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Establishment

Researcher initials

Visit date

		/			/				
DD			MM			YYYY			

Dementia and Cognitive Impairment in the Older Prisoner Population of England and Wales:

Identifying Individual Need and Developing a Skilled, Multi-Agency Workforce to Deliver Targeted and Responsive Services.

CRF2 Follow Up

□ □ □

□ □

Date consented / /
DD MM YYYY

Section 1: Participant Details

a. Date of birth: / /
DD MM YYYY

b. Ethnicity:

- White British Other Mixed Bangladeshi
- White Irish Black Caribbean Other Asian
- Other White Black African Chinese
- White & Black Caribbean Other Black Prefer not to say
- White & Black African Indian Unknown
- White & Asian Pakistani

Other, please specify

c. Marital status (immediately prior to prison entry):

- Single Separated Married/Civil Partnership
- Partner Widowed Divorced
- Unknown Prefer not to say

Other, please specify.....

d. Employment status (immediately prior to prison entry):

- Employed full time Employed part-time Unemployed
- Unemployed (but casual work) Retired
- Long-term sick (benefits) Long-term sick (employed)
- Not seeking work and not receiving benefits
- Unknown Prefer not to answer

Other (specify).....

e. Living circumstances (immediately prior to prison entry) :

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Alone With children only Prefer not to say

With spouse/partner (with children) With parents Unknown

With spouse/partner (without children)

Other, please specify.....

f. Accommodation type (immediately prior to prison entry):

House or flat Unsupervised Hostel Prefer not to say

Temporary Accommodation Homeless/NFA Unknown

Supervised Hostel Care Home (Elderly)

Care home (specialist), please specify.....

Other, please specify

Section 2: Criminal Justice details

a. What is the main offence you were charged with / convicted of?

Violence against the person Burglary Criminal Damage

Sexual Offence Theft/Handling Prefer not to say

Robbery Fraud and Forgery

Drug Offence Motoring Offence

Recall- please specify type (14/28 day fixed-term or standard).....

And- original offence on licence for (index offence).....

And- if new offence as part of breach, specify type.....

b. Date of index offence: MM/YYYY

c. Date sentenced: DD/MM/YYYY

d. Date of arrival in first prison for this offence: DD/MM/YYYY

e. Date of arrival in this prison for this sentence/remand: DD/MM/YYYY

f. Have you been in prison before this sentence/charge?

No Yes Prefer not to say

If yes, how many times? (not including this occasion, but including remands).

g. Prisoner status:

Remand Convicted (un-sentenced) Unknown

Convicted (sentenced) Prefer not to say

If sentenced, specify sentence length - (YEARS/MONTHS/DAYS)...../...../.....

If life sentence, specify tariff length.....

Or select from the following:

IPP 14-day recall Prefer not to say

Whole-life tariff 28-day recall Unknown

h. What type of wing are you currently located on? (If participant does not know, RA to confirm and record)

Remand/Induction Healthcare Detox

Normal location Cat A/CSU Vulnerable Prisoner Unit

Drug free Segregation Prefer not to say

Unknown

Older person (specify lower age limit, e.g. over 40's).....

i. What regime are you currently on? (If participant does not know, RA to confirm and record)

Basic Enhanced Standard/Entry-level

Other, please specify.....

j. Have you received any IEP warnings during your time in this prison?

No Yes Prefer not to say

If yes, how many?

And – what for?

.....
.....
.....

Section 3: Relevant health details

a. Do you consider yourself to be in good physical health?

No Yes Prefer not to say

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b. If no, please outline your main physical health problems.....
.....

c. Do you have any hearing problems?

No Yes Prefer not to say

d. If yes, is your hearing impaired today? (e.g. using hearing aids/not; are aids working?)

No Yes Prefer not to say

e. Do you have any eyesight problems?

No Yes Prefer not to say

f. If yes, is your eyesight impaired today? (e.g. using visual aids or glasses /not; are they working?)

No Yes Prefer not to say

g. Do you have any learning difficulties (e.g. dyslexia, dyspraxia or ADHD) or learning disabilities?

No Yes Prefer not to say

h. If yes, please specify the learning difficulties or disabilities.
.....
.....

i. Have you ever attended a special school or been told you have special educational needs?

No Yes Prefer not to say

j. Have you ever had a Head or Brain injury?

