

This is a **Sample** version of the
**Alzheimer's Disease Assessment
Scale-Cognitive Subscale (ADAS-COG)**

The **full version** of the Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-COG) comes without 'sample' watermark.

The full complete 35 page version includes –

- User guide manual
- Scale/ Questionnaire

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ADAS-Cog - Instructions

The ADAS-Cog is a commonly used objective measure of cognitive change. There are several versions of this test.

- The version used in this study is the basic ADAS-Cog with 11 items: it was designed to measure cognitive areas commonly seen to decline in Alzheimer's disease (AD), specifically learning (word list), naming (objects), following commands (1 to 5 elements), ideational praxis (mail a letter), constructional praxis (copy 4 figures), orientation (person, time and place), recognition memory (from a second word list), and remembering test instructions (from the recognition subtest)
- The test includes three additional subjective scales containing assessment of spoken language ability, word finding difficulty, and comprehension
- This test takes about 30 minutes
- The ADAS-Cog is scored from 0 to 70: higher score indicates greater cognitive impairment

ADAS-Cog Study

■ Material necessary for ADAS-Cog tests:

- ✗ Suitcase with 12 objects
- ✗ Booklets of words (10 words + 12 words)
- ✗ Pencil
- ✗ Envelopes
- ✗ Paper sheet
- ✗ Watch
- ✗ Postcard

Suitcase with 12 objects.	Ring booklet of 10 words (for word recall test)	Word recognition Test 12 words
<ol style="list-style-type: none"> 1. Flower 2. Rattle 3. Wallet 4. Bed 5. Mask 6. Harmonica 7. Whistle 8. Scissors 9. Stethoscope 10. Pencil 11. Comb 12. Tongs 	<ul style="list-style-type: none"> • BOTTLE • POTATO • GIRL • TEMPLE • STAR • ANIMAL • FOREST • LAKE • CLOCK • OFFICE 	COST MEAL PASSENGER ACID ENGINE RICHES GRAVITY TUBE SOLUTION CHIMNEY SANDWICH DAMAGES

ADAS-Cog - contents

1. Spoken language ability * (0-5 points)
2. Comprehension * (0-5 points)
3. Word finding difficulty in spontaneous speech *(0-5 points)
4. Word Recall Task (0-10 points)
5. Naming objects and fingers (0-5 points)
6. Orientation (0-8 points)
7. Commands (0-5 points)
8. Ideational Praxis (0-5 points)
9. Constructional Praxis (0-5 points)
10. Word recognition task (0-12 points)
11. Remembering test instructions (0-5 points)

* Involve subjective ratings

Total score range 0-70

ADAS – Cognitive Behavior

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Center Name	Patient Number	Patient Initials	Examiner Initials	Examination Date
				Month Day Year

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

Trial 1	Trial 2	Trial 3	Record Mean average
			Score /10

7. WORD RECOGNITION TASK:

Trial 1	Trial 2	Trial 3	Record Mean average
			Score /12

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

<input type="checkbox"/> Flower	<input type="checkbox"/> Rattle	<input type="checkbox"/> NONE <input type="checkbox"/>
<input type="checkbox"/> Bed	<input type="checkbox"/> Mask	<input type="checkbox"/> Wallet
<input type="checkbox"/> Whistle	<input type="checkbox"/> Scissors	<input type="checkbox"/> Harmonica
<input type="checkbox"/> Pencil	<input type="checkbox"/> Comb	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Thumb	<input type="checkbox"/> Index	<input type="checkbox"/> Tongs
<input type="checkbox"/> Pinky/ little	<input type="checkbox"/> Middle	<input type="checkbox"/> Ring

Score /5

8. LANGUAGE: Check level of impairment.

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

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

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

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

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

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

Score /5

3. COMMANDS: Check each command performed **Incorrectly** or check "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.

Score /5

9. COMPREHENSION OF SPOKEN LANGUAGE: Check level of impairment

0 **None:** patient understands.

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

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

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

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

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

Score /5

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

None: attempted but drew no forms correctly.

Patient drew no forms; scribbled; wrote words.

Circle

Two overlapping rectangles

Rhombus (see scoring instructions)

Cube

Score /5

10. WORD FINDING DIFFICULTY: Check one response.

0 **None.**

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

2 noticeable circumlocution or synonym substitution.

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

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

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

Score /5

5. Ideational PRAXIS: Check each step completed **Incorrectly** or check "NONE"

Fold a letter.

Put letter in envelope.

Seal envelope.

Address envelope.

Indicate where stamp goes.

Score /5

11. REMEMBERING TEST INSTRUCTIONS: Check level of impairment.

0 **None.**

1 **Very Mild:** forgets once.

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

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

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

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

Score /5

6. ORIENTATION: Check each item answered **Incorrectly** or check "NONE."

<input type="checkbox"/> Full name	<input type="checkbox"/> Day	NONE <input type="checkbox"/>
<input type="checkbox"/> Month	<input type="checkbox"/> Season	
<input type="checkbox"/> Date	<input type="checkbox"/> Place	
<input type="checkbox"/> Year	<input type="checkbox"/> Time of day	

Score /8