

A large, dark grey, curved shape resembling a stylized 'C' or a partial circle. Inside this shape, the letters 'C', 'R', and 'F' are written in white, bold, sans-serif font, stacked vertically. To the right of the shape, the words 'CASE', 'REPORT', and 'FORM' are written in black, bold, sans-serif font, stacked vertically.

C **ASE**
R **EPORT**
F **ORM**

WORKBOOK

Product code: COMPOUND X

Study code: STUDY Y

Country number: L L L L

Centre number: L L L L

Subject number: L L L L

Subject initials: L L L L

ADAS-COG

ADASCOG_1

ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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2. COMMANDS

Check each command successfully completed by the patient.

	Correct	Incorrect
1. Make a <i>fist</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Point to the <i>ceiling</i> , then to the <i>floor</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Put the <i>pencil on top of the card</i> , then <i>put it back</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Put the <i>watch on the other side of the pencil</i> and then <i>turn over the card</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tap each <i>shoulder twice</i> with <i>two fingers</i> , keeping your <i>eyes shut</i>	<input type="checkbox"/>	<input type="checkbox"/>

Check the rating corresponding to the **number of commands** correctly performed. Record the number corresponding with that rating as the Score.

- Five commands correct 0
- Four commands correct 1
- Three commands correct 2
- Two commands correct 3
- One command correct 4
- All commands **incorrect** 5

3. CONSTRUCTIONAL PRAXIS

The ability to copy four geometric form is assessed. Each form is located on one of the following four pages. The patient is instructed, "Do you see this figure? Make one that looks like this one anywhere on the paper." Two attempts are permitted. If patient does not attempt to draw figure, score = incorrect.

	Correct	Incorrect
a. Circle.	<input type="checkbox"/>	<input type="checkbox"/>
b. Two overlapping rectangles.	<input type="checkbox"/>	<input type="checkbox"/>
c. Rhombus (diamond).	<input type="checkbox"/>	<input type="checkbox"/>
d. Cube.	<input type="checkbox"/>	<input type="checkbox"/>

Check the box that best describes the patient's performance. Record the number corresponding with that rating as the Score.

- All four drawings correct 0
- 1 form drawn incorrectly 1
- 2 forms drawn incorrectly 2
- 3 forms drawn incorrectly 3
- 4 forms drawn incorrectly 4
- No figures drawn; scribbles; parts of forms; words instead of forms 5

Rosen WG, Mohs RC, Davis KL : A new rating scale for Alzheimer's disease. American Journal of Psychiatry 1984 ; 141 : 1356-1364.

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V2 / D-1

Page No.

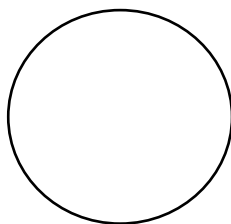
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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

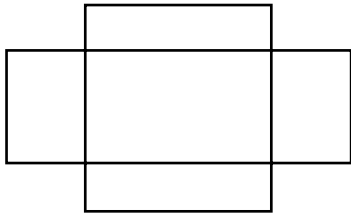
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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR 4/12



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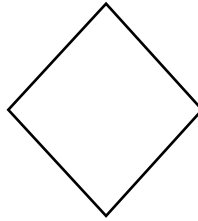
Product Code: COMPOUND X	<input type="text"/> Country No.	<input type="text"/> Centre No.	<input type="text"/> Subject No.	V2 / D-1	Page No. BK 7
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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

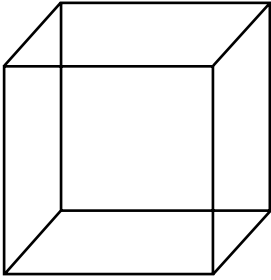
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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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DO NOT FILL IN THIS EXAMPLE.
WORD RECALL LIST 1-3 WILL BE PROVIDED IN YOUR LOCAL LANGUAGE