No Yes Prefer not to say

k. If yes, are you still affected by this injury?

No Yes Prefer not to say

l. If yes, in what ways does this still affect you?
.....
.....

m. Do you consider yourself to be in good mental health?

No Yes Prefer not to say

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n. Are you currently experiencing any of the following mental health problems?

- | | | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------|-------------------|--------------------------|
| Anxiety/panic attacks | <input type="checkbox"/> | Mood/affective disorder | <input type="checkbox"/> | Depression | <input type="checkbox"/> |
| Eating disorder | <input type="checkbox"/> | OCD | <input type="checkbox"/> | Bipolar Disorder | <input type="checkbox"/> |
| Personality Disorder | <input type="checkbox"/> | PTSD | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Psychosis | <input type="checkbox"/> | Schizophrenia | <input type="checkbox"/> | None | <input type="checkbox"/> |

o. Are you currently under the influence of any substances or medication which may affect your ability to concentrate or make you feel sleepy?

- No Yes Prefer not to say

p. Is English your first language?

- No Yes Prefer not to say

q. Do you have any difficulty in speaking or understanding English?

- No Yes Prefer not to say

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Rivermead Post-Concussion Symptoms Questionnaire*

After a head injury or accident some people experience symptoms which can cause worry or nuisance. We would like to know if you now suffer from any of the symptoms given below.
 As many of these symptoms occur normally, we would like you to compare yourself now with before the accident. For each one, please circle the number closest to your answer.

- 0 = Not experienced at all
- 1 = No more of a problem
- 2 = A mild problem
- 3 = A moderate problem
- 4 = A severe problem

Compared with before the accident, do you now (i.e., over the last 24 hours) suffer from:

Headaches.....	0	1	2	3	4
Feelings of dizziness.....	0	1	2	3	4
Nausea and/ or vomiting.....	0	1	2	3	4
Noise sensitivity					
easily upset by loud noise.....	0	1	2	3	4
Sleep disturbance.....	0	1	2	3	4
Fatigue, tiring more easily.....	0	1	2	3	4
Being irritable, easily angered.....	0	1	2	3	4
Feeling depressed or tearful.....	0	1	2	3	4
Forgetfulness, poor memory.....	0	1	2	3	4
Poor concentration.....	0	1	2	3	4
Taking longer to think.....	0	1	2	3	4
Blurred vision.....	0	1	2	3	4
Light sensitivity					
easily upset by bright light.....	0	1	2	3	4
Double vision.....	0	1	2	3	4
Restlessness.....	0	1	2	3	4

Are you experiencing any other difficulties?

1 _____	0	1	2	3	4
2 _____	0	1	2	3	4

*King, N., Crawford, S., Wenden, F., Moss, N., and Wade, D. (1995) J. Neurology 242: 587-592

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Lubben Social Network Scale – 18 - Revised for prison use

FAMILY –Consider the people to whom you are related by birth, marriage, adoption etc...

- 1. How many relatives do you see or hear from at least once a month?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 2. How often do you see or hear from the relative with whom you have the most contact?**
0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily
- 3. How many relatives do you feel at ease with that can talk about private matters?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 4. How many relatives do you feel close to such that you could call on them for help?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 5. When one of your relatives has an important decision to make, how often do they talk to you about it?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always
- 6. How often is one of your relatives available for you to talk to when you have an important decision to make?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

FRIENDS (*outside of the prison*)

- 7. How many friends do you see or hear from at least once a month?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 8. How often do you see or hear from the friend with whom you have the most contact?**
0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily
- 9. How many friends do you feel at ease with that can talk about private matters?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 10. How many friends do you feel close to such that you could call on them for help?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 11. When one of your friends has an important decision to make, how often do they talk to you about it?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always
- 12. How often is one of your friends available for you to talk to when you have an important decision to make?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

FRIENDS/ACQUAINTANCES (*inside the prison*)

- 13. How many friends/acquaintances do you see or hear from at least once a month?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 14. How often do you see or hear from the friend/acquaintance with whom you have the most contact?**
0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily
- 15. How many friends/acquaintances do you feel at ease with that can talk about private matters?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 16. How many friends/acquaintances do you feel close to such that you could call on them for help?**
0 = none 1 = one 2 = two 3 = three or four 4 = five to eight 5 = nine or more
- 17. When one of your friends/acquaintances has an important decision to make, how often do they talk to you about it?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always
- 18. How often is one of your friends/acquaintances available for you to talk to when you have an important decision to make?**
0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

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Depression / Mental health

Geriatric Depression Scale (short form)

Circle the answer that best describes how you felt over the past week.

