



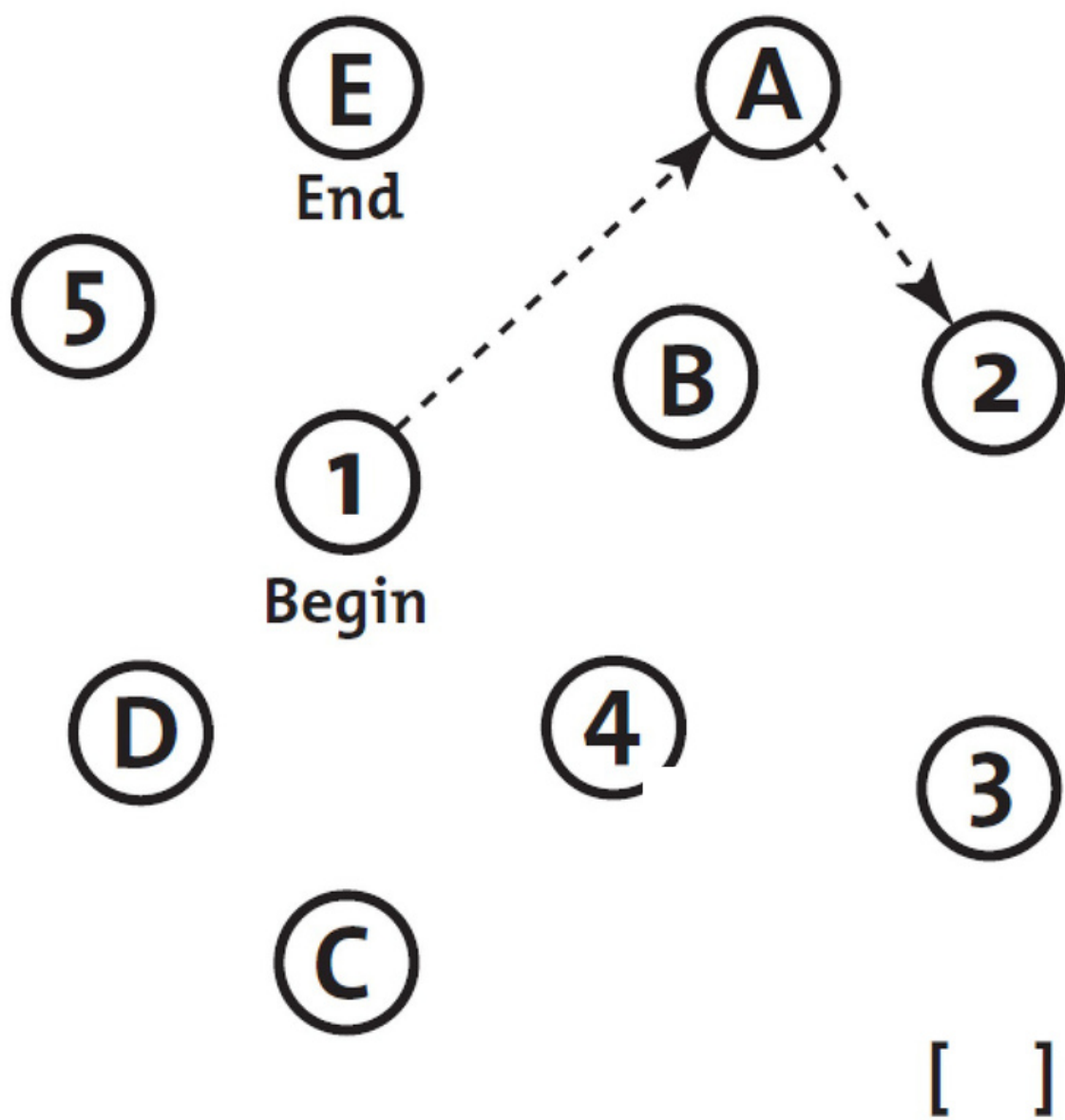
georgia
memory net

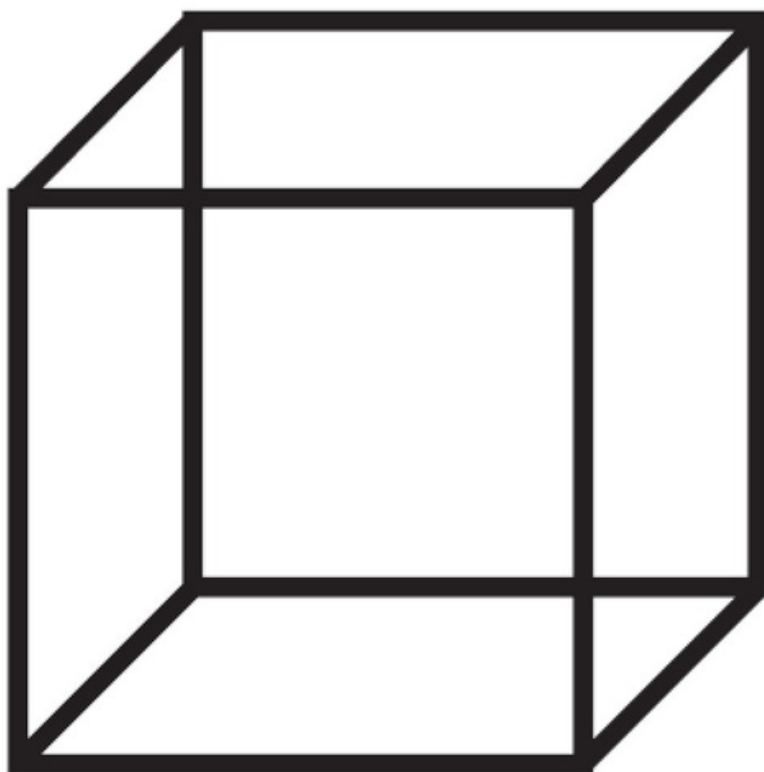
GMN Telehealth: Documents for Neuropsych Screen Share

MoCA- Administer items 1-4 (Trails, Cube, Clock, Naming)

