



NEUROCOGNITIVE CENTER AT PIERCEY NEUROLOGY

NEUROCOGNITIVE TESTING

What is neurocognitive testing?

Neurocognitive testing consists of a set of standardized tests to answer specific referral questions.

Neurocognitive testing provides measurable information that assists your provider to determine if your cognitive function is consistent with your peers or perhaps deviated from base-line norms. If responses are abnormal, the clinician can determine the scope and severity of cognitive impairments.

What type of patients are referred for neurocognitive testing?

Neurocognitive testing is useful for a wide variety of neurological and medical diagnosis. In older adults, the most common reason for testing is memory loss, or to test cognitive wellness. In addition, cognitive testing is often done when there is a known neurological diagnosis (for example, Parkinson's Disease, Multiple Sclerosis) that may be accompanied by poor thinking or memory loss. In younger people, the most common reason for testing is poor attention.

How long will testing take?

A typical battery consists of several standardized tests. Testing time is dependent upon the specific assessment tests ordered by your provider. Neurocognitive testing at Piercey Neurology may take as little as 30 minutes, or as much as 1 hour. Because your testing session will be followed by an appointment with one of our neurologists, you should plan to be at Piercey Neurology for approximately 2 hours.

Testing consists of:

1. Short-term and long-term memory
2. Ability to learn new skills and solve problems
3. Attention, concentration, and distractibility
4. Logical and abstract reasoning functions
5. Ability to understand and express language
6. Visual-spatial organization and Visual-motor coordination
7. Planning, synthesizing and organizing abilities



How is testing conducted?

The Neurocognitive Center at Piercey Neurology uses an advanced computerized cognitive testing system that is very patient-friendly. Although the test is performed on a computer, it does not require that you know how to use one. In order to assess how different parts of your brain are working, the test will ask a wide range of questions and require that you solve problems or remember things. Following this testing, you will meet with one of the Piercey Neurology physicians to review your test results in detail, and discuss treatment plans.

Please Note: This immediate follow-up appointment is for discussion of your neurocognitive testing results only. It is not a Piercey Neurology clinical follow-up appointment. If you feel that you need a clinical follow-up appointment sooner than the one you have scheduled, please inform our front office staff so that they may assist you.

How should I prepare for my appointment?

Make sure on the day of testing that you:

- 1) Have breakfast if your testing is in the morning.
- 2) Take all your medications.
- 3) Bring your reading glasses (if you need them for reading).
- 4) Bring a sweater or extra layer of clothing layer as you will be seated for a while and may get cold.
- 5) Bring water if you like.

Neurocognitive testing assesses your cognitive function by precisely measuring your performance on a series of interactive tests. Results will be of greatest value to your provider if testing is performed at a time when you feel at or near your best. Keeping this goal in mind, the standard 24 hour cancellation policy will be waived by Piercey Neurology up to 1 hour prior to your neurocognitive testing appointment.

Is neurocognitive testing expensive? What about costs and insurance reimbursement?

Neurocognitive testing is viewed by insurance companies as a medical diagnostic tool. Dr. Piercey's office has started the preauthorization process for testing.

Using neurocognitive tests early in the diagnostic decision tree can save money in the long term by providing an accurate diagnosis and tailored management strategies.



Together we can unleash the cure!™

NEUROCOGNITIVE TESTING QUESTIONNAIRE

In order to process your test correctly, please answer all questions.

Full Name: _____

Date of Birth: _____

Primary Language: _____

Ethnicity / Race: _____

Country of Origin: _____

Gender: Male Female

Handedness: Right Left

Employment Status: Employed Retired
 Student Volunteer
 Unemployed

Do you use a computer: Yes No

Highest Education: Elementary High School
 GED Certificate Technical/Vocational
 Associate Bachelor's
 Master's Doctoral



Together we can unleash the cure!™

ZUNG SELF-RATING ANXIETY SCALE (SAS)

For each item below, please place a check mark (✓) in the column which best describes how often you felt or behaved during the **past several days**.

Place check mark (✓) in correct column.	None of the time	Little of the time	Some of the time	Good part of the time	Most of the time
1. I feel more nervous and anxious than usual.					
2. I feel afraid for no reason at all.					
3. I get upset easily or feel panicky.					
4. I feel like I'm falling apart and going to pieces.					
5. I feel that everything is all right and nothing bad will happen.					
6. My arms and legs shake and tremble.					
7. I am bothered by headaches, neck and back pains.					
8. I feel weak and get tired easily.					
9. I feel calm and can sit still easily.					
10. I can feel my heart beating fast.					
11. I am bothered by dizzy spells.					
12. I have fainting spells or feel like it.					
13. I can breathe in and out easily.					
14. I get feelings of numbness and tingling in my fingers, toes.					
15. I am bothered by stomach aches or indigestion.					
16. I have to empty my bladder often.					
17. My hands are usually dry and warm.					
18. My face gets hot and blushes.					
19. I fall asleep easily and get a good night's rest.					
20. I have nightmares.					

Source: William W.K. Zung. A rating instrument for anxiety disorders. Psychosomatics. 1971



GERIATRIC DEPRESSION SCALE

For ages 65 and up

Choose the best answer for how you have felt over the **past week**.

Question	Answer
1. Are you basically satisfied with your life?	YES / NO
2. Have you dropped many of your activities and interests?	YES / NO
3. Do you feel that your life is empty?	YES / NO
4. Do you often get bored?	YES / NO
5. Are you in good spirits most of the time?	YES / NO
6. Are you afraid that something bad is going to happen to you?	YES / NO
7. Do you feel happy most of the time?	YES / NO
8. Do you often feel helpless?	YES / NO
9. Do you prefer to stay at home, rather than going out and doing new things?	YES / NO
10. Do you feel you have more problems with memory than most?	YES / NO
11. Do you think it is wonderful to be alive now?	YES / NO
12. Do you feel pretty worthless the way you are now?	YES / NO
13. Do you feel full of energy?	YES / NO
14. Do you feel that your situation is hopeless?	YES / NO
15. Do you think that most people are better off than you are?	YES / NO

Sources:

Yesavage JA, et al. Development and validation of a geriatric depression screening scale: A preliminary report. Journal of Psychiatric Research. 1983;17:37-49.

Sheikh JI and Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. In Clinical Gerontology: A Guide to Assessment and Intervention. 1986. New York: The Haworth Press.