# Telephone Assessment Battery Results

**Purpose:** Record the results of the Telephone Assessment Battery (TAB).

**When:** Baseline and annual telephone assessment calls.

**By whom:** Study psychometrician or neuropsychologist who administered the TAB.

**Instructions:** Obtain or calculate scores from the TAB and record below. Items in boxes indicate scores that should be checked against criteria for referral to a dementia evaluation visit. For details on test scoring refer to the ADAPT Neuropsychology and Diagnosis Manual. Refer to ADAPT PPM 89 regarding TAB triggers.

### A. Field site, participant, collateral respondent, and contact identification

1. **Field site ID code:**
2. **Participant ID:**
3. **Participant name code:**
4. **Date of telephone contact:**
   - **Day:**
   - **Month:**
   - **Year:**
5. **Visit ID code:**
6. **Form & revision:**
   - **t**
   - **b**
   - **2**
7. **Collateral respondent name code:**

### B. Recent cognitive testing

8. Has the participant undergone cognitive testing other than in ADAPT in the last 60 days:
   - **Yes:**
   - **No:**

### C. Test duration

9. **Telephone Assessment Battery**
   - **a.** Time Telephone Assessment Battery started:
     - **Hour:**
     - **Minute:**
     - **AM/PM:**
   - **b.** Time Telephone Assessment Battery completed:
     - **Hour:**
     - **Minute:**
     - **AM/PM:**
   - **c.** Total time for Telephone Assessment Battery:
     - **Minutes:**
   - **d.** Telephone Assessment Battery version: ____________________________

10. **Telephone Interview for Cognitive Status (TICS) word list**
    - **a.** TICS word list immediate recall ended:
      - **Hour:**
      - **Minute:**
      - **AM/PM:**
    - **b.** TICS word list delayed started:
      - **Hour:**
      - **Minute:**
      - **AM/PM:**

11. **Narratives from the Rivermead Behavioral Memory Test:**
    - **a.** Rivermead immediate recall ended:
      - **Hour:**
      - **Minute:**
      - **AM/PM:**
    - **b.** Rivermead delayed recall started:
      - **Hour:**
      - **Minute:**
      - **AM/PM:**
D. Tests for participant

**Telephone Interview for Cognitive Status (TICS)**

12. Name: ........................................................ __

13. Date: ........................................................ __

14. Place: ........................................................ __

15. Count backwards: ..................................... __

16. Word list: ................................................ __

17. Number subtraction: ................................... __

18. Naming: .................................................... __

19. Repetition: ................................................ __

20. Recent memory: ........................................ __

21. Praxis: ...................................................... __

22. Opposites: ................................................ __

23. Score: ..................................................... __

**Delayed Telephone Interview for Cognitive Status (TICS)**

24. Word list delayed score: ......................... __

**Narratives from the Rivermead Behavioral Memory Test**

25. Immediate score: ............... ___ ___ • ___

26. Delayed score: ....................... ___ ___ • ___

**Generative Verbal Fluency**

27. Fluency score: ........................................ __

28. Perseverations: ........................................ __

29. Intrusions: .............................................. __

Geriatric Depression Scale (GDS)

30. GDS total score: ........................................... __

E. Test for collateral respondent

**Informant Questionnaire on Cognitive Decline in the Elderly (Short IQCode)**

31. Date Short IQCode received at field site:

   ____ ______ ___

32. Short IQCode number completed: ........ ___

33. Short IQCode sum of items: ............... ___

34. IQCode mean score: ............ __ __ __

35. Has the collateral respondent known the participant for 10 years or longer:

   Yes (1) No (2)

   If No, indicate how long the collateral respondent has known the participant (specify):

   ____________________________________________________________________________

F. Referral for dementia evaluation

36. Based on these TAB results, should the participant be referred for a dementia evaluation:

   Yes .......................................................... (1)

   No ............................................................ (2)

   N/A (participant has been diagnosed with dementia) ............................................ (3)
G. Test validity

37. Psychometrician’s overall assessment of test validity: ___________________________

38. Validity rating

a. Was test rated < 4:

Yes (1) No (2)

b. Primary reason for rating
(check only one):

Hearing problems: ......................... (1)
Test interruption (specify): ............... (2)

Problems with cognitive functioning
(specify): ........................................ (3)

Physical illness (specify): ................. (4)

Emotional illness (specify): ............... (5)

Other (specify): ................................ (6)

H. Assurance of review

39. Date form reviewed by study psychometrician:

[day] — [month] — [year]

40. Study psychometrician ID: _________

41. Study psychometrician signature:______________________________________________

Neuropsychologist should review this form before signing below.

42. Date form reviewed by neuropsychologist:

[day] — [month] — [year]

43. Neuropsychologist ID: _________

44. Neuropsychologist signature:__________________________________________________