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***BRIEF***  
**Kingston**  
**Standardized**  
**Cognitive**  
**Assessment**  
***Revised***

**ASSESSMENT FORM**

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CASE #: \_\_\_\_\_



Providence Continuing Care Centre  
Mental Health Services



KINGSTON SCALES

***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](http://www.pccchealth.org/default.aspx?tabid=380)**

**e mail: [kcales@post.queensu.ca](mailto:kcales@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 | _____ | FOOTBALL | _____ | WINDOW | _____ |
| ROSE  | _____ | COMPUTER | _____ | GLOVE  | _____ |
| MOON  | _____ | FORK     | _____ | GOLD   | _____ |
| APPLE | _____ |          |       |        |       |

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"]

0 1 2

## 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"]

0 1 2

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

0 1 2

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

0 1 2

TOTAL \_\_\_\_/8

**4. SPATIAL REVERSAL**

"HERE I HAVE A FIGURE FOR YOU TO COPY." [avoid naming arrow].

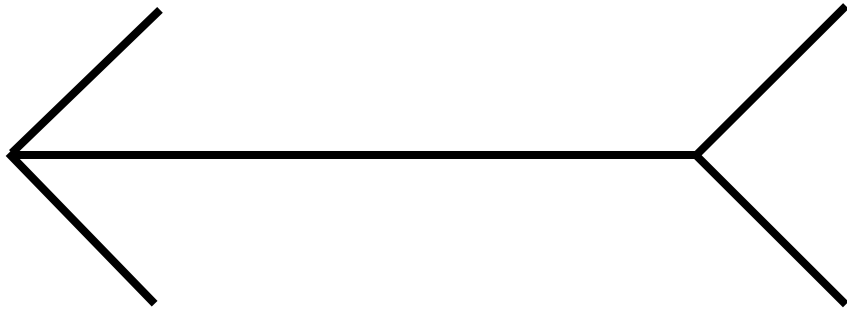
After patient successfully draws the arrow, say

"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].*

0 5

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."** 0 1 2

[2nd circle - blank]

**"AND ON THIS CIRCLE DRAW IN THE HANDS TO MAKE IT SAY 9 O'CLOCK."** 0 1 2

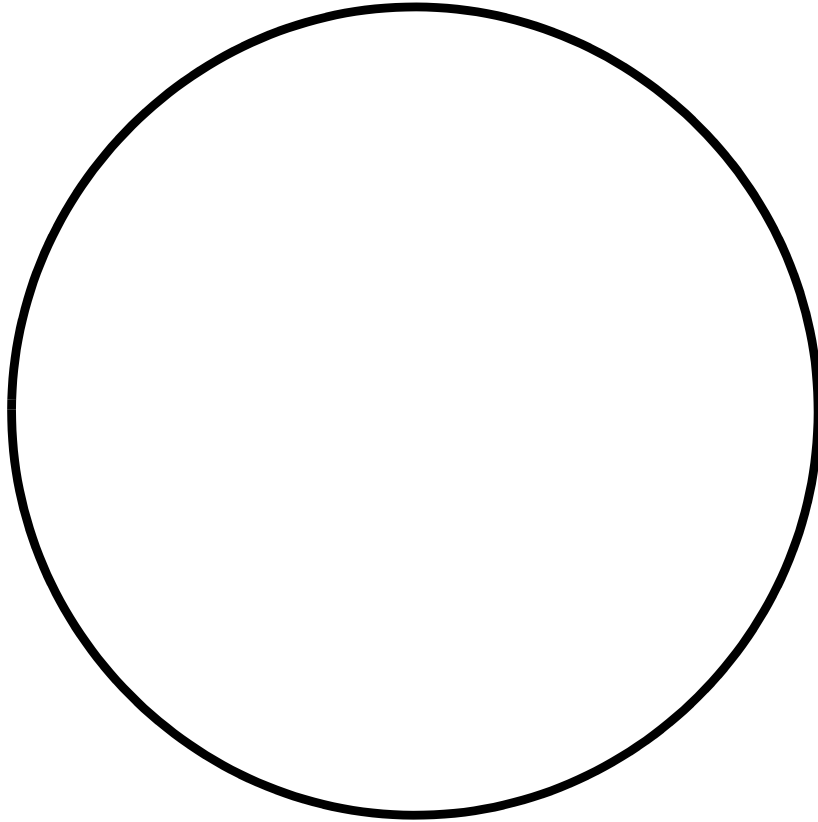
[3rd circle - numbered]

