BRIEF
Kingston
Standardized
Cognitive
Assessment
Revised

PATIENT NAME: __________________________________________

DATE: __________________________

CASE #: _________________________

May 2004 Norms

Geriatric Psychiatry Programme, Providence Continuing Care Centre, Mental Health Services, Kingston, Canada K7L 4X3
The Kingston Scales and Manuals can be freely downloaded from:
www.pccchealth.org/default.aspx?tabid=380
e mail: kscales@post.queensu.ca
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Name _______________________________________________________ Age ___________ M F

Date of Birth ______________________ Case No. _____________________
(day / month / year)

First Language _______________________________________________________________________

Education: __________________________________________________________________________

Last Occupation ________________________________________________________________

Patient Status: Inpatient ____ Consultation ___ Outpatient ____ Other _________________

Living Arrangement (If Not Inpatient): Alone _____ With spouse ____ Age peer ___
With younger caregivers ____ Institution _________________________________________

Present Assessment: Date ______________________ Time ________a.m./p.m.
(day/month/year)

Place ______________________________________

Examiner __________________________________

Lateral Dominance: Right ___ Left ___ Mixed ___ Unknown ___

For This Exam: Was Vision Adequate Yes ____ No __
Was Hearing Adequate Yes ____ No ___

Physical Handicaps: _____________________________________________________________
(Affecting Performance)

____________________________________________________________________
____________________________________________________________________

Significant Meds: _______________________________________________________________
____________________________________________________________________
____________________________________________________________________
RECORD ALL RESPONSES

1. ORIENTATION

"WHAT IS"                  Responses and Observations

1. "YOUR FULL NAME?"  ___________________________________________ 0  1
2. "YOUR AGE?"  ___________________________________________ 0  1
3. "YOUR BIRTH DATE?"  ___________________________________________ 0  1
4. "WHERE ARE WE NOW?"  ___________________________________________ 0  1
5. "WHAT CITY (TOWN OR VILLAGE) IS THIS?"  ___________________________________________ 0  1
6. "WHAT DAY OF THE WEEK IS THIS?"  ___________________________________________ 0  1
7. "WHAT MONTH IS THIS?"  ___________________________________________ 0  1
8. "WHAT YEAR IS THIS?"  ___________________________________________ 0  1
9. "WITHOUT LOOKING AT YOUR WATCH (or THE CLOCK) WHAT IS THE TIME OF DAY?"  ___________________________________________ 0  1
10."WHAT IS THE SEASON?"  ___________________________________________ 0  1

TOTAL _______/10

2. WORD RECALL

Use 10 word list (TABLE, FOOTBALL, WINDOW ... APPLE).
USE A BLANK SHEET OF PAPER TO COVER THE WORDS THAT YOU HAVE NOT YET PRESENTED.
SLIDE THE PAPER DOWN THE LIST SEQUENTIALLY EXPOSING THE LIST ONE WORD AT A TIME.
Present each word for 2 seconds. Ask the subject to
"PLEASE READ ALOUD EACH WORD THAT I SHOW YOU."
DO NOT TELL THE SUBJECT TO TRY AND REMEMBER THEM.

After presenting all 10 words, cover the list and ask the subject
"PLEASE TELL ME AS MANY OF THE WORDS FROM THAT LIST AS YOU CAN, IN ANY ORDER."
Score = number correct (max = 10).

<table>
<thead>
<tr>
<th>TABLE</th>
<th>FOOTBALL</th>
<th>WINDOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSE</td>
<td>COMPUTER</td>
<td>GLOVE</td>
</tr>
<tr>
<td>MOON</td>
<td>FORK</td>
<td>GOLD</td>
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<tr>
<td>APPLE</td>
<td></td>
<td></td>
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</tbody>
</table>

TOTAL _______/10
USE TO COVER WORD LISTS
TABLE
FOOTBALL
WINDOW
ROSE
COMPUTER
GLOVE
MOON
FORK
GOLD
APPLE
3. ABSTRACT THINKING  

[RECORD ALL RESPONSES]

1. "IN WHAT WAY ARE CARROTS AND BEANS ALIKE?"
   [If patient fails to give a 2 point answer, say "THEY ARE BOTH VEGETABLES"]
   
   ______________________________________________________________________________________

2. "IN WHAT WAY ARE A SHIRT AND A SWEATER ALIKE?"
   [If patient fails to give a 2 point answer, say "THEY ARE BOTH ITEMS OF CLOTHING"]
   
   ______________________________________________________________________________________

3. "IN WHAT WAY ARE A DOG AND A COW ALIKE?"  [No help]
   
   ______________________________________________________________________________________

4. "IN WHAT WAY ARE A CAR AND A BICYCLE ALIKE?"  [No help]
   
   ______________________________________________________________________________________

   TOTAL _____/8

4. SPATIAL REVERSAL

"HERE I HAVE A FIGURE FOR YOU TO COPY."  [avoid naming arrow].
After patient successfully draws the arrow, say

"NOW I WANT YOU TO DRAW ANOTHER ONE LIKE THIS  [point to the arrow]
BUT THIS TIME POINTING THE OPPOSITE WAY."  [avoid indicating direction.]
[Note: points are given only for the successful reversal of the arrow, not its reproduction].