Read the Telehealth Instructions Printed in the Neuropsych Manual

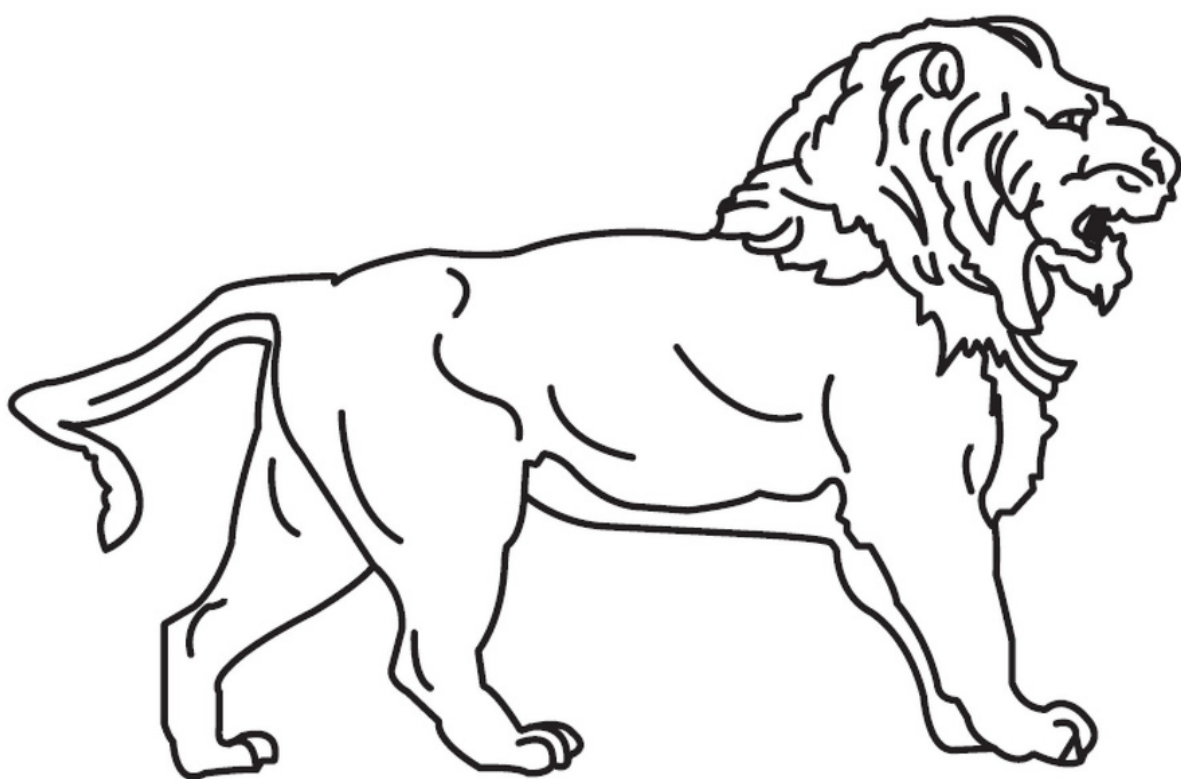
Begin sharing your screen now

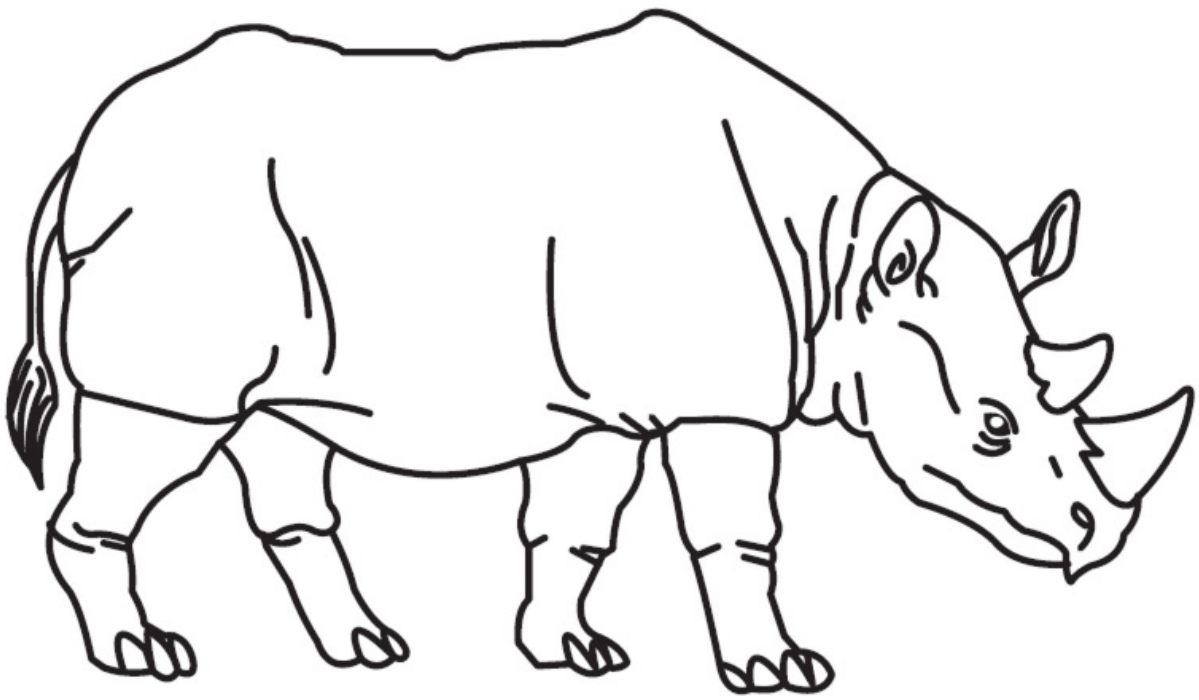


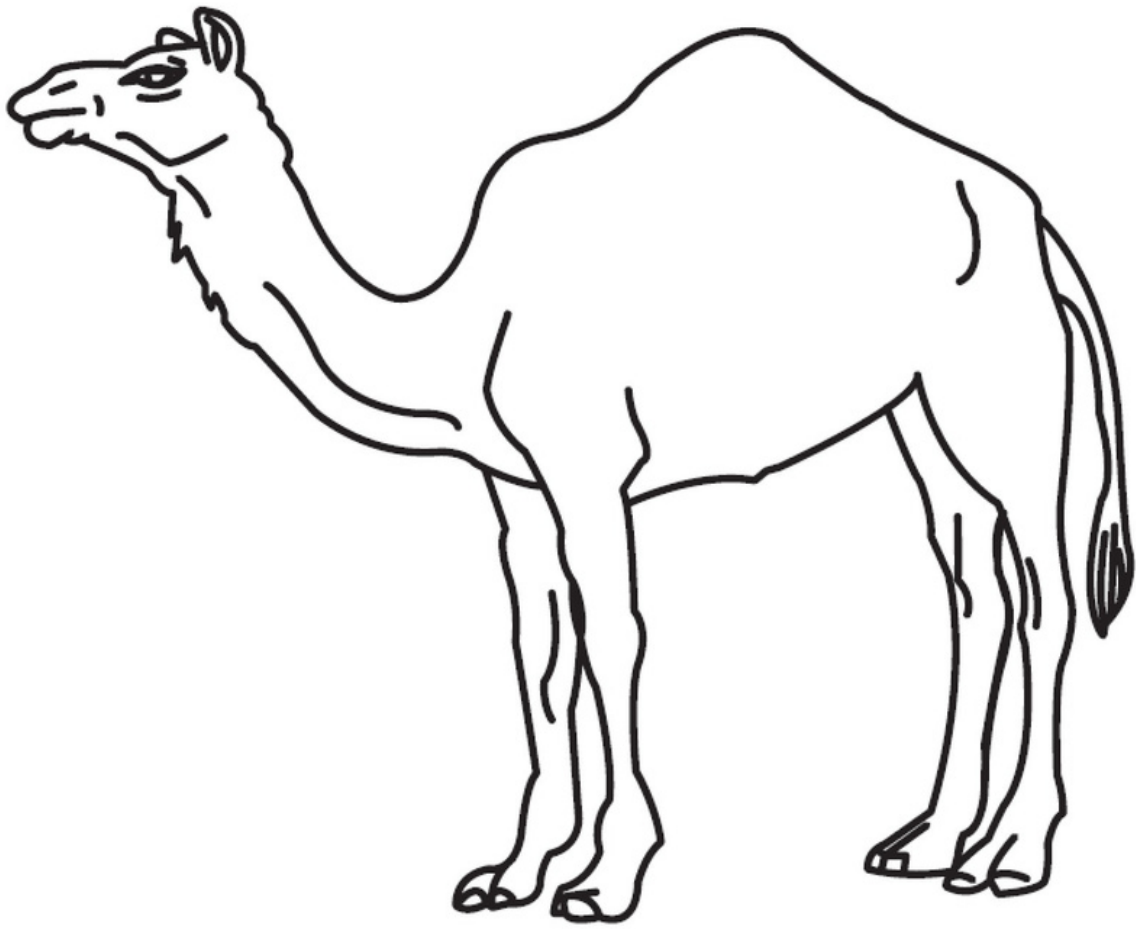


**Copy
cube**

Draw CLOCK
(Ten past eleven)







