

Alzheimer's Disease Cooperative Study

## ADAS – Cognitive Behavior

### SAMPLE FORM – Page 1 of 4

Center Name	Patient Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">P</td> <td style="width: 20px; height: 20px;">R</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	P	R	-			-			Patient Initials <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>				Examiner Initials <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>				Examination Date <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> </table>							Month		Day		Year	
P	R	-			-																									
Month		Day		Year																										

**1. WORD RECALL TASK:** Indicate the total number of **correct** responses for each trial

Trial 1	Trial 2	Trial 3

**7. WORD RECOGNITION TASK:** Scoring will be done by the A.D.C.S. Data Coordinating Center.

Trial 1	Trial 2	Trial 3

**2. NAMING OBJECTS AND FINGERS:** Check each object/finger named **correctly** or check "NONE."

NONE

<input type="checkbox"/> Flower	<input type="checkbox"/> Rattle	<input type="checkbox"/> Wallet
<input type="checkbox"/> Bed	<input type="checkbox"/> Mask	<input type="checkbox"/> Harmonica
<input type="checkbox"/> Whistle	<input type="checkbox"/> Scissors	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Pencil	<input type="checkbox"/> Comb	<input type="checkbox"/> Tongs
<input type="checkbox"/> Thumb	<input type="checkbox"/> Index	<input type="checkbox"/> Ring
<input type="checkbox"/> Pinky	<input type="checkbox"/> Middle	

**8. LANGUAGE:** Check level of impairment.

**None:** patient speaks clearly and/or is understandable.

**Very Mild:** one instance of lack of understandability.

**Mild:** patient has difficulty < 25% of the time.

**Moderate:** patient has difficulty 25–50% of the time.

**Moderately Severe:** patient has difficulty more than 50% of the time.

**Severe:** one- or two-word utterances; fluent, but empty speech; mute.

**3. COMMANDS:** Check each command performed **correctly** or check "NONE."

NONE

Make a fist.

Point to the ceiling, then to the floor.

Put the pencil on top of the card, then put it back.

Put the watch on the other side of the pencil and turn over the card.

Tap each shoulder twice with two fingers keeping your eyes shut.

**9. COMPREHENSION OF SPOKEN LANGUAGE:** Check level of impairment

**None:** patient understands.

**Very Mild:** one instance of misunderstanding.

**Mild:** 3–5 instances of misunderstanding.

**Moderate:** requires several repetitions and rephrasing.

**Moderately Severe:** patient only occasionally responds correctly; i.e., yes – no questions.

**Severe:** patient rarely responds to questions appropriately; not due to poverty of speech.

**4. CONSTRUCTIONAL PRAXIS:** Check each figure drawn **correctly**.

None: attempted but drew no forms correctly.

Patient drew no forms; scribbled; wrote words.

Circle

Two overlapping rectangles

Rhombus

Cube

**10. WORD FINDING DIFFICULTY:** Check one response.

**None.**

**Very Mild:** 1 or 2 instances, not clinically significant.

**Mild:** noticeable circumlocution or synonym substitution.

**Moderate:** loss of words without compensation on occasion.

**Moderately Severe:** frequent loss of words without compensation.

**Severe:** nearly total loss of content words; speech sounds empty; 1– to 2-word utterances.

**5. IDEATIONAL PRAXIS:** Check each step completed **correctly** or check "NONE"

NONE

Fold a letter.

Put letter in envelope.

Seal envelope.

Address envelope.

Indicate where stamp goes.