   ______________________________________________________________________________________

   TOTAL_____/5
5. CLOCK [4 circle pages (9 - 12)]

[1st circle - blank]
"I WANT YOU TO WRITE IN THE NUMBERS, AS ON A CLOCK FACE.”

[2nd circle - blank]
“AND ON THIS CIRCLE DRAW IN THE HANDS TO MAKE IT SAY 9 O'CLOCK.”

[3rd circle - numbered]
"NOW TRY THIS ONE. PUT IN THE HANDS FOR 5 PAST 10. MAKE IT SAY 5 PAST 10.”

[4th circle - numbered and hands (20 past 8)]
"WHAT TIME IS IT ON THIS CLOCK?”

TOTAL _____/7
6. PERSEVERATION

a) Motor Pattern:

[Demonstrate touching table alternately first with palm of hand and then with fist on edge, i.e., thumb facing up. Movements should be alternated at a rate of not faster than one movement per ½ second and no slower than one movement per second. Have the patient copy your motions for 5 trials or until you are sure that the patient has learned the pattern.]

If patient is unable to learn the task within 10 trials, discontinue and score 0.

If patient has successfully learned the task, then say:

"I WANT YOU TO REPEAT THIS MOVEMENT ON YOUR OWN UNTIL I SAY 'STOP'."

[If patient is unable to do this after several attempts, say "STOP". Otherwise let him/her do at least five repetitions using his/her preferred hand.]

0 1

b) Visual Pattern: [sheet with pattern (page 14)]

"I WANT YOU TO COPY THIS PATTERN. START COPYING BELOW THE EXAMPLE, AND THEN CONTINUE IT TO THE END OF THE PAGE. START HERE."

[Point to the space below the pattern. Encourage patient to continue to right margin of page, such that the design is not just copied, but repeated twice. If patient makes an error while copying the pattern (but not while continuing it) draw it to the patient's attention the first time and refer back to the pattern. After this, no further help.]

0 1

TOTAL ____/2
7. DELAYED WORD RECALL

“PLEASE TELL ME AS MANY WORDS THAT YOU CAN REMEMBER FROM THE LIST THAT I SHOWED TO YOU EARLIER, IN ANY ORDER.”
Score = number correct (max = 10).

<table>
<thead>
<tr>
<th>TABLE</th>
<th>FOOTBALL</th>
<th>WINDOW</th>
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<tbody>
<tr>
<td>ROSE</td>
<td>COMPUTER</td>
<td>GLOVE</td>
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<td>MOON</td>
<td>FORK</td>
<td>GOLD</td>
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<td>APPLE</td>
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</table>

TOTAL _____/10

8. WORD RECOGNITION

After completing the recall, show the subject the second list of 20 words [pages 24,25] (TABLE, HOUSE, BOWL, .. BIRD), point to the first word and say to the subject “DID YOU SEE THIS WORD ON THE LIST THAT I SHOWED TO YOU EARLIER OR IS THIS A NEW WORD?”
Repeat these instructions for the 2nd word. But for the 3rd word say “HOW ABOUT THIS ONE?”
For the 4th word onward, use either instruction as seems necessary.
After completing the lst page go to the second one (GLOVE, KING ....)
Score = total number of correct responses i.e. IN/10 + NOT IN/10 = Total/20 ÷ 2 (max = 10).