4. DELAYED WORD-RECALL TASK (Word Recall List 1)

TRIAL 1		
	CORRECT	INCORRECT
Butter	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>
Shore	<input type="checkbox"/>	<input type="checkbox"/>
Letter	<input type="checkbox"/>	<input type="checkbox"/>
Queen	<input type="checkbox"/>	<input type="checkbox"/>
Cabin	<input type="checkbox"/>	<input type="checkbox"/>
Pole	<input type="checkbox"/>	<input type="checkbox"/>
Ticket	<input type="checkbox"/>	<input type="checkbox"/>
Grass	<input type="checkbox"/>	<input type="checkbox"/>
Engine	<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE
DO NOT FILL IN

TOTAL OF INCORRECT RESPONSES
(MAXIMUM TOTAL POSSIBLE = 10): □□□

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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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5. NAMING OBJECTS/FINGERS

a. Objects:

Correct Incorrect

- Flower
- Bed
- Whistle
- Pencil
- Rattle
- Mask
- Scissors
- Comb
- Wallet/Billfold
- Harmonica (Also correct: Blues Harp / Mouth Organ / Mouth Harp / French Harp / Juice Harp)
- Stethoscope
- Tongs

Number incorrectly named:

b. Fingers:

- Thumb
- Index/pointer/forefinger
- Middle
- Ring
- Pinky or little finger

Number incorrectly named:

Check the rating corresponding to the **number of items (objects and fingers) named** incorrectly (5a and 5b). Record the number corresponding with that rating as the Score.

- 0-2 items incorrect 0
- 3-5 items incorrect 1
- 6-8 items incorrect 2
- 9-11 items incorrect 3
- 12-14 items incorrect 4
- 15-17 items incorrect 5

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6. IDEATIONAL PRAXIS

The patient is given an 8 1/2" x11" sheet of paper, a long envelope and a pencil. Tell the patient, **"I want you to pretend that you have written yourself a letter. Take this piece of paper, fold it so that it will fit into the envelope, and then put it into the envelope. Then seal the envelope, address the envelope to yourself, and mark where the stamp goes."**

If the patient forgets part of the task, reinstruction is given, one task at a time. Impairment on this item should reflect dysfunction in executing an overlearned task only and not recall difficulty.

	Correct	Incorrect
Fold letter	<input type="checkbox"/>	<input type="checkbox"/>
Put letter in envelope	<input type="checkbox"/>	<input type="checkbox"/>
Seal envelope	<input type="checkbox"/>	<input type="checkbox"/>
Address envelope	<input type="checkbox"/>	<input type="checkbox"/>
Mark where stamp goes	<input type="checkbox"/>	<input type="checkbox"/>

Check the rating that describes the patient's performance on this exercise. Record the number corresponding with that rating as the Score.

- All tasks completed successfully 0
- Difficulty or failure to perform 1 task 1
- Difficulty or failure to perform 2 tasks 2
- Difficulty or failure to perform 3 tasks 3
- Difficulty or failure to perform 4 tasks 4
- Difficulty or failure to perform 5 tasks 5

7. ORIENTATION

Record the patient's actual response below. Enter the total number of incorrect responses as the score for this section.

	Correct	Incorrect	
Full Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Month	<input type="checkbox"/>	<input type="checkbox"/>	_____
Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Year	<input type="checkbox"/>	<input type="checkbox"/>	_____
Day of the week	<input type="checkbox"/>	<input type="checkbox"/>	_____
Season	<input type="checkbox"/>	<input type="checkbox"/>	_____
Place	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time of day	<input type="checkbox"/>	<input type="checkbox"/>	_____

Score: □□

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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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DO NOT FILL IN THIS EXAMPLE. WORD RECALL LIST 1-5 WILL BE PROVIDED IN YOUR LOCAL LANGUAGE

8. WORD-RECOGNITION TASK (Word Recognition List 1)

Not Applicable for this visit

Patient should respond "yes" to original words which are bolded. Check patient's response. **Incorrect** responses are **shaded**. Add up incorrect (shaded) responses for each trial. Three trials of reading and recognition are given. Score = mean number of incorrect responses for three trials (Maximum score=12)

