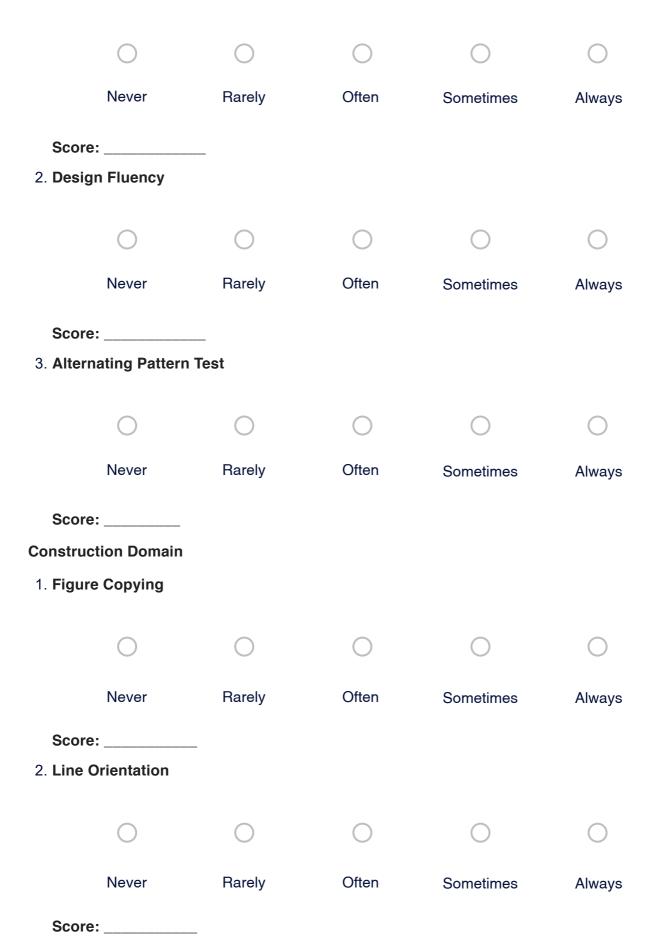
Implicit Attitude Test (IAT)

Participa	nt Information							
Name:								
Age:	Gender:		Date:					
Participa	nt ID:							
Instructions: This IAT is designed to assess your automatic associations. Please respond as quickly and accurately as possible.								
Consent								
□ I,	I,, consent to participate in this assessment.							
Attention	Domain							
1. Forwa	rd Digit Span							
	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
	Never	Rarely	Often	Sometimes	Always			
Sooro	:							
	· vard Digit Span							
2. Duon								
	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
	\bigcirc	0	\bigcirc	\bigcirc	0			
	Never	Rarely	Often	Sometimes	Always			
Score	:							
3. Vigilance Task								
	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			
	Never	Rarely	Often	Sometimes	Always			

Score: _____

Initiation/Perseveration Domain

1. Word Generation



Conceptualization Domain

1. Similarities and Differences

\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Never	Rarely	Often	Sometimes	Always
Score:				
2. Proverb Interpretation	on			
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Never	Rarely	Often	Sometimes	Always
Score:				
Memory Domain				
1. List Learning				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Never	Rarely	Often	Sometimes	Always
Score:				
2. List Recall				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Never	Rarely	Often	Sometimes	Always
Score:				
3. List Recognition				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Never	Rarely	Often	Sometimes	Always
Score:				

Interpretation

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

Clinician's Observations and Comments

Recommendations and Follow-Up

- Further Neuropsychological Testing:
 - \Box Recommended
 - □ Not Recommended
- Referral to Specialist:
 - \Box 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:	
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Date: _____