

W9

Wave 9

**FORM 8**  
**MACS NEUROPSYCHOLOGICAL STUDY PHASE I**  
**CHICAGO**

Form		0		8
Center				2
MACS Study ID#				
MACS Visit #				
NP Wave #				9
NP Phase I Visit #				
Date (mm/dd/yy)				
Examiner				

1. DIGIT-SPAN FORWARD: a.) WAIS-R Raw Score . . . . . | |
- b.) Span with No Errors . . . . . | |
- c.) Span allowing Sequence Errors . . . . . | |

- BACKWARD: a.) WAIS-R Raw Score . . . . . | |
- b.) Span with No Errors . . . . . | |
- c.) Span allowing Sequence Errors . . . . . | |
- d.) Total WAIS-R Raw Score . . . . . | |
- e.) WAIS-R Scaled Score . . . . . | |
- f.) WAIS-R Peer Score . . . . . | |

2. SYMBOL-DIGIT a.) Raw Score . . . . . | |
- b.) Paired Recall Score . . . . . | |

3. VERBAL FLUENCY (FAS) a.) First . . . . . | |
- b.) Second . . . . . | |
- c.) Third . . . . . | |
- d.) INTRUSIONS / REPETITIONS . . . . . | |
- e.) ERRORS . . . . . | |
- f.) FOODS . . . . . | |

4. RAVLT (CHICAGO ONLY):
- a.) TRIAL 1: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 TOTAL
- |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

- (i) Primary Memory Capacity . . . . . | |
- b.) TRIAL 2 . . . . . | |
- c.) TRIAL 3 . . . . . | |
- d.) TRIAL 4 . . . . . | |
- e.) TRIAL 5 . . . . . | |
- f.) INTERFERENCE (Trial 6) . . . . . | |
- g.) IMMEDIATE RECALL (Trial 7) . . . . . | |
- h.) DELAYED RECALL (Trial 8) . . . . . | |
- i.) TOTAL INTRUSIONS, 1 - 5 . . . . . | |
- j.) INTRUSIONS / DELAYED AND IMMEDIATE RECALL . . . . . | |
- k.) RECOGNITION - HITS / CORRECT . . . . . | |
- l.) - FALSE ALARMS / INCORRECT . . . . . | |

5. GROOVED PEGBOARD a.) Dominant hand (secs) . . . . . | |
- b.) Non-dominant hand (secs) . . . . . | |
- c.) Total number of drops . . . . . | |

6. TRAILMAKING      **PART A:** a.) Seconds (max=240) . . . . .     
                              b.) Errors . . . . .    
                              c.) Points . . . . .    
  
                              **PART B:** a.) Seconds (max=240) . . . . .     
                              b.) Errors . . . . .    
                              c.) Points . . . . .

7. NEUROLOGICAL QUESTIONNAIRE: ( 1=Yes, 2=No )

1a 1b 1c 1d 2a 2b 2c 3a 3b 3c 4a 4b 4c 4d 4e 5a 5b 5c 6a 6b 6c 6d

8. MANUAL FINGER TAPPING TEST (Chicago):

							Average	
		1	2	3	4	5		
a.) Dom. Hand		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.) Non-dom. Hand:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9a. Alcohol use, last 24 hours: (Where one drink is equal to: 1-12 ounce beer, or 1-4 ounce glass of wine, or 1 ounce of hard liquor).

- |                |                                                    |
|----------------|----------------------------------------------------|
| 1.) None       | 4.) 4-6 drinks                                     |
| 2.) 1 drink    | 5.) 7 or more drinks                               |
| 3.) 2-3 drinks | 9.) Missing/unknown . . . . . <input type="text"/> |

9b. Drug use, last 24 hours:

- |                       |                                                   |
|-----------------------|---------------------------------------------------|
| 1.) None              | 5.) Uppers/downers                                |
| 2.) Marijuana/hashish | 6.) Polysubstance                                 |
| 3.) Cocaine           | 7.) Other drugs                                   |
| 4.) Opiates           | 9.) Missing/unknown. . . . . <input type="text"/> |

10. Head injury-HX of LOC since last visit:

- |              |                                            |
|--------------|--------------------------------------------|
| 1.) No       | 4.) >24hrs                                 |
| 2.) <1hr     | 5.) Unknown                                |
| 3.) 1-24hrs. | 9.) Missing . . . . . <input type="text"/> |

11. Ask participant about his current memory self-rating. "On a scale from 1 to 10, with 10 being normal for you, how would you rate your own memory ability now?" (code 01-10, 99 missing) . . . . .

12. Temporary physical limitations:

- |         |                                           |
|---------|-------------------------------------------|
| 1.) Yes | 8.) Not done at center                    |
| 2.) No  | 9.) Missing. . . . . <input type="text"/> |