- | | | | |
|-----|--|------------|-----------|
| 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 go on association? | yes | no |
| 10. | Do you feel that 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 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 |

Total Score

Score 1 point for each bolded answer. A score of 5 or more suggests depression

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PrisonQuest

	No	Yes
1 Have you previously seen a psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been taking longer over the things you do?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you recently been able to enjoy your normal everyday activities?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you recently felt that life isn't worth living?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you recently found yourself wishing you were dead and away from it all?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you recently felt that your thoughts have been directly interfered with or controlled by another, in a way that people would find hard to believe?	<input type="checkbox"/>	<input type="checkbox"/>
7 Have you recently heard voices saying a few words or sentences when there was no one around to account for this?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: Question 3 scores 1 point if 'no' response. All other questions that yield a 'yes' response score 1 point.

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Bristol Activities of Daily Living scale

Tick one

1 FOOD

- A Selects and prepares food as required 00
- B Able to prepare food if ingredients are set out 01
- C Can prepare food if prompted step by step 02
- D Unable to prepare food even with prompting and supervision 03
- E Not applicable 88
- F Not stated 98

2 EATING

- A Eats appropriately using correct cutlery 00
- B Eats appropriately if food made manageable and/or uses a spoon 01
- C Uses fingers to eat food 02
- D Needs to be fed 03
- E Not applicable 88
- F Not stated 98

3 DRINK

- A Selects and prepares drinks as required 00
- B Can prepare drinks if ingredients left available 01
- C Can prepare drinks if prompted step by step 02
- D Unable to make a drink even with prompting and supervision 03
- E Not applicable 88
- F Not stated 98

4 DRINKING

- A Drinks appropriately 00
- B Drinks appropriately with aids, beaker/straw etc 01
- C Does not drink appropriately even with aids, but attempts to 02
- D Has to have drinks administered (fed) 03
- E Not applicable 88
- F Not stated 98

5 DRESSING

- A Selects appropriate clothing and dresses self 00
- B Puts clothes on in wrong order and/or back to front and/or dirty clothing 01
- C Unable to dress self but moves limbs to assist 02
- D Unable to assist and requires total dressing 03
- E Not applicable 88
- F Not stated 98

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6 HYGIENE

- | | | | |
|---|--|--------------------------|----|
| A | Washes regularly and independently | <input type="checkbox"/> | 00 |
| B | Can wash self if given soap, flannel, towel, etc | <input type="checkbox"/> | 01 |
| C | Can wash self if prompted and supervised | <input type="checkbox"/> | 02 |
| D | Unable to wash self and needs full assistance | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

7 TEETH

- | | | | |
|---|--|--------------------------|----|
| A | Cleans own teeth/dentures regularly and independently | <input type="checkbox"/> | 00 |
| B | Cleans teeth/dentures if given appropriate items | <input type="checkbox"/> | 01 |
| C | Requires some assistance, toothpaste on brush, brush to mouth, etc | <input type="checkbox"/> | 02 |
| D | Full assistance given | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

8 BATH/SHOWER

- | | | | |
|---|--|--------------------------|----|
| A | Bathes regularly and independently | <input type="checkbox"/> | 00 |
| B | Needs bath to be drawn/shower turned on but washes independently | <input type="checkbox"/> | 01 |
| C | Needs supervision and prompting to wash | <input type="checkbox"/> | 02 |
| D | Totally dependent, needs full assistance | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

9 TOILET/COMMODE

- | | | | |
|---|--|--------------------------|----|
| A | Uses toilet appropriately when required | <input type="checkbox"/> | 00 |
| B | Needs to be taken to the toilet and given assistance | <input type="checkbox"/> | 01 |
| C | Incontinent of urine or faeces | <input type="checkbox"/> | 02 |
| D | Incontinent of urine and faeces | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

10 TRANSFERS

- | | | | |
|---|---|--------------------------|----|
| A | Can get in/out of chair unaided | <input type="checkbox"/> | 00 |
| B | Can get into a chair but needs help to get out | <input type="checkbox"/> | 01 |
| C | Needs help getting in and out of a chair | <input type="checkbox"/> | 02 |
| D | Totally dependent on being put into and lifted from chair | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