**END
OF
TASK**

STOP

sharing your screen

Administer:

remainder of MoCA

RAVLT (Trials 1-5, List B, A6)

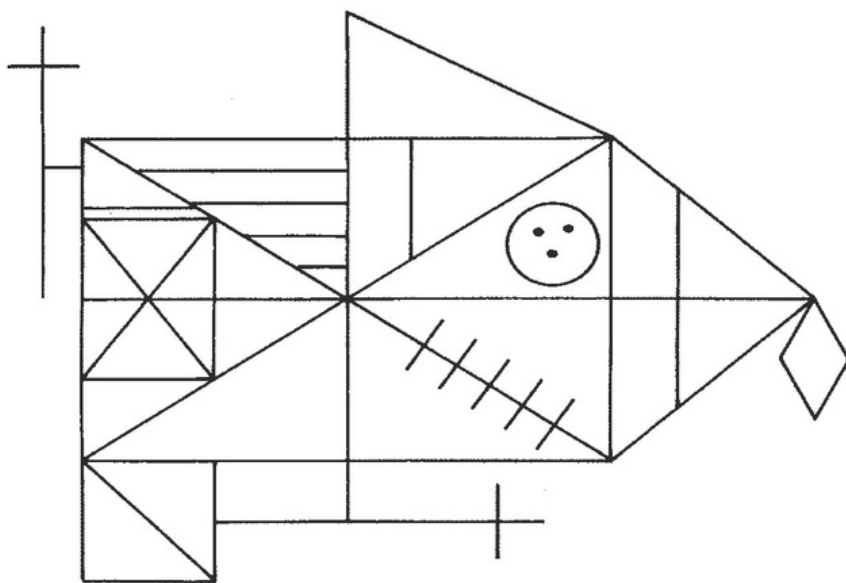
⌚ Record start time for 30 min. delay ⌚

START

sharing your screen

Administer:

Rey-O Figure (copy trial)



**END
OF
TASK**

STOP

sharing your screen

Administer:

Rey-O (Immediate Delay)

⌚ Record start time for 30 min. delay ⌚

Digit Span Test- Forward

Digit Span Test- Backward

START

sharing your screen

Administer:

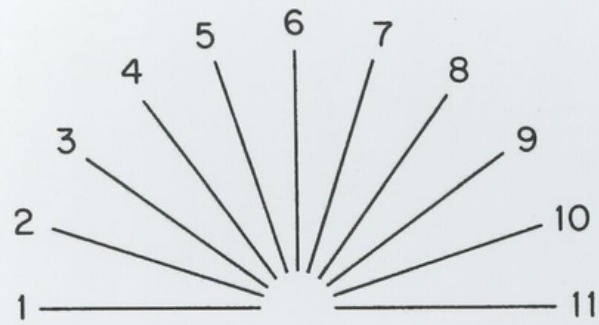
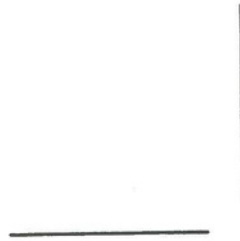
Judgement of Line (JOL0)

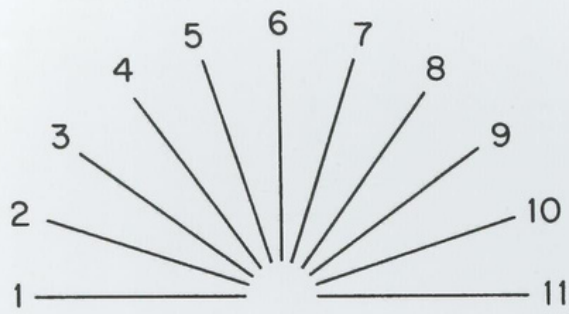
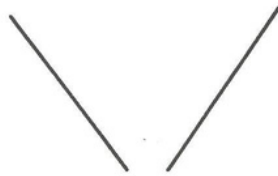
Oral Symbol Digit

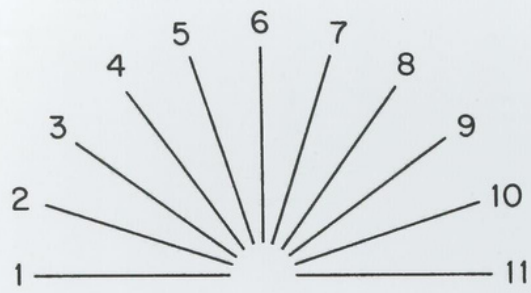
PHQ-8

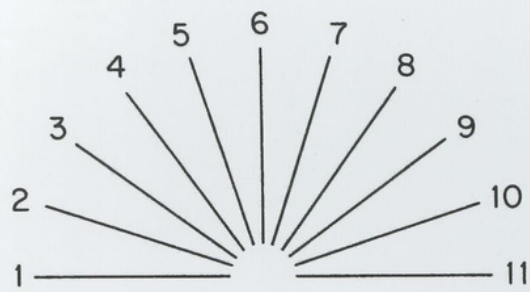
GAD-7

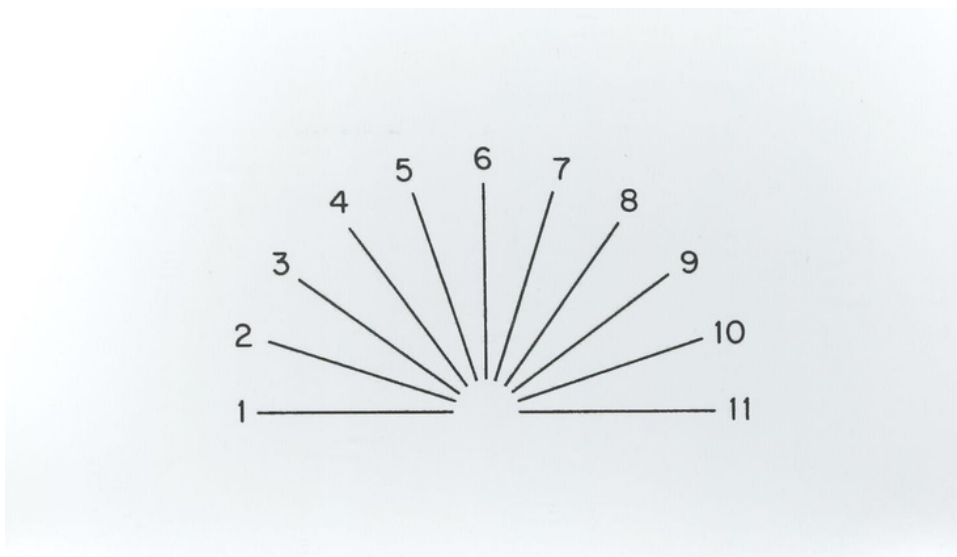
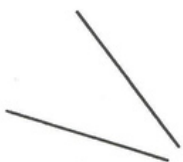
PRACTICE ITEMS