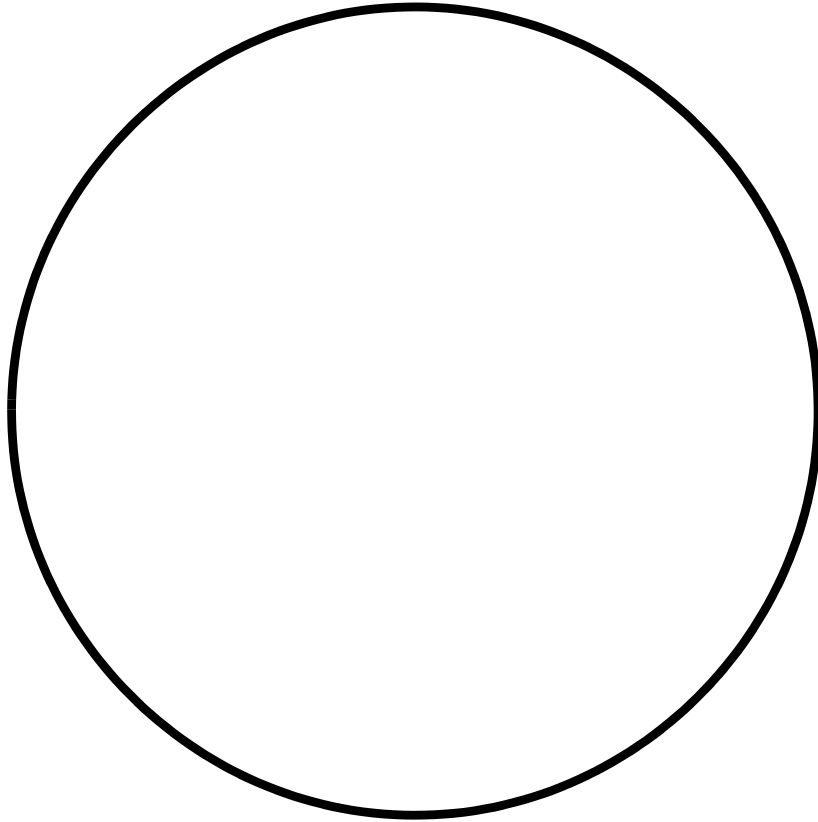
**"NOW TRY THIS ONE. PUT IN THE HANDS FOR 5 PAST 10. MAKE IT SAY 5 PAST 10."** 0 1 2

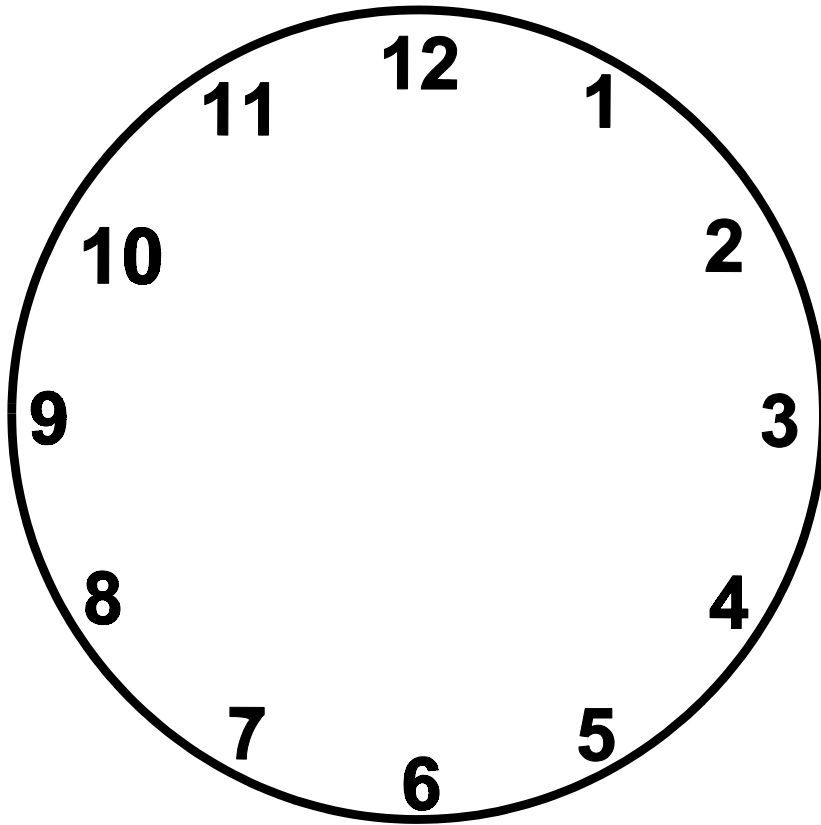
[4th circle - numbered and hands (20 past 8)]

