GOT-Cog™

Gaylord Occupational Therapy Cognitive measure

EXAMINER PACKET

The purpose of this measure is to screen appropriate patients in areas of cognition, as they relate to functional activities in ADL and IADL. The results of this screening tool are intended to guide Occupational Therapy plan of care, assist with discharge planning, and flag the need for additional services such as speech therapy or neuropsychology.

Clinical judgment of the treating therapist should be used to assess the appropriateness of the measure for their patient and screen for potential contraindications for administration. These include, but are not limited to: language and communication impairments, baseline dementia, and the inability to demonstrate pre-requisite attention and participation to complete assessment.

*Delivery and scoring instructions for examiners are denoted by brackets **{ }**.

**For those who are unable to physically write to complete items 11 and 12 (clock drawing), skip these questions and add 2 to the final score (i.e. final score 32 + 2 = 34).

Estimated time to administer: 16 minutes
Total points possible: 34

Please recollect patient packet when screen is complete

Patient Name:	**Patient Age:**
Date:	**Level of Education:** ***Circle last grade completed*** <5th 5th 6th 7th 8th 9th 10th 11th 12th >12th

Verbal Fluency (___/2):

{May repeat the questions a second time if needed. May cue the patient using "can you think of anymore words/animals?"**}**

1. (__/1) "Please name as many animals that you can think of within 1 minute".
{Must be 15 or greater for point.**}**

2. (__/1) "Please name as many words that you can think of that start with the letter "B" in 1 minute".
{Must be 10 words or more to get point.**}**

Attention (___/4):

{May repeat the directions a second time however do not repeat the digit sequences a second time.**}**

3. (____/2) "I am going to read you some numbers, please repeat them back to me in the order I say them"
(1) 8-2-4 (1) 2-9-6-8-3

4. (____/2) "Now I am going to read you more numbers, this time I want you to repeat them to me in backwards order, for example if I say 6-7, you would say 7-6".
(0) 7-8 (1) 2-4-9 (1) 4-3-8-9

Orientation (___/5):

{No verbal cues**}**

5. (__/1) *"What is the month?"*

6. (__/1) *"What is the date?"*

7. (__/1) *"What is the year?"*

8. (__/1) *"What type of place are you in?"*
{Patient may state the Hospital name, "Hospital", or "Rehab" to be awarded points.**}**

9. (__/1) *"Why are you here?"*
{Must be relevant to patient's hospital stay and/or demonstrate awareness of injury and/or how it was sustained.**}**

Short-Term Delayed Recall :

{At this time, provide the patient with the '*Patient Packet*'. Choose one list from choices below and cover the other two. Read items aloud for patient, allow them to study words for one minute, then ask them to repeat the list. Use the check boxes to record which words the patient is able to immediately recall. Note the time that you provided the list of words. To make sure Short-Term Delayed Recall is tested, please wait at least **10 minutes** before asking the patient to repeat back the list**}**

10. *"I am going show you a grocery list, please try and remember the items because I am going to ask you what they were after 1 minute and again later in this screen".*

Note time provided:_____

A.	B.	C.
☐ Banana	☐ Toilet Paper	☐ Cheese
☐ Apple	☐ Cereal	☐ Tomato
☐ Paper Towels	☐ Butter	☐ Salt
☐ Eggs	☐ Tea	☐ Coffee Filters
☐ Milk	☐ Bread	☐ Bagels

Visuospatial (___/2):

{Open circle for clock is attached to patient packet. May repeat directions a second time. **If the patient is physically unable to write, please skip this section and add +2 points to the final score.**}**

11. (____/1) *"I want you to place the numbers in the clock".*

12. (____/1) *"Now set the time to 10 past 9"*
{If hands appear same size, ask patient to clarify hour marker and minute marker to score the point.**}**

Divided Attention (___/1):

{Trail-making diagram is attached to patient packet. Point along with the directions to the sequencing pattern. May repeat the directions a second time. If the patient is unable to write, allow patient to point or verbalize their choices. No point awarded if left uncomplete.**}**