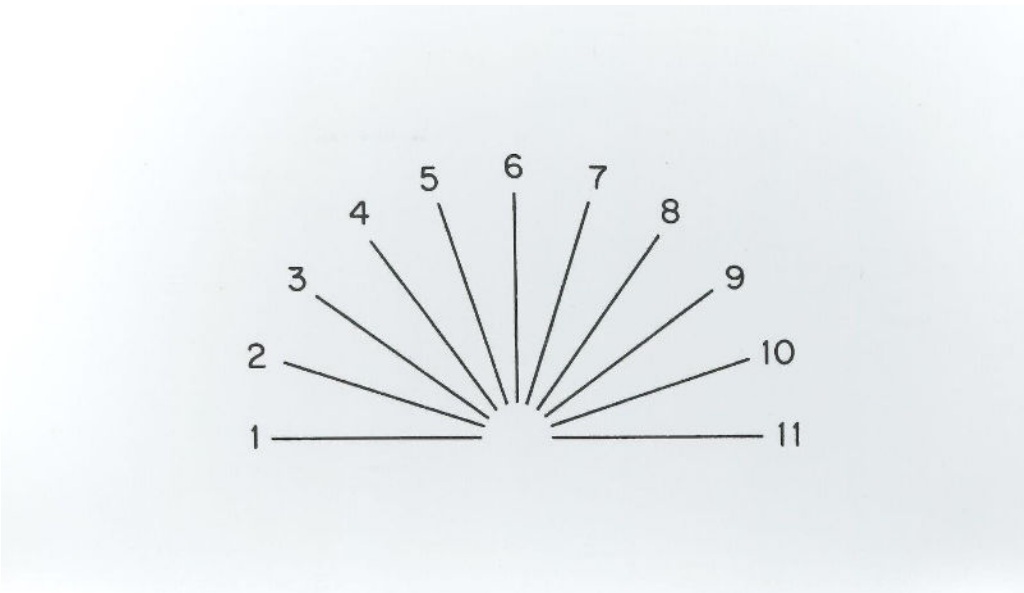
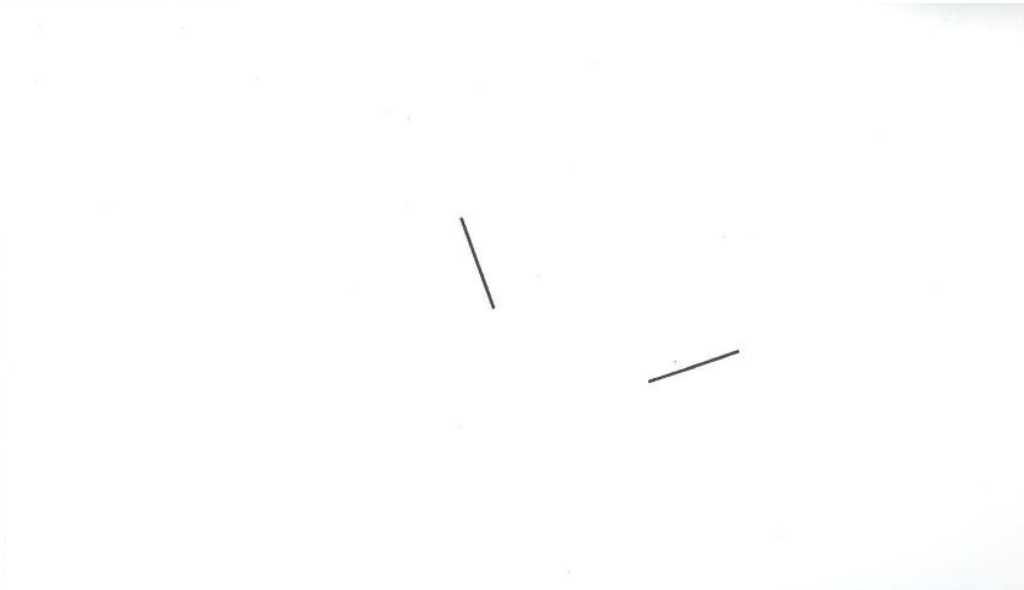