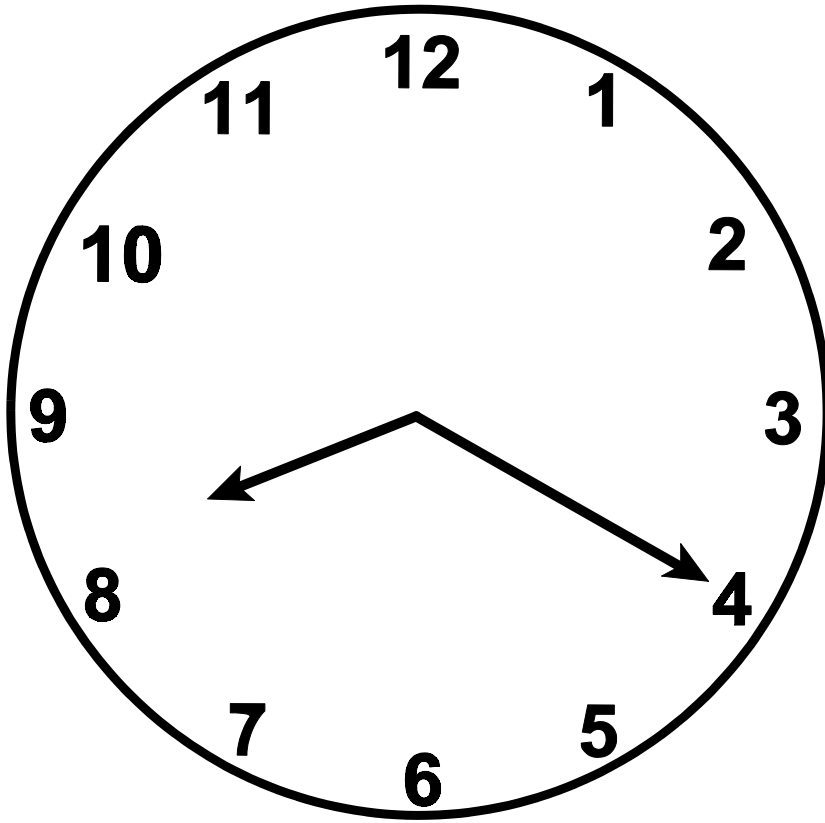
**"WHAT TIME IS IT ON THIS CLOCK?"** 0 1

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 1/2 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

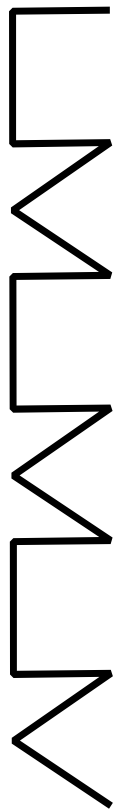
b) Visual Pattern: [sheet with pattern (page 14)]

**"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	_____	FOOTBALL	_____	WINDOW	_____
ROSE	_____	COMPUTER	_____	GLOVE	_____
MOON	_____	FORK	_____	GOLD	_____
APPLE	_____				