13. (____/1) *Starting at 1, please draw a line going from number to letter in sequential order, for example 1 to A, A to 2 , 2 to B and so on. Make sure to scan both left and right between the 2 black lines".*

Auditory memory/Attention (___/8):

{To achieve the full 2 points, patient must spontaneously address the questions below. When the story is repeated back it does not need to be in exact order. If the patient does not answer any of the questions while repeating the story, then prompt them with the questions. If they then answer correctly, they may receive 1 point. If they are not able to answer the questions when prompted, they will receive 0 points. "Bike" is an acceptable response for item 15 and should be awarded full credit.**}**

"I am going to read you a story, please listen carefully because I am going to have you repeat the story back to me "

James is a 5 year old boy. He is in kindergarten and has made a lot of friends this year. He can't wait for his birthday. His birthday is in March. For his birthday he would like a blue bike.

"Now repeat the story back to me as best as you can"

14. (____/2) *"What is the boy's name"*

15. (____/2) *"What does he want for his birthday"*

16. (____/2) "What month is his birthday in"

17. (____/2) "What grade is he in"

Sequencing (___/1):

{Patient may point to pictures if unable to write. The anticipated correct response is 4-2-1-3. Responses of 4-3-2-1 and 4-3-1-2 may be accepted if the patient can explain their reasoning when prompted. 1 point for correct responses**.}**

18. (___/1) *"Please place the steps for washing your hands in order, labeling them 1, 2, 3 and 4."*

dry hands	wash hands	get soap	rinse hands
			
_____	_____	_____	_____

Functional Problem Solving (___/6):

{Patients should be provided with the questions below, and are given space to solve them in the patient packet. You may read the questions to them if needed. Do not provide verbal cues or assistance. No partial points are to be awarded**.}**

19. (__/2) *"Using the pill bottle on the right, if you take your medication as directed for 1 day, how many pills will you have left if you started with 24 pills?"*
{Correct answer: 20**}**

20. (___/2) *"You are going on vacation for 2 days, how many pills will you need if you take the recommended dose?"* **{**Correct answer: 8**}**

21. (___/2) *"What is the total amount of these coins?"*

{Have the patient identify coins prior to adding amount to ensure they know the difference between coins, you may help them identify the name of the coin but not the amount. 1 point awarded for each set of coins.**}**

A. 

_____ **{**32 cents**}**

B. 

_____ **{**36 cents**}**

Short Term Delayed Recall **(___/5):**

22. (____/5) *"Can you remember any of the items from the grocery list I asked you to remember from earlier?"* **{**1 point for each item spontaneously recalled. No verbal cues. No points will be awarded for category or choice of two, however you may ask for documentation purposes only.**}**

A.	B.	C.
☐ Banana	☐ Toilet Paper	☐ Cheese
☐ Apple	☐ Cereal	☐ Tomato
☐ Paper Towels	☐ Butter	☐ Salt
☐ Eggs	☐ Tea	☐ Coffee Filters
☐ Milk	☐ Bread	☐ Bagels

Note time completed:_____ **_____/ 34 Total Score**

Score	Interpretation
0-21	Severe Cognitive Deficits
22-25	Moderate Cognitive Deficits
26-29	Mild Cognitive Deficits
30-34	Minimal/No Cognitive Deficits

