

# 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:** \_\_\_\_\_