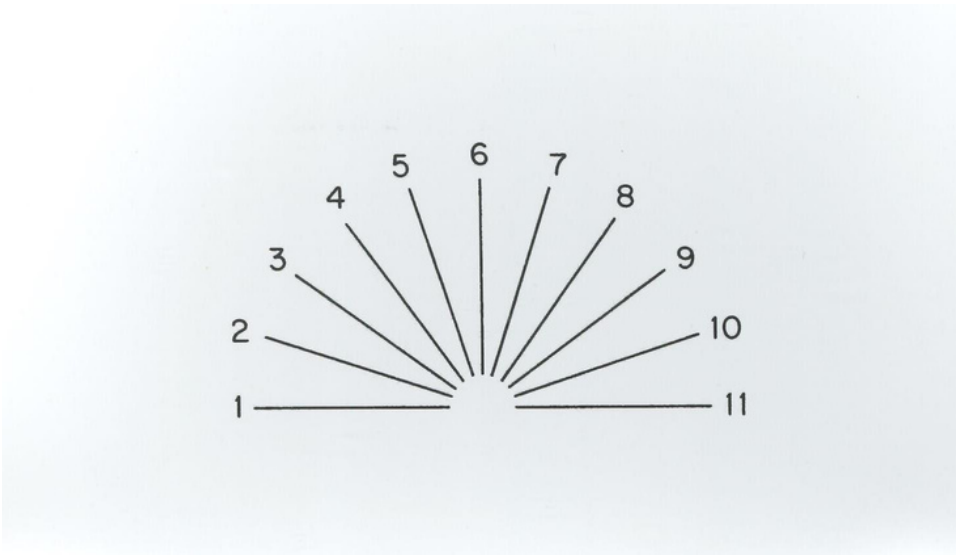


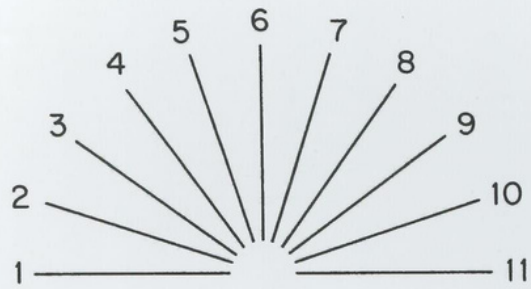


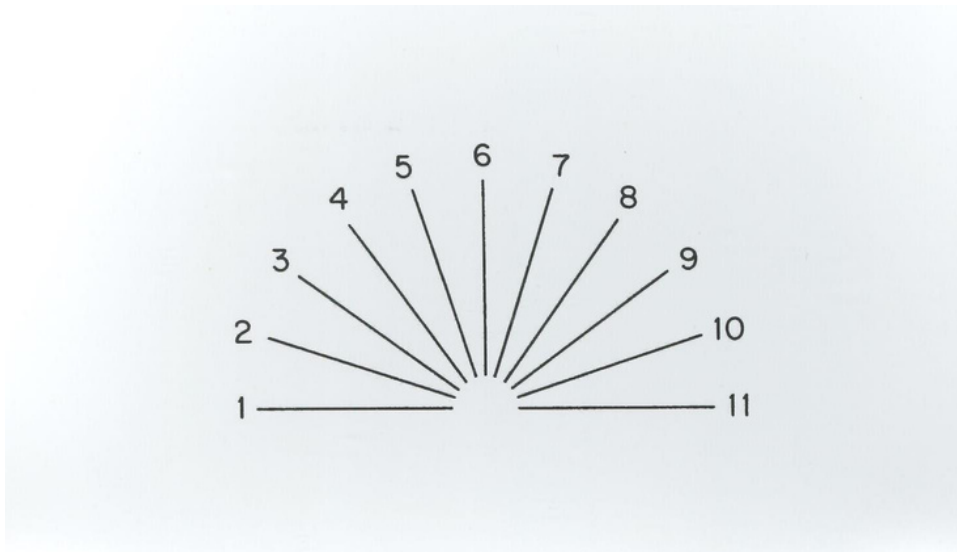
TEST ITEMS

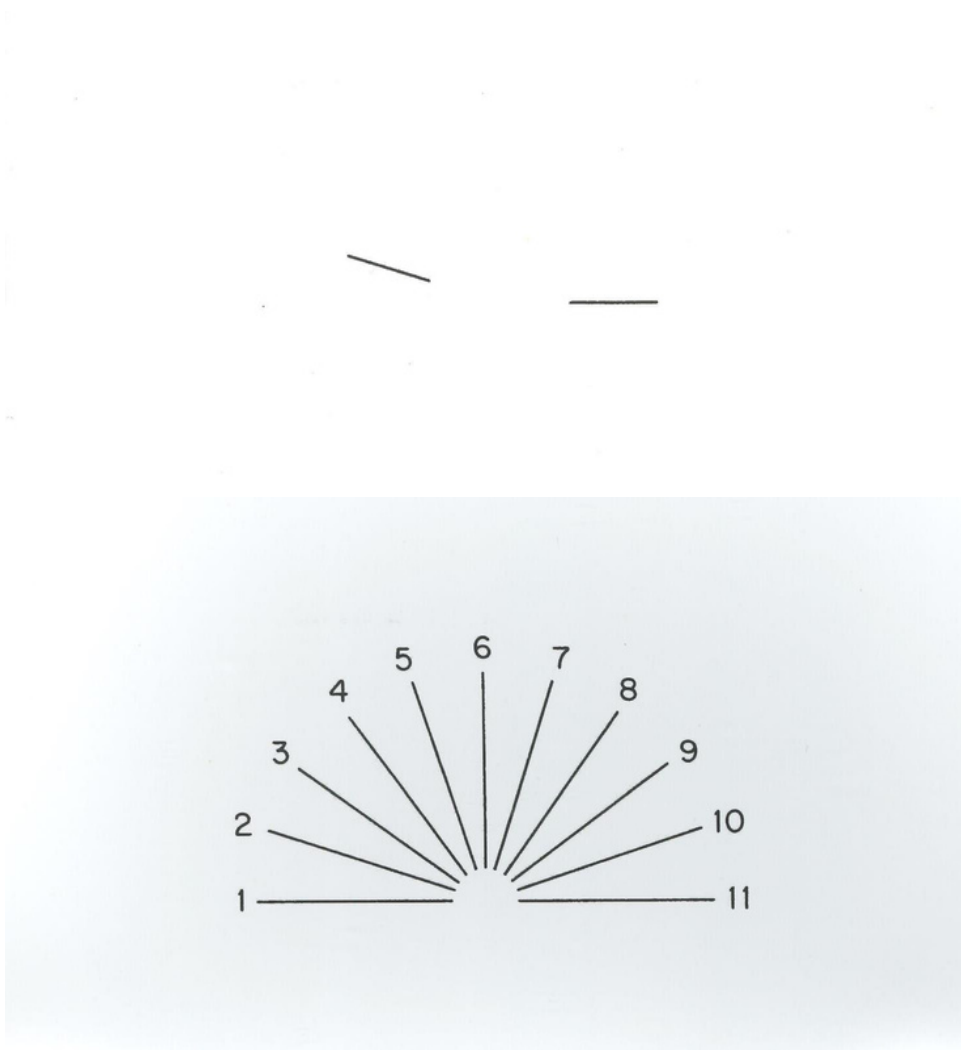


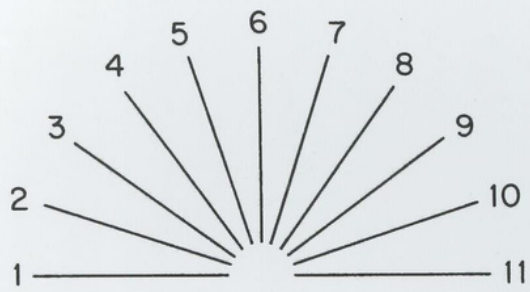
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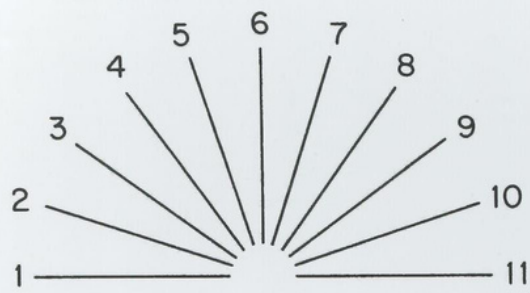