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11 MOBILITY

- | | | | |
|---|--|--------------------------|----|
| A | Walks independently | <input type="checkbox"/> | 00 |
| B | Walks with assistance, ie furniture, arm for support | <input type="checkbox"/> | 01 |
| C | Uses aids to mobilise, ie frame, sticks, etc | <input type="checkbox"/> | 02 |
| D | Unable to walk | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |

12 ORIENTATION - TIME

- | | | | |
|---|---|--------------------------|----|
| A | Fully oriented to time/day/date, etc | <input type="checkbox"/> | 00 |
| B | Unaware of time/day etc but seems unconcerned | <input type="checkbox"/> | 01 |
| C | Repeatedly asks the time/day/date | <input type="checkbox"/> | 02 |
| D | Mixes up day and night | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

13 ORIENTAITON - SPACE

- | | | | |
|---|---|--------------------------|----|
| A | Fully oriented to surroundings | <input type="checkbox"/> | 00 |
| B | Oriented to familiar surroundings only | <input type="checkbox"/> | 01 |
| C | Gets lost, needs reminding where bathroom is, etc | <input type="checkbox"/> | 02 |
| D | Does not recognise surroundings and attempts to leave | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

14 COMMUNICATION

- | | | | |
|---|--|--------------------------|----|
| A | Able to hold appropriate conversation | <input type="checkbox"/> | 00 |
| B | Shows understanding and attempts to respond verbally with gestures | <input type="checkbox"/> | 01 |
| C | Can make self understood but difficulty understanding others | <input type="checkbox"/> | 02 |
| D | Does not respond to or communicate with others | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 00 |
| F | Not stated | <input type="checkbox"/> | 98 |

15 TELEPHONE

- | | | | |
|---|--|--------------------------|----|
| A | Uses telephone appropriately, including obtaining correct number | <input type="checkbox"/> | 00 |
| B | Uses telephone if number given verbally/visually or predialled | <input type="checkbox"/> | 01 |
| C | Answers telephone but does not make calls | <input type="checkbox"/> | 02 |
| D | Unable/unwilling to use telephone at all | <input type="checkbox"/> | 03 |
| E | Not applicable | <input type="checkbox"/> | 88 |
| F | Not stated | <input type="checkbox"/> | 98 |

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16 HOUSEWORK

- A Able to keep cell clean to required standard 00
- B Able to clean cell but not to required standard 01
- C Limited participation even with a lot of supervision 02
- D Unwilling/unable to keep cell clean 03
- E Not applicable 88
- F Not stated 98

17 SHOPPING/CANTEEN

- A Shops to required standard 00
- B Only able to shop for 1 or 2 items with or without a list 01
- C Unable to shop alone, but participates when assisted 02
- D Unable to participate in shopping even when assisted 03
- E Not applicable 88
- F Not stated 98

19 GAMES/HOBBIES

- A Participates in pastimes/activities to required standard 00
- B Participates but needs instruction/supervision 01
- C Reluctant to join in, very slow, needs coaxing 02
- D No longer able or willing to join in 03
- E Not applicable 88
- F Not stated 98

Note: 18 and 20 omitted

DIP Study

Participant ID:

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REC reference: 16/WA/0216

CRF 2 Follow Up

Participant Initials:

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Notes

ADDENBROOKE'S COGNITIVE EXAMINATION – ACE-III

English Version A (2012)

Name: _____ Date of Birth: _____ Hospital No. or Address: _____	Date of testing: ___/___/___ Tester's name: _____ Age at leaving full-time education: _____ Occupation: _____ Handedness: _____
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ATTENTION

➤ Ask: What is the	Day	Date	Month	Year	Season	Attention [Score 0-5] <input style="width: 40px; height: 20px;" type="text"/>
➤ Ask: Which	No./Floor	Street/Hospital	Town	County	Country	Attention [Score 0-5] <input style="width: 40px; height: 20px;" type="text"/>
	_____	_____	_____	_____	_____	

ATTENTION

➤ Tell: "I'm going to give you three words and I'd like you to repeat them after me: lemon, key and ball." After subject repeats, say "Try to remember them because I'm going to ask you later". ➤ Score <i>only</i> the first trial (repeat 3 times if necessary). ➤ Register number of trials: _____	Attention [Score 0-3] <input style="width: 40px; height: 20px;" type="text"/>
---	--