**11. REMEMBERING TEST INSTRUCTIONS:** Check level of impairment.

**None.**

**Very Mild:** forgets once.

**Mild:** must be reminded 2 times.

**Moderate:** must be reminded 3–4 times.

**Moderately Severe:** must be reminded 5–6 times

**Severe:** must be reminded 7 or more times.

**ADAS – Word Recall**  
**SAMPLE FORM – Page 2 of 4**

Center Name	Patient Number P R - [ ] [ ] - [ ] [ ]	Patient Initials [ ] [ ] [ ]	Examiner Initials [ ] [ ] [ ]	Examination Date [ ] [ ] [ ] [ ] [ ] [ ] Month Day Year
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**Present Word List #2.**

**Check EACH word correctly recalled.**

TRIAL 1	
BOTTLE	[ ]
POTATO	[ ]
GIRL	[ ]
TEMPLE	[ ]
STAR	[ ]
ANIMAL	[ ]
FOREST	[ ]
LAKE	[ ]
CLOCK	[ ]
OFFICE	[ ]
<b>TOTAL</b>	[ ]

TRIAL 2	
FOREST	[ ]
TEMPLE	[ ]
BOTTLE	[ ]
STAR	[ ]
POTATO	[ ]
GIRL	[ ]
CLOCK	[ ]
ANIMAL	[ ]
LAKE	[ ]
OFFICE	[ ]
<b>TOTAL</b>	[ ]

TRIAL 3	
GIRL	[ ]
TEMPLE	[ ]
POTATO	[ ]
ANIMAL	[ ]
FOREST	[ ]
LAKE	[ ]
OFFICE	[ ]
CLOCK	[ ]
BOTTLE	[ ]
STAR	[ ]
<b>TOTAL</b>	[ ]

Indicate total number of words correctly recalled for EACH trial on the ADAS Cognitive Behavior Form.

**12. Executive Function (Maze):**

- a. [ ] [ ] number of errors
- b. [ ] [ ] time at completion or second error  
(total seconds)

**13. Number Cancellation:**

- a. [ ] [ ] number of targets hit  
(Range: 0 - 40)
- b. [ ] [ ] number of errors
- c. [ ] [ ] number of times to remind of task

If any item(s) 1-13 are incomplete or not done, please specify reason:

Subject too cognitively impaired to complete

Subject was unable to complete for physical reasons

Subject refused

Not Done, for reason other than above explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADAS – Delayed Recall**  
**SAMPLE FORM – Page 3 of 4**

Center Name	Patient Number <table border="1" style="display: inline-table;"> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">R</td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	P	R	-			-			Patient Initials <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				Examiner Initials <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				Examination Date <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table>							Month	Day	Year			
P	R	-			-																									
Month	Day	Year																												

**Instructions:** Say to the patient, **“NOW I WANT YOU TO TRY TO REMEMBER THE WORDS THAT I SHOWED YOU EARLIER ON PRINTED CARDS. CAN YOU TELL ME ANY OF THOSE WORDS?”**

Allow a maximum of two minutes for recall.

**check EACH word correctly recalled.**

BOTTLE	
POTATO	
GIRL	
TEMPLE	
STAR	
ANIMAL	
FOREST	
LAKE	
CLOCK	
OFFICE	

**TOTAL**

## ADAS – Word Recognition

### SAMPLE FORM – Page 4 of 4

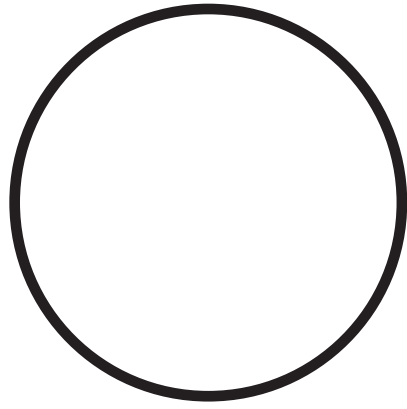
Center Name	Patient Number <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">P</td> <td style="padding: 2px 5px;">R</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	P	R					Patient Initials <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				Examiner Initials <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				Examination Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> <td colspan="4" style="text-align: center; font-size: 8px;">Year</td> </tr> </table>							Month	Day	Year			
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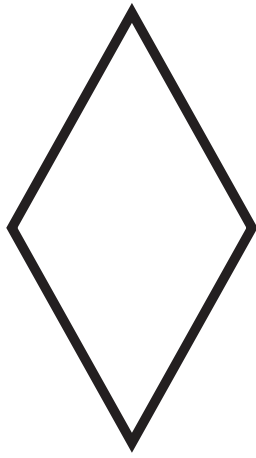
**Present Word List #2.**

