

# Implicit Attitude Test (IAT)

## Participant Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Date: \_\_\_\_\_

Participant ID: \_\_\_\_\_

**Instructions:** This IAT is designed to assess your automatic associations. Please respond as quickly and accurately as possible.

## Consent

I, \_\_\_\_\_, consent to participate in this assessment.

## Attention Domain

### 1. Forward Digit Span

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

### 2. Backward Digit Span

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

### 3. Vigilance Task

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

## Initiation/Perseveration Domain

### 1. Word Generation

Never       Rarely       Often       Sometimes       Always

Score: \_\_\_\_\_

### 2. Design Fluency

Never       Rarely       Often       Sometimes       Always

Score: \_\_\_\_\_

### 3. Alternating Pattern Test

Never       Rarely       Often       Sometimes       Always

Score: \_\_\_\_\_

## Construction Domain

### 1. Figure Copying

Never       Rarely       Often       Sometimes       Always

Score: \_\_\_\_\_

### 2. Line Orientation

Never       Rarely       Often       Sometimes       Always

Score: \_\_\_\_\_

## Conceptualization Domain

### 1. Similarities and Differences

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

### 2. Proverb Interpretation

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

## Memory Domain

### 1. List Learning

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

### 2. List Recall

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

### 3. List Recognition

Never

Rarely

Often

Sometimes

Always

Score: \_\_\_\_\_

**Total DRS-2 Score:** \_\_\_\_\_ [Calculate and enter the sum of all domain scores here]

### Interpretation

- No Impairment (0-144)
- Mild Impairment
- Moderate Impairment
- Severe Impairment

### Clinician's Observations and Comments

### Recommendations and Follow-Up

- Further Neuropsychological Testing:
  - Recommended
  - Not Recommended
  
- Referral to Specialist:
  - Recommended
  - Not Recommended

### Additional Comments:

Clinician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Patient Consent for Evaluation and Treatment

I, [\_\_\_\_\_], hereby consent to the DRS-2 assessment as described above.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_