	TRIAL 1			TRIAL 2			TRIAL 3	
	YES	No		YES	No		YES	No
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Board	<input type="checkbox"/>	<input type="checkbox"/>	Coin	<input type="checkbox"/>	<input type="checkbox"/>
Magazine	<input type="checkbox"/>	<input type="checkbox"/>	Turnip	<input type="checkbox"/>	<input type="checkbox"/>	Plank	<input type="checkbox"/>	<input type="checkbox"/>
Wizard	<input type="checkbox"/>	<input type="checkbox"/>	Gem	<input type="checkbox"/>	<input type="checkbox"/>	War	<input type="checkbox"/>	<input type="checkbox"/>
Van	<input type="checkbox"/>	<input type="checkbox"/>	Institution	<input type="checkbox"/>	<input type="checkbox"/>	Porch	<input type="checkbox"/>	<input type="checkbox"/>
Leopard	<input type="checkbox"/>	<input type="checkbox"/>	Coin	<input type="checkbox"/>	<input type="checkbox"/>	Toast	<input type="checkbox"/>	<input type="checkbox"/>
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Master	<input type="checkbox"/>	<input type="checkbox"/>	Rope	<input type="checkbox"/>	<input type="checkbox"/>
Sea	<input type="checkbox"/>	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	<input type="checkbox"/>	Anchor	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	Van	<input type="checkbox"/>	<input type="checkbox"/>	Board	<input type="checkbox"/>	<input type="checkbox"/>
Coin	<input type="checkbox"/>	<input type="checkbox"/>	Anchor	<input type="checkbox"/>	<input type="checkbox"/>	Leopard	<input type="checkbox"/>	<input type="checkbox"/>
Ship	<input type="checkbox"/>	<input type="checkbox"/>	Lumber	<input type="checkbox"/>	<input type="checkbox"/>	Judge	<input type="checkbox"/>	<input type="checkbox"/>
Institution	<input type="checkbox"/>	<input type="checkbox"/>	Servant	<input type="checkbox"/>	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	<input type="checkbox"/>
Map	<input type="checkbox"/>	<input type="checkbox"/>	Pond	<input type="checkbox"/>	<input type="checkbox"/>	Camp	<input type="checkbox"/>	<input type="checkbox"/>
Axe	<input type="checkbox"/>	<input type="checkbox"/>	Military	<input type="checkbox"/>	<input type="checkbox"/>	Sea	<input type="checkbox"/>	<input type="checkbox"/>
Board	<input type="checkbox"/>	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Institution	<input type="checkbox"/>	<input type="checkbox"/>
Carrott	<input type="checkbox"/>	<input type="checkbox"/>	Sea	<input type="checkbox"/>	<input type="checkbox"/>	Tack	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	Jungle	<input type="checkbox"/>	<input type="checkbox"/>	Emerald	<input type="checkbox"/>	<input type="checkbox"/>
Volume	<input type="checkbox"/>	<input type="checkbox"/>	Nail	<input type="checkbox"/>	<input type="checkbox"/>	Van	<input type="checkbox"/>	<input type="checkbox"/>
Forest	<input type="checkbox"/>	<input type="checkbox"/>	Wizard	<input type="checkbox"/>	<input type="checkbox"/>	Globe	<input type="checkbox"/>	<input type="checkbox"/>
Anchor	<input type="checkbox"/>	<input type="checkbox"/>	Leopard	<input type="checkbox"/>	<input type="checkbox"/>	Train	<input type="checkbox"/>	<input type="checkbox"/>
Gem	<input type="checkbox"/>	<input type="checkbox"/>	Train	<input type="checkbox"/>	<input type="checkbox"/>	Fund	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	Editorial	<input type="checkbox"/>	<input type="checkbox"/>	Coast	<input type="checkbox"/>	<input type="checkbox"/>
Fund	<input type="checkbox"/>	<input type="checkbox"/>	Bread	<input type="checkbox"/>	<input type="checkbox"/>	Gem	<input type="checkbox"/>	<input type="checkbox"/>
Edge	<input type="checkbox"/>	<input type="checkbox"/>	Fund	<input type="checkbox"/>	<input type="checkbox"/>	Wizard	<input type="checkbox"/>	<input type="checkbox"/>
Cake	<input type="checkbox"/>	<input type="checkbox"/>	Trade	<input type="checkbox"/>	<input type="checkbox"/>	Kitten	<input type="checkbox"/>	<input type="checkbox"/>
Total Incorrect: <input type="text"/>		Total Incorrect: <input type="text"/>		Total Incorrect: <input type="text"/>				

Add up the total number of errors and divide by 3 for a mean score. The maximum score on this item is 12. Round the mean score to the nearest whole number.