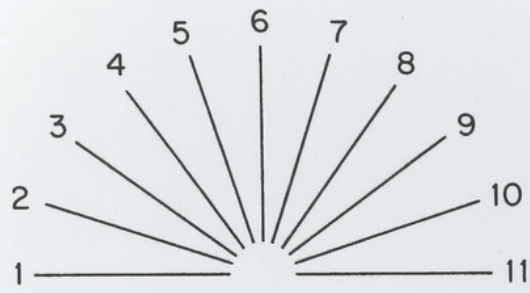


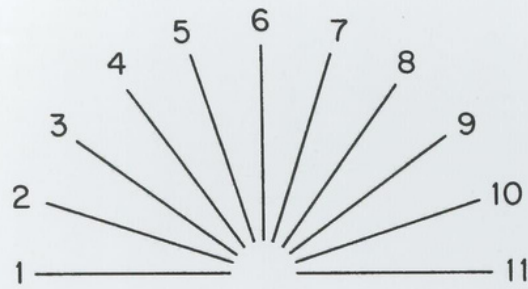


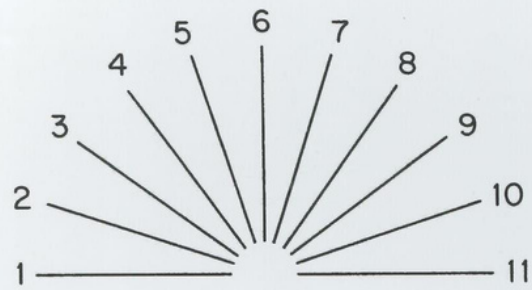


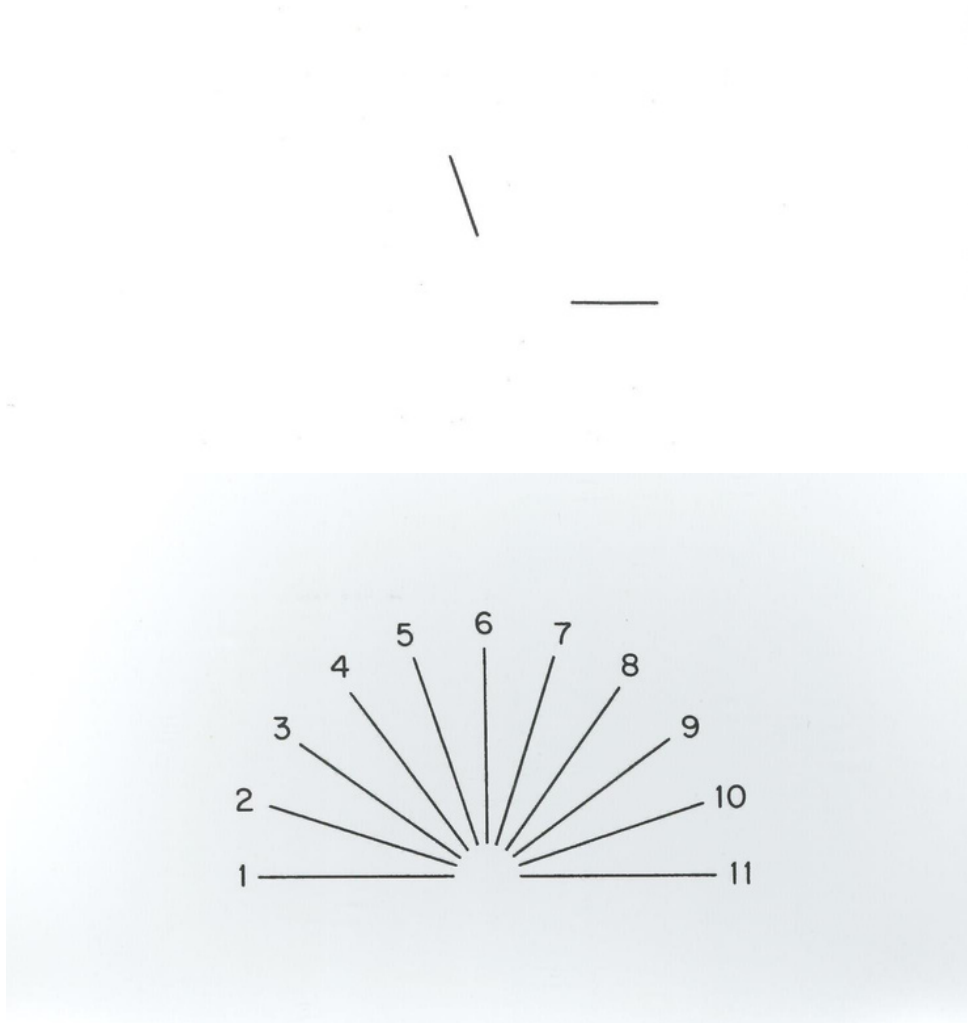


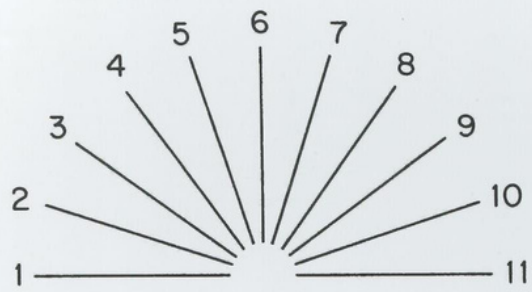




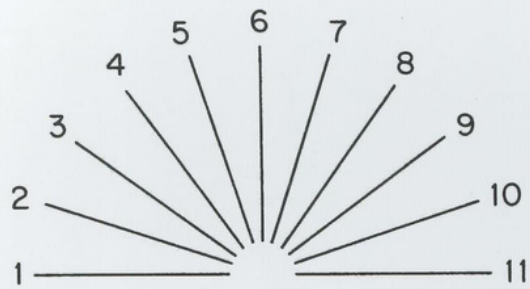


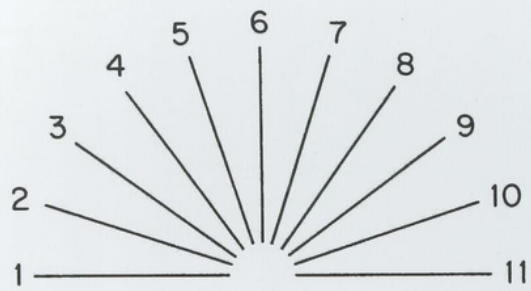


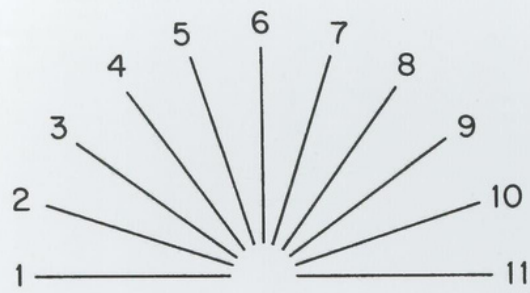
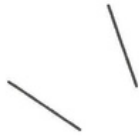


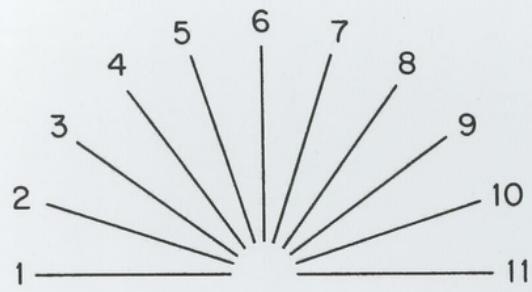


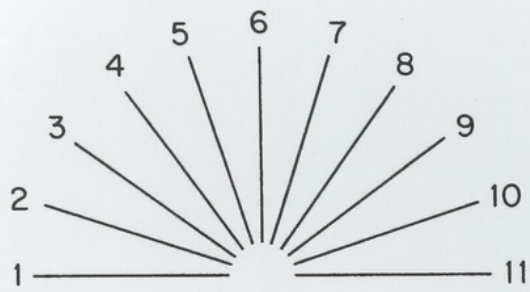
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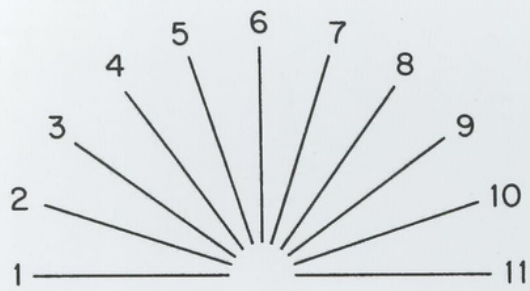