ATTENTION

➤ Ask the subject: "Could you take 7 away from 100? I'd like you to keep taking 7 away from each new number until I tell you to stop." ➤ If subject makes a mistake, do not stop them. Let the subject carry on and check subsequent answers (e.g., 93, 84, 77, 70, 63 – score 4). ➤ Stop after five subtractions (93, 86, 79, 72, 65): _____	Attention [Score 0-5] <input style="width: 40px; height: 20px;" type="text"/>
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MEMORY

➤ Ask: 'Which 3 words did I ask you to repeat and remember?' _____	Memory [Score 0-3] <input style="width: 40px; height: 20px;" type="text"/>
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FLUENCY

➤ Letters Say: "I'm going to give you a letter of the alphabet and I'd like you to generate as many words as you can beginning with that letter, but not names of people or places. For example, if I give you the letter "C", you could give me words like "cat, cry, clock" and so on. But, you can't give me words like Catherine or Canada. Do you understand? Are you ready? You have one minute. The letter I want you to use is the letter "P".	Fluency [Score 0 – 7] <input style="width: 40px; height: 20px;" type="text"/>
--	--

				≥ 18	7
				14-17	6
				11-13	5
				8-10	4
				6-7	3
				4-5	2
				2-3	1
				0-1	0
				total	correct

➤ Animals Say: "Now can you name as many animals as possible. It can begin with any letter."	Fluency [Score 0 – 7] <input style="width: 40px; height: 20px;" type="text"/>
--	--

				≥ 22	7
				17-21	6
				14-16	5
				11-13	4
				9-10	3
				7-8	2
				5-6	1
				<5	0
				total	correct

MEMORY

➤ Tell: "I'm going to give you a name and address and I'd like you to repeat the name and address after me. So you have a chance to learn, we'll be doing that 3 times. I'll ask you the name and address later."

Score only the third trial.

Memory
[Score 0 – 7]

	<i>1st Trial</i>	<i>2nd Trial</i>	<i>3rd Trial</i>
Harry Barnes 73 Orchard Close Kingsbridge Devon	_____	_____	_____

MEMORY

➤ Name of the current Prime Minister.....

➤ Name of the woman who was Prime Minister

➤ Name of the USA president.....

➤ Name of the USA president who was assassinated in the 1960s.....

Memory
[Score 0 – 4]

LANGUAGE

➤ Place a pencil and a piece of paper in front of the subject. As a practice trial, ask the subject to "**Pick up the pencil and then the paper.**" If incorrect, score 0 and do not continue further.

➤ If the subject is correct on the practice trial, continue with the following three commands below.

- Ask the subject to "**Place the paper on top of the pencil**"
- Ask the subject to "**Pick up the pencil but not the paper**"
- Ask the subject to "**Pass me the pencil after touching the paper**"

Note: Place the pencil and paper in front of the subject before each command.

Language
[Score 0-3]

LANGUAGE

➤ Ask the subject to write two (or more) complete sentences about his/her last holiday/weekend/Christmas. Write in complete sentences and do not use abbreviations. Give 1 point if there are two (or more) complete sentences about the one topic; and give another 1 point if grammar and spelling are correct.

Language
[Score 0-2]

(This section is intentionally blank for the subject to write their responses.)

LANGUAGE

➤ Ask the subject to repeat: '**caterpillar**'; '**eccentricity**'; '**unintelligible**'; '**statistician**'
Score 2 if all are correct; score 1 if 3 are correct; and score 0 if 2 or less are correct.

Language
[Score 0-2]

LANGUAGE

➤ Ask the subject to repeat: 'All that glitters is not gold'

Language
[Score 0-1]

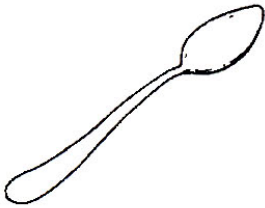
➤ Ask the subject to repeat: 'A stitch in time saves nine'

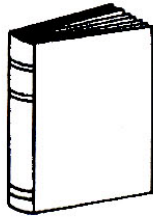
Language
[Score 0-1]