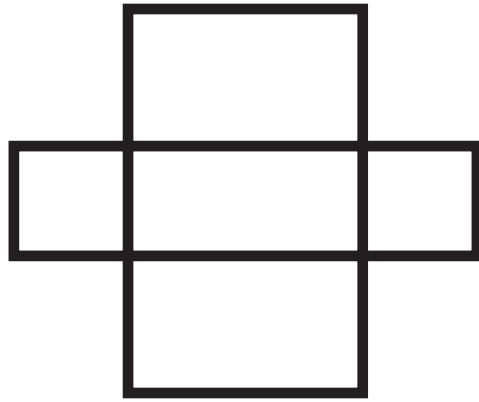
Check subject's response for each word. Subject should respond "yes" to original words which are bolded. INCORRECT responses are shaded. Three trials of reading and recognition are given.

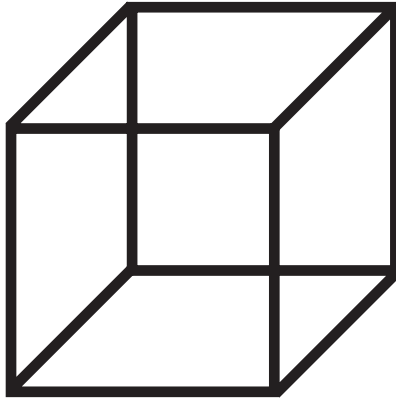
	Yes	No		Yes	No		Yes	No
<b>COST</b>			BATTLE			VISITOR		
NATION			MUCH			<b>ACID</b>		
<b>CHIMNEY</b>			<b>TUBE</b>			SPEAK		
SPARROW			TEAM			<b>SOLUTION</b>		
<b>DAMAGES</b>			COPY			NAME		
TRAFFIC			<b>ENGINE</b>			<b>MEAL</b>		
<b>SANDWICH</b>			<b>GRAVITY</b>			LINE		
SERVICE			<b>COST</b>			BILL		
SHELL			JAR			<b>CHIMNEY</b>		
<b>SOLUTION</b>			DISTANCE			<b>ENGINE</b>		
YARD			TRIUMPH			WEALTH		
<b>TUBE</b>			TEMPER			<b>TUBE</b>		
BODY			SENTENCE			IMAGE		
GROUND			FOX			<b>COST</b>		
STICK			<b>PASSENGER</b>			<b>SANDWICH</b>		
<b>ENGINE</b>			<b>SANDWICH</b>			<b>DAMAGES</b>		
<b>RICHES</b>			<b>SOLUTION</b>			ELEPHANT		
<b>GRAVITY</b>			WHISTLE			<b>RICHES</b>		
SUMMER			<b>CHIMNEY</b>			<b>GRAVITY</b>		
WISDOM			UNION			FUTURE		
MAN			<b>ACID</b>			<b>PASSENGER</b>		
<b>MEAL</b>			<b>MEAL</b>			STRING		
<b>PASSENGER</b>			<b>DAMAGES</b>			BANNER		
<b>ACID</b>			<b>RICHES</b>			BERRY		