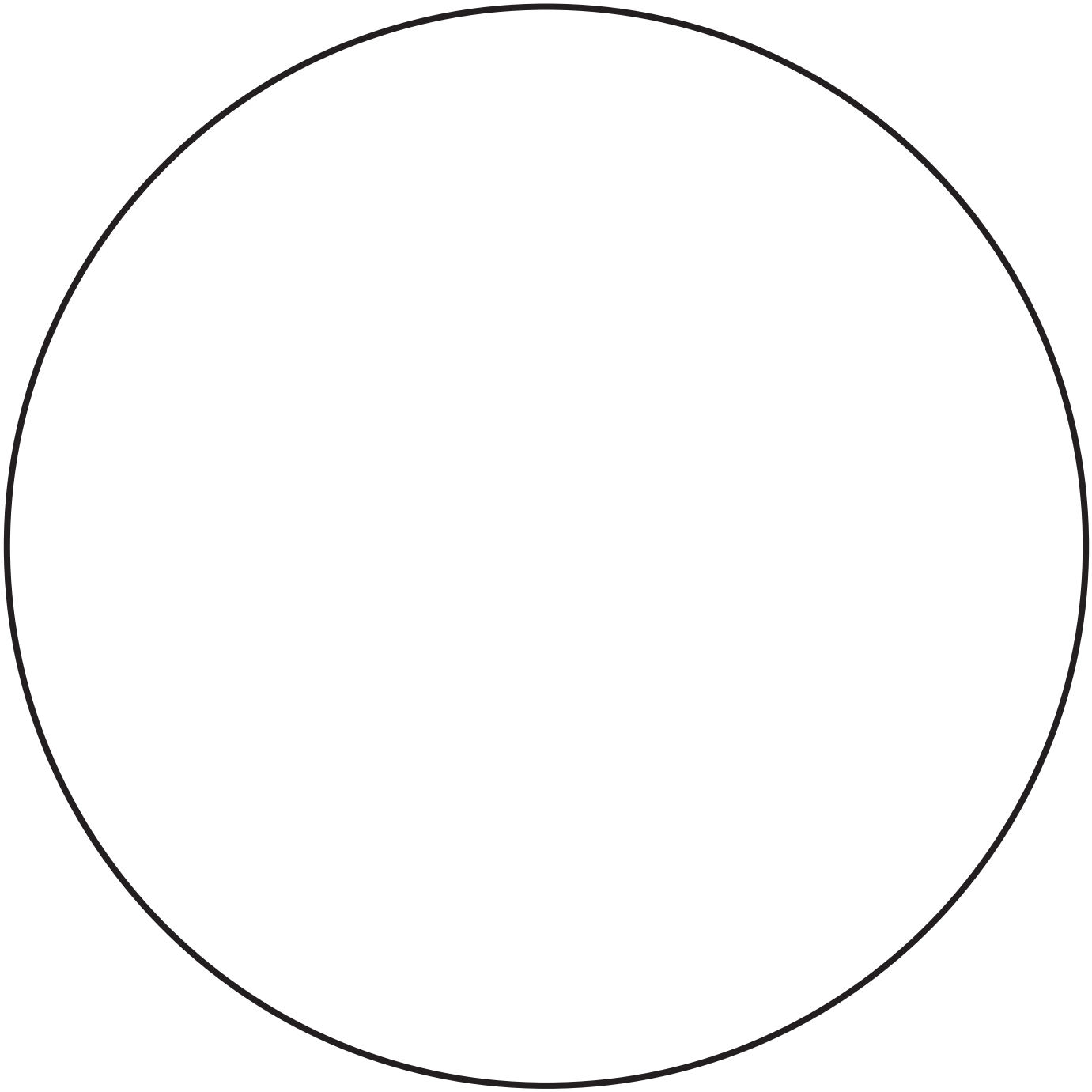
☐ **Check if +2 was awarded for clock-drawing questions due to physical inability to complete the questions.**