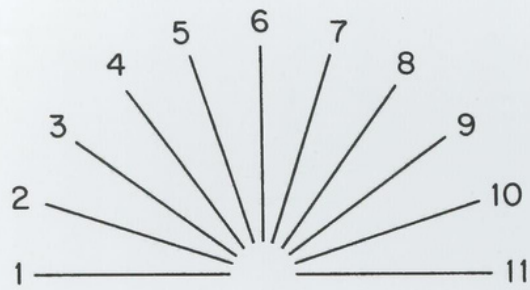


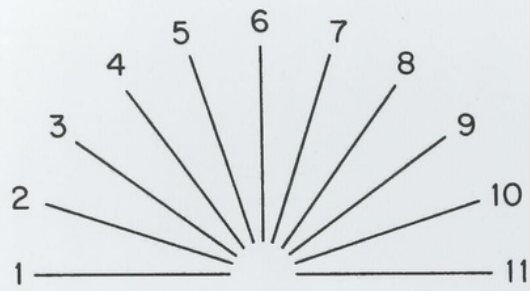


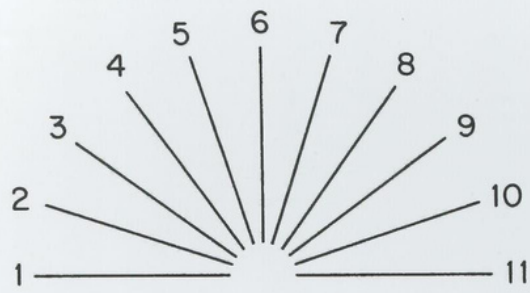


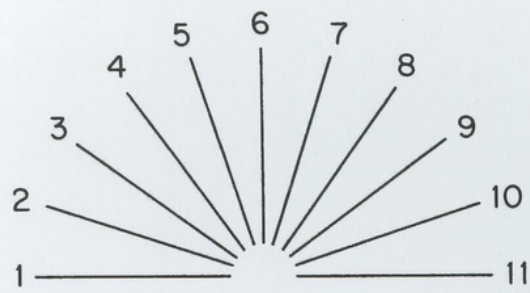


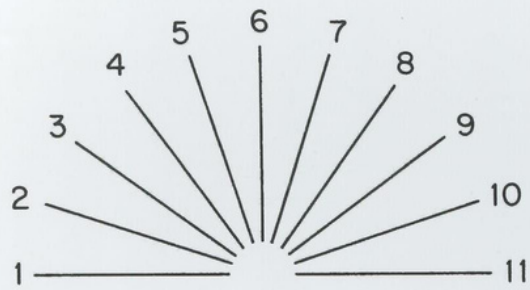
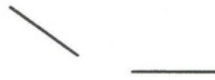


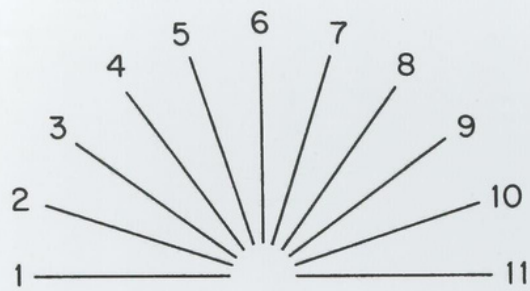


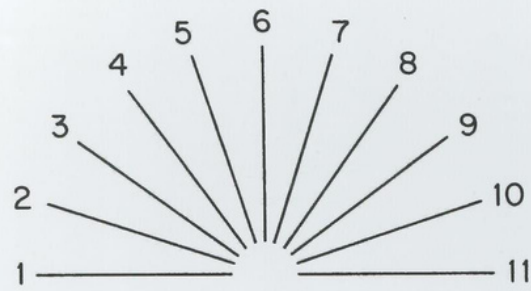


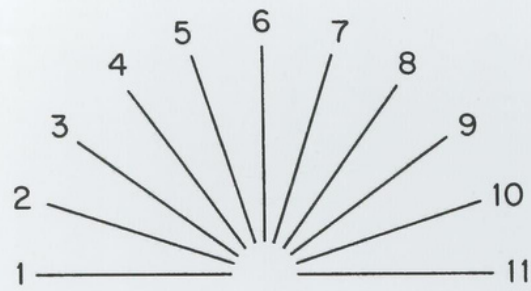


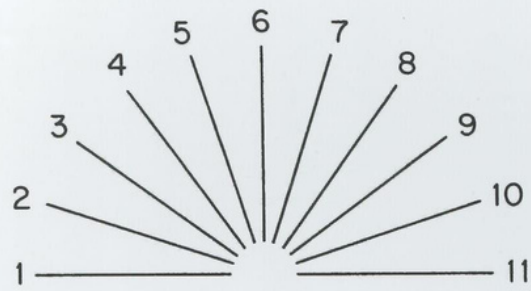


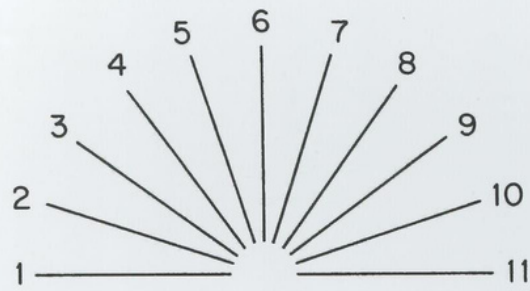


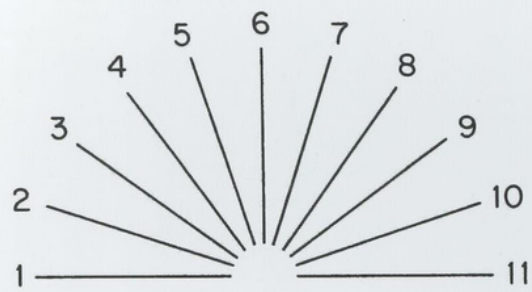


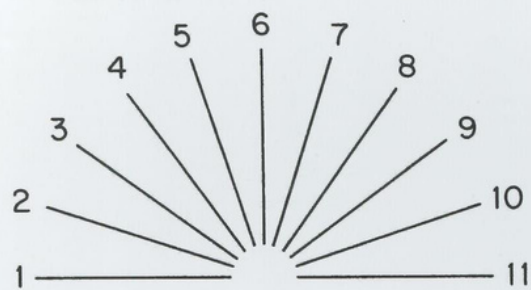












**END
OF
TASK**

Personal Health Questionnaire Depression Scale (PHQ-8)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
(circle **one** number on each line)

How often during the past 2 weeks were you bothered by...	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

Scoring

If two consecutive numbers are circled, score the higher (more distress) number. If the numbers are not consecutive, do not score the item. Score is the sum of the 8 items. If more than 1 item missing, set the value of the scale to missing. A score of 10 or greater is considered major depression, 20 or more is severe major depression.

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

**END
OF
TASK**

STOP

sharing your screen

Administer:

RAVLT Recall (A7)

START

sharing your screen

Administer:

RAVLT Recognition

Rey Auditory Verbal Learning Test Recognition

Name: _____ MRN: _____ Date: _____

Please make a mark next to each word that you recall from the previous word list.