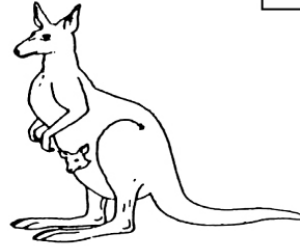
LANGUAGE

➤ Ask the subject to name the following pictures:

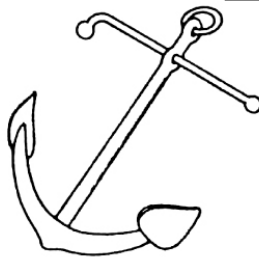
Language
[Score 0-12]

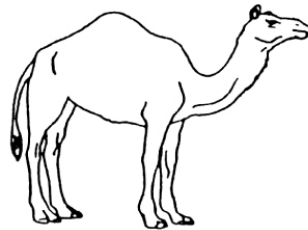




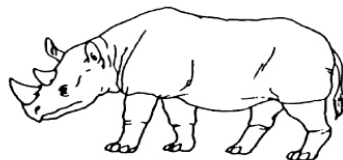








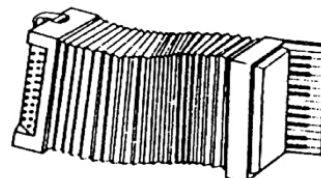












LANGUAGE

➤ Using the pictures above, ask the subject to:

Language
[Score 0-4]

- Point to the one which is associated with the monarchy
- Point to the one which is a marsupial
- Point to the one which is found in the Antarctic
- Point to the one which has a nautical connection

LANGUAGE

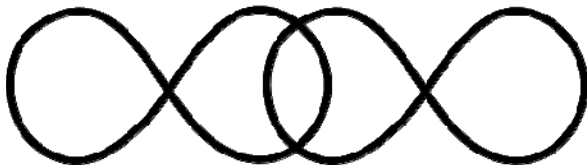
- Ask the subject to read the following words: (Score 1 only if all correct)

**sew
pint
soot
dough
height**

Language
[Score 0-1]

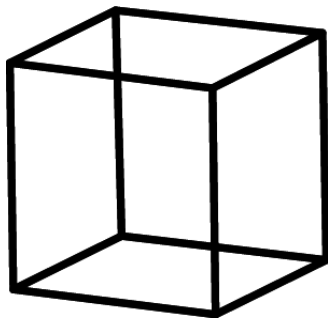
VISUOSPATIAL ABILITIES

- Infinity Diagram: Ask the subject to copy this diagram



Visuospatial
[Score 0-1]

- Wire cube: Ask the subject to copy this drawing (for scoring, see instructions guide).



Visuospatial
[Score 0-2]