Space intentionally left blank to record any additional notes

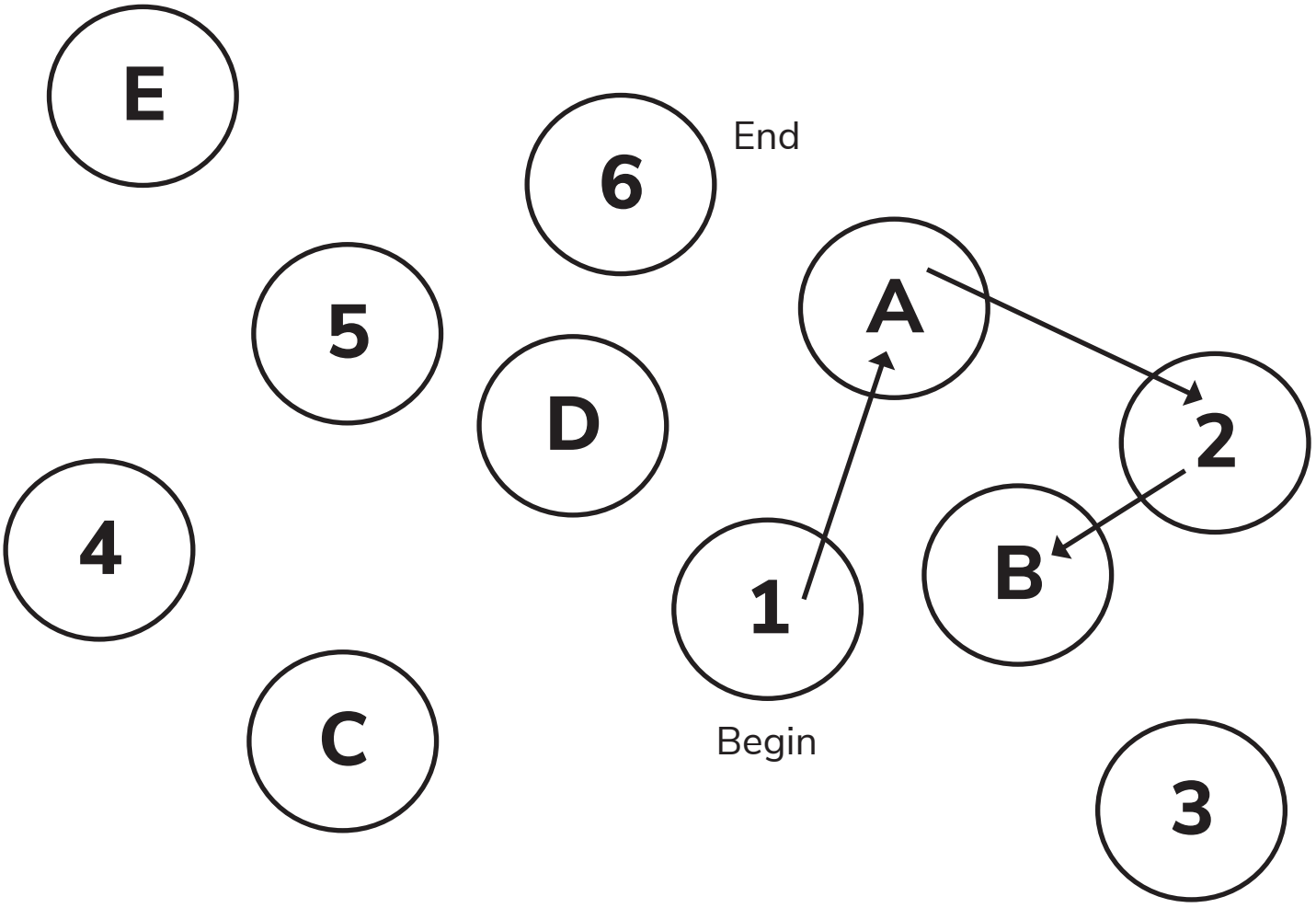
Grocery List

A.	B.	C.
Banana	Toilet Paper	Cheese
Apple	Cereal	Tomato
Paper Towels	Butter	Salt
Eggs	Tea	Coffee Filters
Milk	Bread	Bagels

Clock Drawing



Trail-Making



Hand-washing

Please place the steps for washing your hands in order, labeling them as 1, 2, 3 and 4.

dry hands

_____

wash hands

_____

get soap

_____

rinse hands

_____

Medication

A. "Using the pill bottle on the right, if you take your medication as directed for 1 day, how many pills will you have left if you started with 24 pills?"

B. "You are going on vacation for 2 days, how many pills will you need if you take the recommended dose?"

Pocket Change

"What is the total amount of these coins?"

A.

Quarter

Nickel

Penny

Penny

_____

B.

Dime

Quarter

Penny

_____