_____ teacher	_____ coffee
_____ river	_____ road
_____ bridge	_____ hat
_____ farmer	_____ turkey
_____ pen	_____ minute
_____ forehead	_____ nose
_____ kerchief	_____ school
_____ house	_____ bell
_____ moon	_____ face
_____ color	_____ garden
_____ beet	_____ classroom
_____ curtain	_____ parent
_____ floor	_____ children
_____ soldier	_____ broomstick
_____ drum	_____ gun

**END
OF
TASK**

START

sharing your screen

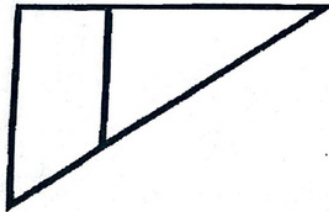
Administer:

RCFT (Rey- O) Recognition
Forms

1.



2.



3.



4.



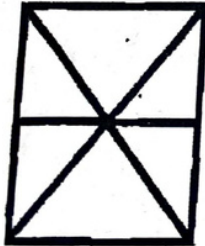
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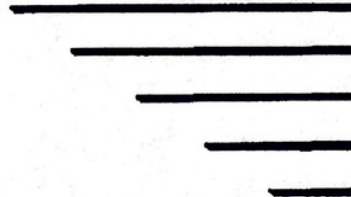
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7.



8.



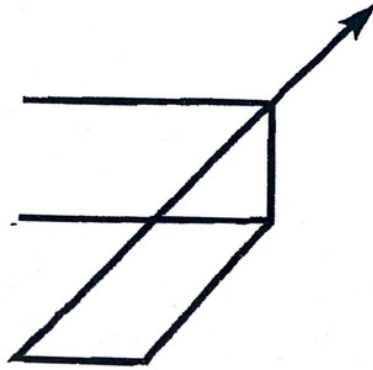
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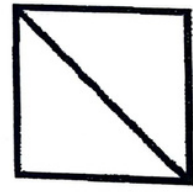
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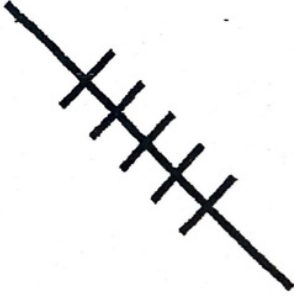
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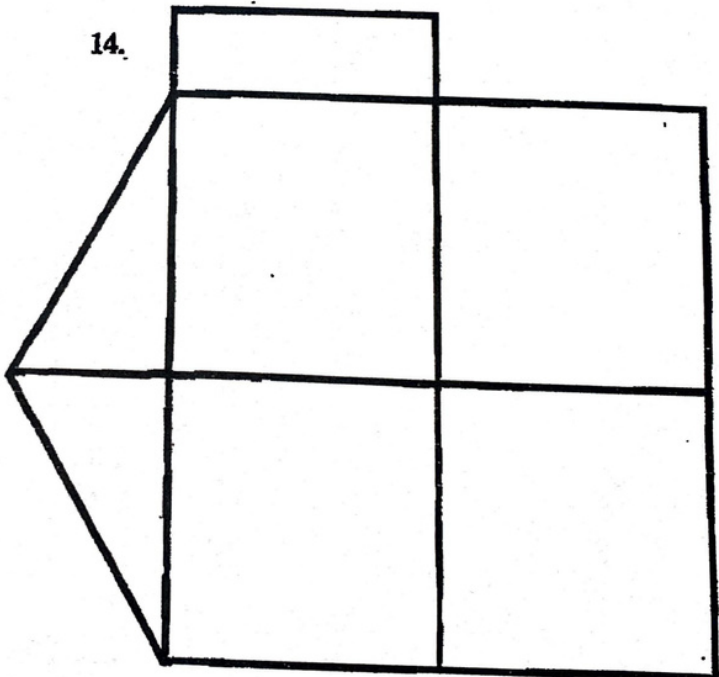
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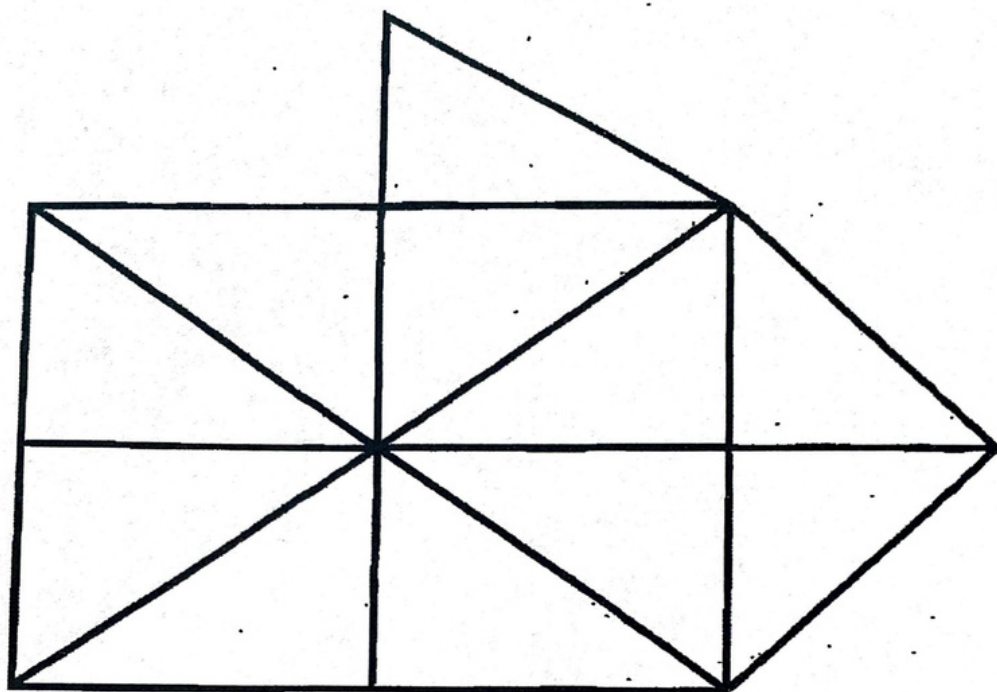
13.



14.



15.



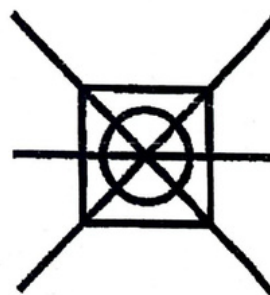
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17.



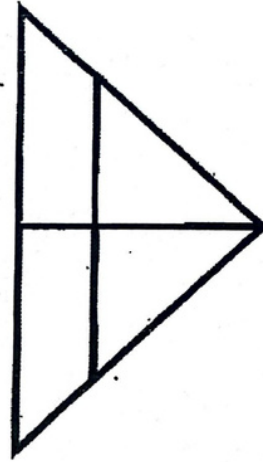
18.



19.



20.



21.



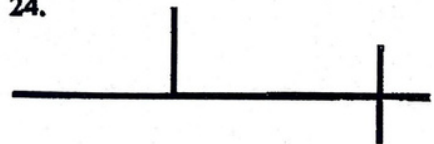
22.



23.



24.



STOP

sharing your screen

Administer:

Animal Fluency

Verbal Fluency

START

sharing your screen

Administer:

MINT