\*see procedures manual for further clarification

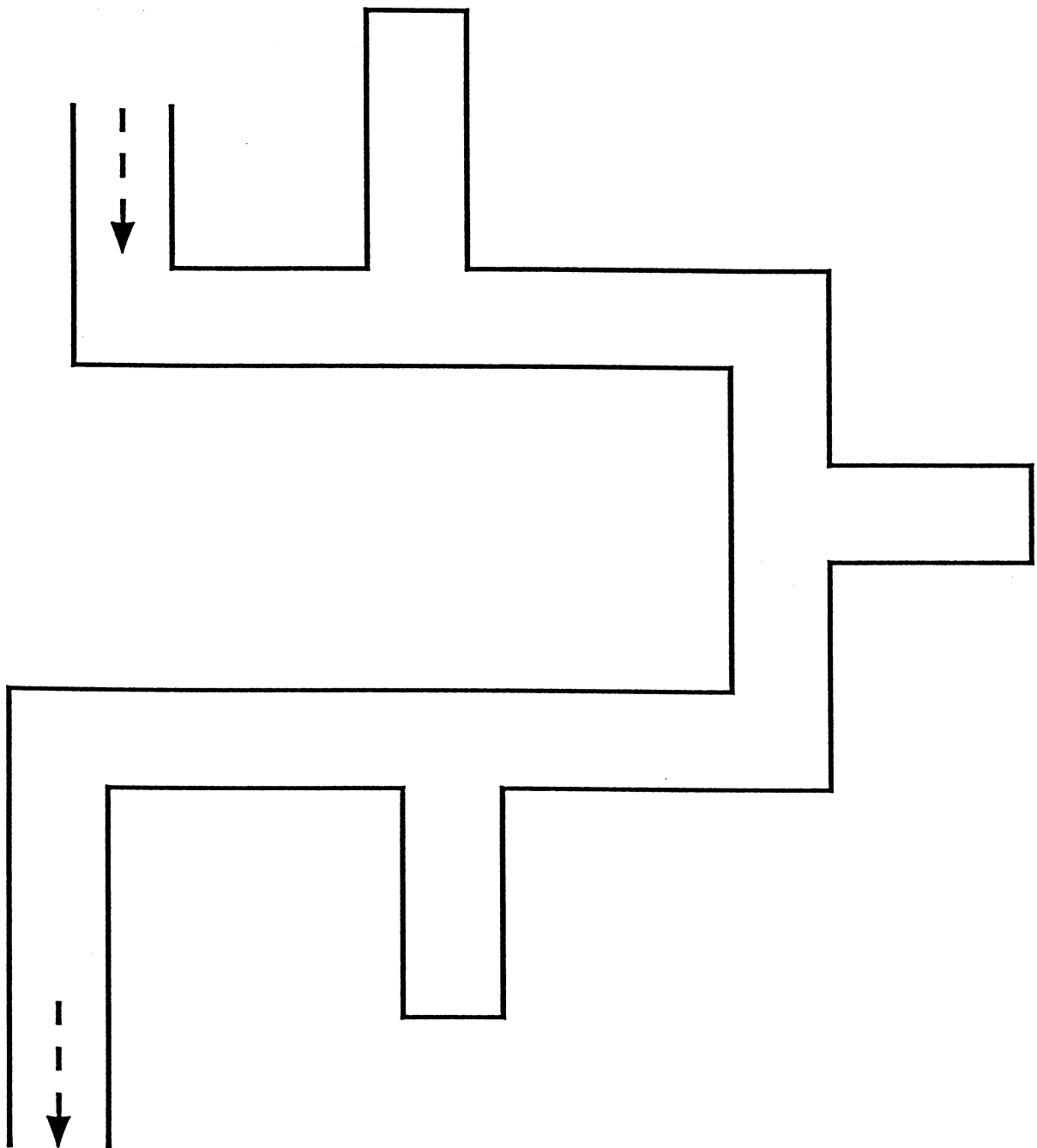






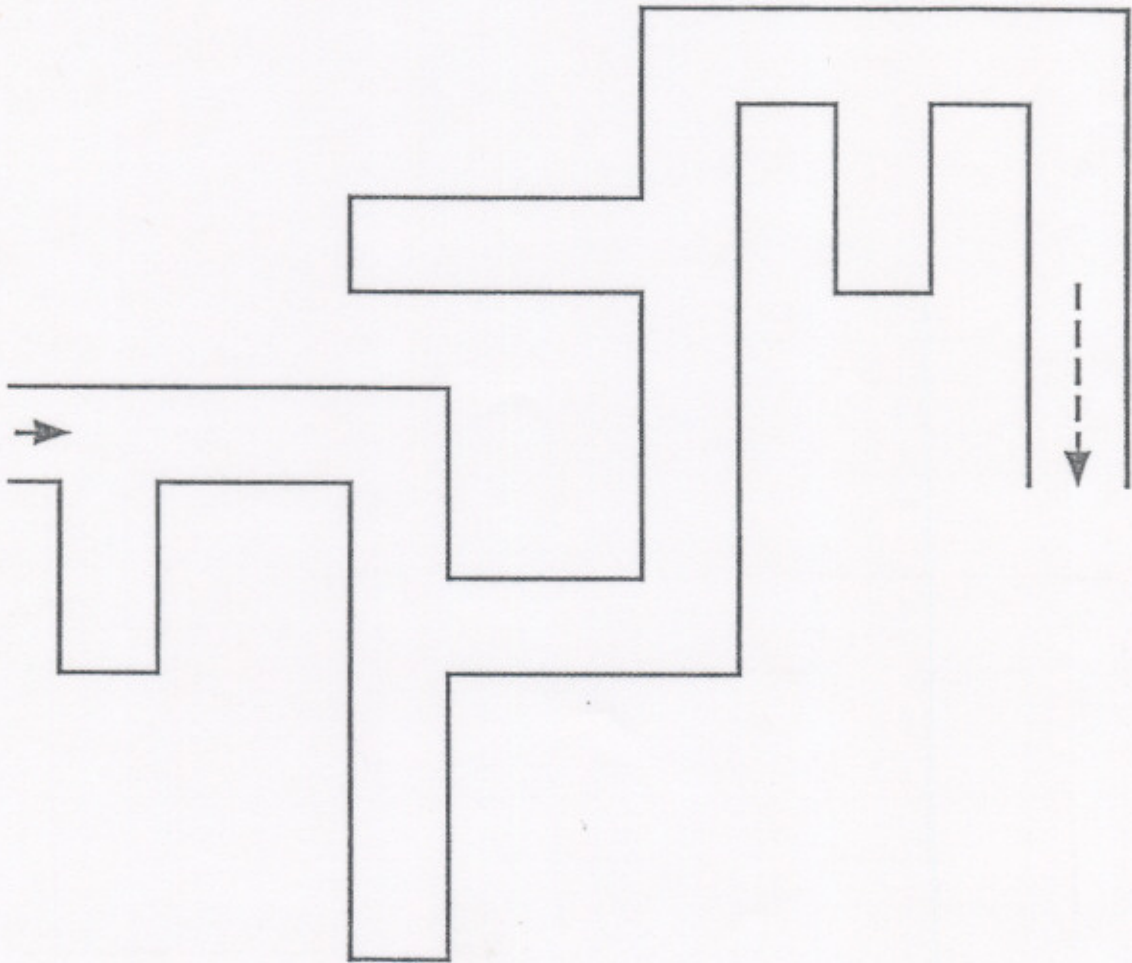






**Example**

A2



"6" and "1"

1 2 2 4 5 9 5 6 6 9 1 9 6 7 8 3 2 4 3 7 2 1 4 2 2 1 2 6 6 3

"2" and "8"

6 2 6 7 2 3 1 3 8 5 5 5 8 1 7 9 1 7 2 7 4 5 7 6 1 3 9 6 2 1  
9 4 6 9 5 7 1 8 9 5 6 5 4 2 7 1 5 2 7 9 1 7 1 1 1 4 2 8 5 8  
1 9 7 9 7 1 6 7 8 6 5 5 7 2 9 6 5 9 5 4 7 3 2 4 5 6 1 4 3 4  
4 6 8 4 1 4 1 7 2 4 7 1 7 6 7 5 4 9 8 7 5 6 2 1 6 9 3 1 4 8  
7 8 6 7 1 7 1 3 4 3 9 8 6 5 1 8 3 4 2 6 9 9 6 1 6 4 3 9 3 4  
4 9 3 8 7 2 5 4 4 8 7 6 4 1 4 7 2 6 8 7 5 6 3 2 6 4 4 6 8 4  
4 8 3 4 7 5 4 4 7 9 7 3 6 8 6 5 4 7 4 3 4 9 2 5 3 5 4 7 3 5  
4 9 3 3 8 1 8 4 2 6 5 6 6 1 7 2 4 2 9 7 9 7 6 1 5 1 4 1 9 8