Score:

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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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9. REMEMBERING TEST INSTRUCTIONS: Check the level of impairment (check only one item)

No impairment; patient never needs extra reminders of instructions 0

Very mild; forgets once 1

Mild; must be reminded 2 times 2

Moderate; must be reminded 3 or 4 times 3

Moderately severe; must be reminded 5 or 6 times 4

Severe; must be reminded 7 or more times 5

10. SPOKEN LANGUAGE ABILITY: Check the level of impairment (check only one item)

No impairment; patient speaks clearly and/or is understandable 0

Very mild; one instance of lack of understandability 1

Mild; patient has difficulty < 25% of the time 2

Moderate; patient has difficulty 25-50% of the time 3

Moderately severe; patient has difficulty >50% of the time 4

Severe; one or two word utterances; fluent, but empty speech; mute 5

11. WORD-FINDING DIFFICULTY IN SPONTANEOUS SPEECH: Check one response:

No evidence of word finding difficulty in spontaneous speech 0

Very mild; one or two instances, not clinically significant 1

Mild; noticeable circumlocution or synonym substitution 2

Moderate; loss of words without compensation on occasion 3

Moderately severe; frequent loss of words without compensation 4

Severe; nearly total loss of content words; speech sounds empty, one or two word utterances .. 5

12. COMPREHENSION OF SPOKEN LANGUAGE: Check the level of impairment (check only one item)

No impairment; patient understands 0

Very mild; one or two instances of misunderstanding 1

Mild; 3-5 instances of misunderstanding 2

Moderate; requires several repetitions and rephrasings 3

Moderately severe; patient only occasionally responds correctly, i.e., yes/no question 4

Severe; patient rarely responds to questions appropriately, not due to property of speech 5

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ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE BEHAVIOR

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13. CONCENTRATION/DISTRACTIBILITY: Check the level of impairment (check only one item)

- None: no evidence of poor concentration or distractibility 0
- Very mild: one instance of poor concentration 1
- Mild: 2-3 instances of poor concentration/distractibility; signs of restlessness and inattentiveness . . . 2
- Moderate: 4-5 instances during interview 3
- Moderately severe: poor concentration/distractibility throughout much of interview 4
- Severe: extreme difficulty in concentration and extremely distractible, unable to complete tasks 5

COMPOUND X
STUDY Y

Country No.

Centre No.

Subject No.

BK

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VISIT DAY -1

V 02

EXTENDED ADAS-COG SCORE SUMMARY

N.ADASCOGSUM_1

Rater's initials:

1. Word Recall Task	(0-10)	Trial 1	<input type="text"/>
		Trial 2	<input type="text"/>
		Trial 3	<input type="text"/>
2. Commands	(0-5)		<input type="text"/>
3. Constructional Praxis	(0-5)		<input type="text"/>
4. Delayed Word Recall	(0-10)		<input type="text"/>
5. Naming Objects and Fingers	(0-5)		<input type="text"/>
6. Ideational Praxis	(0-5)		<input type="text"/>
7. Orientation	(0-8)		<input type="text"/>
8. Word Recognition Task	(0-12)	Trial 1	<input type="text"/>
		Trial 2	<input type="text"/>
		Trial 3	<input type="text"/>
9. Remembering Test Instructions	(0-5).		<input type="text"/>
10. Spoken Language Ability	(0-5).		<input type="text"/>
11. Word-Finding Difficulty in Spontaneous Speech	(0-5).		<input type="text"/>
12. Comprehension of Spoken Language	(0-5).		<input type="text"/>
13. Concentration/Distractibility	(0-5).		<input type="text"/>

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