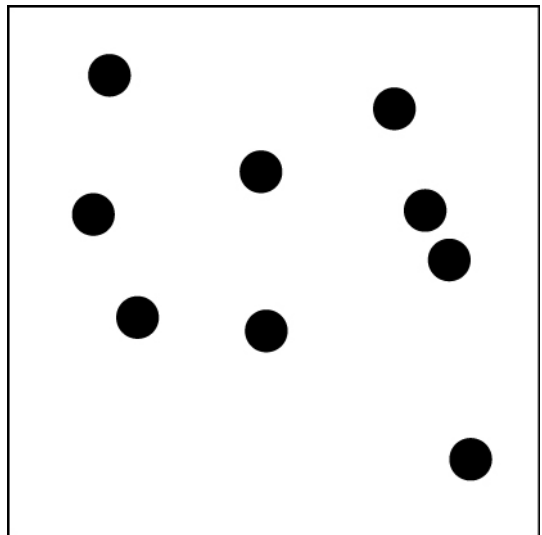
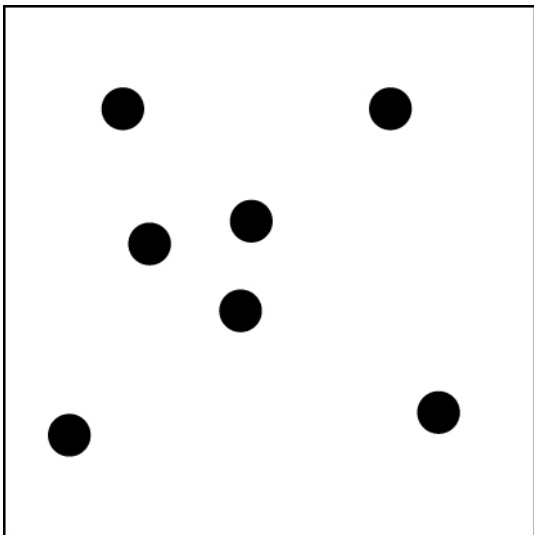
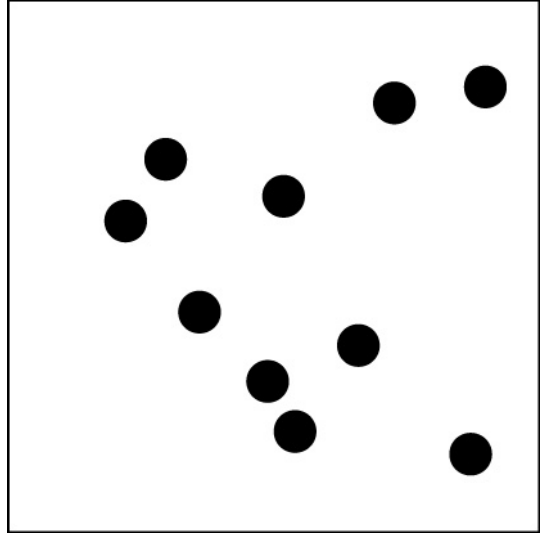
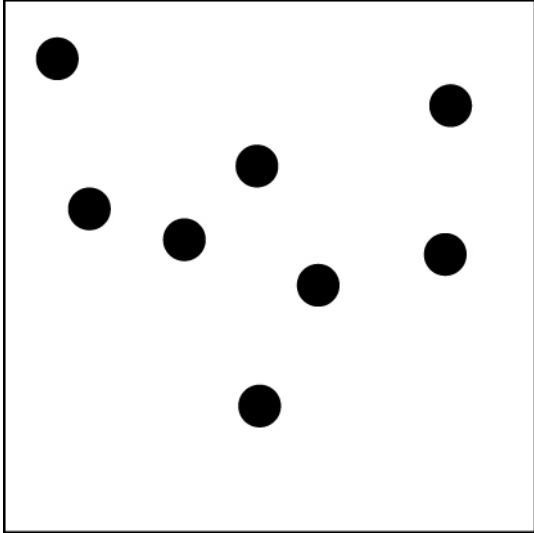
- Clock: Ask the subject to draw a clock face with numbers and the hands at ten past five. (For scoring see instruction guide: circle = 1, numbers = 2, hands = 2 if all correct).

Visuospatial
[Score 0-5]

VISUOSPATIAL ABILITIES

➤ Ask the subject to count the dots without pointing to them

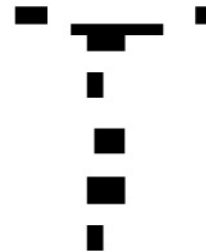
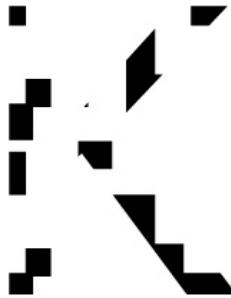
Visuospatial
[Score 0-4]



VISUOSPATIAL ABILITIES

➤ Ask the subject to identify the letters

Visuospatial
[Score 0-4]



MEMORY

➤ Ask "Now tell me what you remember about that name and address we were repeating at the beginning"

Harry Barnes
73 Orchard Close
Kingsbridge
Devon

.....
.....
.....
.....

Memory
[Score 0-7]

MEMORY

➤ This test should be done if the subject failed to recall one or more items above. If all items were recalled, skip the test and score 5. If only part was recalled start by ticking items recalled in the shadowed column on the right hand side; and then test not recalled items by telling the subject "ok, I'll give you some hints: was the name X, Y or Z?" and so on. Each recognised item scores one point, which is added to the point gained by recalling.

Memory
[Score 0-5]

Jerry Barnes		Harry Barnes		Harry Bradford		recalled	
37		73		76		recalled	
Orchard Place		Oak Close		Orchard Close		recalled	
Oakhampton		Kingsbridge		Dartington		recalled	
Devon		Dorset		Somerset		recalled	

SCORES

TOTAL ACE-III SCORE		/100
Attention		/18
Memory		/26
Fluency		/14
Language		/26
Visuospatial		/16