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 1st 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).**

	IN	NOT IN
TABLE		/
HOUSE	/	
BOWL	/	
FOOTBALL		/
WINDOW		/
LAKE	/	
ROSE		/
DRESS	/	
WHEAT	/	
COMPUTER		/

GLOVE		/
KING	/	
MOON		/
CLOCK	/	
GIFT	/	
FORK		/
GOLD		/
STORE	/	
APPLE		/
BIRD	/	
<b>Score</b>	<b>/10</b>	<b>/10</b>

TOTAL = \_\_\_\_\_ /20 ÷ 2 = \_\_\_\_\_ /10

**TABLE  
HOUSE  
BOWL  
FOOTBALL  
WINDOW  
LAKE  
ROSE  
DRESS  
WHEAT  
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

OVERLY PERSISTENT	1	2	<b>3</b>	4	5	GIVES UP EASILY
UNCONCERNED	1	2	<b>3</b>	4	5	ANXIOUS
RELAXED		<b>1</b>	2	3		RESTLESS
FULLY ALERT		<b>1</b>	2	3		DEPRESSED LEVEL OF CONSCIOUSNESS
GOOD CONCENTRATION		<b>1</b>	2	3		EASILY DISTRACTED
COOPERATIVE		<b>1</b>	2	3		UNCOOPERATIVE

**LANGUAGE USAGE**

ARTICULATION GOOD		<b>1</b>	2	3		ARTICULATION POOR
SPONTANEOUS SPEECH		<b>1</b>	2	3		SPEAKS ONLY WHEN SPOKEN TO
FLUENT SPEECH		<b>1</b>	2	3		NON FLUENT SPEECH
NORMAL SPEECH		<b>1</b>	2	3		PERSEVERATIVE SPEECH

Clinical observations and comments:  
(e.g., perseverative behaviour, word finding difficulties...)

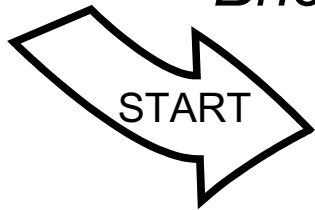
**BriefKingston Standardized Cognitive Assessment - Revised  
SCORING SUMMARY**

NAME:	
CASEBOOK NO.	
DATE:	
RATER:	

SUB-TESTS	SCORE
1. Orientation /10	
2. Word Recall /10	
3. Abstract Thought Score /8	
4. Spatial Reversal /5	
5. Clock Test /7	
6. Perseveration /2	
7. Delayed Recall /10	
8. Recognition /10	
<b>Total Score /62</b>	

# BriefKSCA-R SCORE ANALYSIS Page 1

(See Adm & Scoring Manual -Page 21)



**STEP 1:  
Previous  
Level?**

WHAT LEVEL DID THE PATIENT FUNCTION AT PREVIOUSLY?

Above Avg

Average

Below Avg

## NORMALS

TOTAL SCORE	PERCENTILES	RANGE
55.5	95	↑
55	90	A
52	85	V
51.8	80	G
51.3	75	A V E R A G E
51	70	
50.3	65	
50	60	
49.8	55	
49.3	50	
49	45	
48.8	40	
48.3	35	
47.8	30	
47.5	25	↓
46.5	20	A
45.3	15	V
44.5	10	G
44	5	

**STEP 2:  
Compare  
to Normals**

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 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

## DEMENTIA

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 \_\_\_\_\_

TOTAL SCORE	PERCENTILES	RANGE
45	<b>96</b>	<b>MILD</b>
42	<b>89</b>	
41	<b>84</b>	
40	<b>80</b>	
39	<b>76</b>	<b>MODERATE</b>
36	<b>71</b>	
35	<b>64</b>	
34	<b>60</b>	
33	<b>54</b>	
32	<b>50</b>	
31	<b>44</b>	
30	<b>39</b>	
29	<b>34</b>	
28	<b>29</b>	
26	<b>25</b>	<b>SEVERE</b>
24	<b>19</b>	
23	<b>16</b>	
19	<b>10</b>	
16	<b>5</b>	
13	<b>2</b>	