

This is a **Sample** version of the
**Memory Impairment
Screen (MIS)**

The **full version** of the Memory Impairment Screen (MIS) comes without 'sample' watermark.

The full complete version includes –

- Overview
- Scoring Guide
- Complete questioner/Test

Buy full version here -  **for \$5.00**

Once you have paid for your item you will receive a direct link to download your full complete e-book instantly. You will also receive an email with a link to download your e-book. Each purchased product you order is available to download for 24 hours from time of purchase.

Memory Impairment Screen (MIS)

Overview:

Background: To improve discrimination in screening for AD and dementia, we developed the Memory Impairment Screen (MIS), a 4-minute, four-item, delayed free- and cued-recall test of memory impairment. The MIS uses controlled learning to ensure attention, induce specific semantic processing, and optimize encoding specificity to improve detection of dementia.

Methods: Equivalent forms of the MIS were given at the beginning and end of the testing session to assess alternate forms reliability. Discriminative validity was assessed in a criterion sample of 483 aged individuals, 50 of whom had dementia according to Diagnostic and Statistical Manual of Mental Disorders (3rd ed., revised) criteria.

Subjects are given the names of items in four different categories (animal, city, vegetable, and musical instrument). After a short delay, the subjects are asked to name the item in each category. Such controlled learning assures attention and equal processing of all items, induces deep semantic processing, and provides sufficient time to process each item.

Results: The MIS had good alternate forms reliability, high construct validity for memory impairment, and good discriminative validity in terms of sensitivity, specificity, and positive predictive value. We present normative data for use in settings with different base rates (prevalence's) of AD and dementia.

Conclusion: The MIS provides efficient, reliable, and valid screening for AD and other dementias.

The MIS also demonstrates that individuals can identify the items by their cues and requires all subjects to do the same processing. This ensures that decreased recall is due to impaired memory, not impaired attention or different processing strategies. The MIS induces encoding specificity to improve retrieval by using the same cues for learning and retrieval. This enhances the detection of dementia.

MEMORY IMPAIRMENT SCREEN (MIS)

Instructions for Administration

1. Show patient a sheet of paper with the four items to be recalled in 24-point or greater uppercase letters (on other side). And ask patient to read the items aloud.
2. Tell patient that each item belongs to a different category. Give a category cue and ask patient to indicate which of the words belongs in the stated category (e.g., "Which one is the game?"). Allow up to five attempts. Failure to complete this task indicates possible cognitive impairment.
3. When patient identifies all four words, remove the sheet of paper. Tell patient that he or she will be asked to remember the words in a few minutes.
4. Engage patient in distractor activity for two to three minutes. Such as counting to 20 and back, counting back from 100 by seven, spelling WORLD backwards.
5. FREE RECALL-two points per word: Ask patient to state as many of the four words he or she can recall. Allow at least five seconds per item for free recall. Continue to step six if no more words have been recalled for 10 seconds.
6. CUED RECALL-one point per word: Read the appropriate category cue for each word not recalled during free recall (e.g., "What was the game?").

This is the end of the sample version of the MIS. Full complete version includes scoring evaluations and complete instructions and test.