are stratified by age (young adult, adult, middle-aged, and elderly). Clinical norms, drawn from a sample of 534 neuropsychiatric patients, are separated by diagnostic group (neurological, psychiatric, alcohol/drug, learning disability, and physical trauma).

A second form of the NIS--the Observer Report--presents items in the third person. This nonstandardized form, which can be completed by a relative or close friend of the patient, provides a different perspective on the patient's symptoms. Comparisons of Self and Observer Reports can help the patient understand the impact of his or her deficits and help family members adopt realistic expectations.

A third form of the test--the Senior Interview--is useful with older patients who can't complete the NIS Self-Report due to poor vision, strength, or manual dexterity. The Senior Interview consists of 40 questions that are read to the patient by the examiner. The patient indicates his or her response on a large-print visual cue card. This form provides a Global Measure of Impairment and scores for Defensiveness, Affective Disturbance, and Inconsistency. A Subjective Distortion Index can also be calculated if WAIS-R Digit Span and Similarities scores are available.

Efficient, comprehensive, and systematic, the NIS offers many advantages over an informal clinical interview. It uncovers diagnostically important symptoms that people might otherwise omit or disregard.

Psychopathic Personality Inventory™–Revised (PPI™-R)

Scott O. Lilienfeld, PhD
Professional Manual by Scott O. Lilienfeld, PhD and Michelle R. Widows, PhD
Software by Scott O. Lilienfeld, PhD, Michelle R. Widows, PhD, and PAR Staff
Neurological Test

Purpose: Assess psychopathic personality traits

Age range: 18 to 86 years

Admin: Individual or group

Admin time: 15-25 minutes

Scoring time: 20 minutes

The PPI-R is a 154-item self-report measure of both global psychopathy and the component traits of psychopathy.

- Can detect response styles such as positive or negative impression management and random or careless responding.
- Rather than focusing exclusively on antisocial or criminal behaviors, the PPI-R measures the continuum of psychopathic personality traits.
- Standardized and validated for use with men and women in a community/college sample that reflects 2002 U.S. Census data for race/ethnicity, educational background, and geographic area. Also includes normative data for a male offender sample.
- Useful in a variety of settings, particularly correctional facilities, forensic practice, substance abuse treatment centers, and research.

Quick Neurological Screening Test, 3rd Edition (QNST-3)

Margaret Mutti, MA, Nancy A. Martin, PhD, Harold Sterling, MD, and Norma Spalding, EdD

Purpose: Document the presence of neurological soft signs

Age range: 4 to 80 years

Admin: Individual

Admin time: 20-30 minutes

An assessment of motor skills, the QNST-3 documents the presence of neurological soft signs (NSSs), which can indicate impaired motor coordination and sensory integration and are often harbingers of learning difficulties in individuals without a history of trauma.
• Empirically based, the QNST-3 provides an easy and reliable way to quantify, over time, the presence and extent of behaviors that may be of clinical importance.

• QNST-3 tasks are commonly used in traditional neurologic exams and require no special equipment.

• Expanded norms now cover not only children but also adults, including the geriatric population.

• The manual’s updated literature review includes information about NSSs seen in individuals with sports-related concussions (child and adult), blast injuries (e.g., returning war veterans), learning disabilities, and neurodegenerative diseases (e.g., Alzheimer’s and Parkinson’s diseases).

• Hand-scoring is quick and easy; raw scores (one from each task and an overall total) are interpreted in terms of functional categories (based on the frequencies of NSSs seen in the normative sample).

Shipley-2

Walter C. Shipley, PhD, Christian P. Gruber, PhD, Thomas A. Martin, PhD, and Amber M. Klein, PhD.

Purpose: Quickly measure intellectual functioning and cognitive impairment

Age range: 7 to 89 years

Admin: Individual or group administration

Admin time: 20-25 minutes to administer, 5 minutes to score

Scoring time: 5 minutes

Revised and restandardized, this enduring test offers a brief yet robust measure of intelligence and includes updated norms, an expanded age range, and a nonverbal Block Patterns scale.

Get a straightforward and brief measure of intellect

• Like the original, the Shipley-2 measures two aspects of cognition: crystallized knowledge, which is gained through education and experience, and fluid reasoning, the capacity to use logic to learn and acquire new information or solve problems.

• Ideal when you need to obtain quick ability estimates, screen for cognitive dysfunction, or qualify participants for research studies. It also functions well as a component of more complex assessments in neuropsychological, clinical, and forensic settings.
Neurological Test

- Use for intake screening, assessing brain injuries, determining eligibility for disability benefits, measuring the effects of toxic exposure, guiding treatment and rehabilitation, informing educational or job placement decisions, identifying cognitive problems, and monitoring cognitive decline.

Retains simplicity but expands utility

- The new Block Patterns scale, which assesses fluid ability, is composed of 12 multiple-choice items based on the Kohs cube designs and offers a good alternative to the Abstraction scale.

- Norms are stratified by age for children (ages 7-19 years) and adults (ages 17-89 years) and based on a sample of 2,826 individuals representative of the U.S. population in terms of ethnicity, gender, and educational level.

- Optional unlimited-use computer software enables you to administer the Shipley-2 on-screen and rapidly score responses from paper-and-pencil and/or on-screen administrations.

- Provides standard scores, percentiles, age equivalents, and confidence intervals as well as a Composite score, which is reflective of overall cognitive ability, and the Impairment Index, which represents the discrepancy between vocabulary and abstract thinking and is calculated only for adults.

Stroop Neuropsychological Screening Test (SNST)

Max R. Trenerry, PhD, Bruce Crosson, PhD, James DeBoe, PhD, and William R. Leber, PhD

Purpose: Screen for brain damage

Age range: 18 to 79 years

Admin: Individual

Admin time: 4 minutes (timed)

Scoring time: 5 minutes

In just 5 minutes, the SNST briefly assesses cognitive processing and provides valuable information on brain dysfunction, cognition, and psychopathology—all of which affect an individual’s ability to cope with cognitive stress and process complex input. Results may highlight the need for more specific testing.

- In the Color Task, the individual reads aloud a list of color names in which no name is printed in its matching color. In the Color-Word Task, the individual names the ink color in which the color names are printed.
• Norms are provided for two age groups, 18-49 years and 50 years and older.

• The test correctly differentiates over 79% of brain-damaged adults from normal adults. Test-retest reliability is .90.