<table>
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<th>IN</th>
<th>NOT IN</th>
<th>GLOVE</th>
<th>KING</th>
<th>MOON</th>
<th>CLOCK</th>
<th>GIFT</th>
<th>FORK</th>
<th>GOLD</th>
<th>STORE</th>
<th>APPLE</th>
<th>BIRD</th>
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</thead>
<tbody>
<tr>
<td>TABLE</td>
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<tr>
<td>LAKE</td>
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<td>DRESS</td>
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<tr>
<td>WHEAT</td>
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<tr>
<td>COMPUTER</td>
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</tr>
</tbody>
</table>

Score /10 /10

TOTAL = _____/20 ÷ 2 = _____/10
TABLE
HOUSE
BOWL
FOOTBALL
WINDOW
LAKE
ROSE
DRESS
WHEAT
COMPUTER
COMPUTER
GLOVE
KING
MOON
CLOCK
GIFT
FORK
GOLD
STORE
APPLE
BIRD
**OBSERVATIONS DURING EXAMINATION**

(normal response is larger and bolded)

**BEHAVIOUR AT TIME OF EXAMINATION**

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>OVERLY PERSISTENT</td>
<td></td>
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<td>3</td>
<td></td>
<td>GIVES UP EASILY</td>
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<td>3</td>
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<td>ANXIOUS</td>
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<td>2</td>
<td>3</td>
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<td>RESTLESS</td>
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<tr>
<td>FULLY ALERT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>DEPRESSED LEVEL</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OF CONSCIOUSNESS</td>
</tr>
<tr>
<td>GOOD CONCENTRATION</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>EASILY Distracted</td>
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<tr>
<td>COOPERATIVE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>UNCOOPERATIVE</td>
</tr>
</tbody>
</table>

**LANGUAGE USAGE**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTICULATION GOOD</td>
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<td>ARTICULATION POOR</td>
</tr>
<tr>
<td>SPONTANEOUS SPEECH</td>
<td></td>
<td></td>
<td>SPEAKS ONLY WHEN</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>SPOKEN TO</td>
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<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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<td>NON FLUENT SPEECH</td>
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<tr>
<td>NORMAL SPEECH</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>PERSEVERATIVE SPEECH</td>
</tr>
</tbody>
</table>

Clinical observations and comments:
(e.g., perseverative behaviour, word finding difficulties…)
### Kingston Standardized Cognitive Assessment - Revised

#### SCORING SUMMARY

| NAME: |  
| CASEBOOK NO. |  
| DATE: |  
| RATER: |  

<table>
<thead>
<tr>
<th>SUB-TESTS</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Orientation</td>
<td>/10</td>
</tr>
<tr>
<td>2. Word Recall</td>
<td>/10</td>
</tr>
<tr>
<td>3. Abstract Thought Score</td>
<td>/8</td>
</tr>
<tr>
<td>4. Spatial Reversal</td>
<td>/5</td>
</tr>
<tr>
<td>5. Clock Test</td>
<td>/7</td>
</tr>
<tr>
<td>6. Perseveration</td>
<td>/2</td>
</tr>
<tr>
<td>7. Delayed Recall</td>
<td>/10</td>
</tr>
<tr>
<td>8. Recognition</td>
<td>/10</td>
</tr>
</tbody>
</table>

**Total Score /62**
START

STEP 1: Previous Level?

WHAT LEVEL DID THE PATIENT FUNCTION AT PREVIOUSLY?
- Above Avg ___
- Average ___
- Below Avg ___

USING THE CHART FOR NORMALS (right), CIRCLE THE PATIENT'S TOTAL SCORE AND READ THE PERCENTILE AND RANGE THAT THE SCORE FALLS IN.
- Percentile ___
- Range: Above Avg ___
- Average ___
- Below Avg ___

STEP 2: Compare to Normals

STEP 3: Is there evidence of decline?

IS THERE A DIFFERENCE BETWEEN THE PATIENT'S SCORE AND YOUR PREMORBID ESTIMATE?

NO

STOP!

THE PATIENT'S SCORE IS IN THE ESTIMATED RANGE (or higher). NO FURTHER ANALYSIS IS REQUIRED. THEREFORE, SIGNIFICANT ORGANIC BRAIN DAMAGE IS UNLIKELY.

YES

FURTHER ANALYSIS IS REQUIRED. GO TO STEP 4 ON NEXT PAGE (21)
**BriefKSCA-R SCORE ANALYSIS Page 2**

**STEP 4: What is the degree of decline?**

 USING THE CHART FOR DEMENTIA (right), CIRCLE THE PATIENT’S TOTAL SCORE AND READ THE PERCENTILE AND RANGE.

Percentile _____  
Range: Mild _____  
    Moderate _____  
    Severe _____

<table>
<thead>
<tr>
<th>TOTAL SCORE</th>
<th>PERCENTILES</th>
<th>RANGE</th>
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<tbody>
<tr>
<td>45</td>
<td>96</td>
<td>MILD</td>
</tr>
<tr>
<td>42</td>
<td>89</td>
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<td>32</td>
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<tr>
<td>31</td>
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<td>24</td>
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<tr>
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