



# BRITISH SIGN LANGUAGE COGNITIVE SCREENING TEST (BSL-CST)

Portal identification number : _____	Date of testing: ____/____/____
Name : _____	Tester's name: _____
Date of Birth : ____/____/____	Age at leaving full-time education: _____
Checked wearing glasses if needed: <input type="checkbox"/>	Highest educational qualification _____
	Occupation/ Former Occupation: _____

## INSTRUCTIONS

 Switch on camera. Make sure camera has clear view of respondent's whole upper body and signing.

 **'We will start some tasks now, some are easy and some are harder. Do not worry if you find some hard because everyone finds some of them difficult. Watch the video, the person will sign and ask you some questions. Please sign clearly back to me so that the camera can see you too. I will be writing your responses down. OK are you ready to start?'**

## ORIENTATION

Write exact response

➤ What is the	Day _____	Date _____	Month _____	Year _____	Season _____	Score 0-5 <input type="text"/>
➤ Which	Building _____	Floor _____	Town _____	Country _____		Score 0-4 <input type="text"/>

Floor: If response is 1<sup>st</sup> floor or level 1– say **'Is it upstairs or downstairs?'** Record their answer.

## REGISTRATION

➤ Score <b>only</b> the first trial.	<b>1<sup>st</sup> trial</b>	<b>2<sup>nd</sup> trial</b>	<b>3<sup>rd</sup> trial</b>	<b>1<sup>st</sup> trial Score</b> 0-3 <input type="text"/>
➤ Repeat 3 times if necessary.	<b>BALL</b> ____ (1)	<b>BALL</b> ____ (0)	<b>BALL</b> ____ (0)	
	<b>TREE</b> ____ (1)	<b>TREE</b> ____ (0)	<b>TREE</b> ____ (0)	
	<b>PEN</b> ____ (1)	<b>PEN</b> ____ (0)	<b>PEN</b> ____ (0)	
Number of trials (please circle) 1 2 3				

## ATTENTION & CONCENTRATION

	<i>Write exact response including repeated letters and mistakes</i>	Chris backwards 0-5 <input type="text"/>
➤ Spell <b>CHRIS</b> forwards	Response _____ (0)	
➤ Spell <b>CHRIS</b> backwards	Response _____ (5)	
➤ Spell <b>DEAF</b> forwards	Response _____ (0)	Deaf backwards 0-4 <input type="text"/>
➤ Spell <b>DEAF</b> backwards	Response _____ (4)	

## TAPPING TASK

Count the number of errors. Error is **either**: forgetting to tap on letter A **or** tapping by mistake on a different letter. Ignore self-corrections.

**F B A C M N A A J K L B A F A K D E A A A J A M O F A A B**

➤ Number of errors

Score 0-1  
  
 <2 errors = 1  
 =>2 errors=0

<b>MONTHS OF THE YEAR BACKWARDS</b>												Score 0-1 <input style="width: 40px; height: 20px;" type="text"/>
➤ Score 1 each month if given in correct backward order												
Dec	Nov	Oct	Sept	Aug	July	June	May	April	March	Feb	Jan	
<i>Clinical observation</i> <div style="float: right;">                 Mixed up <input type="checkbox"/>                  Omissions (did not mention some months) <input type="checkbox"/>                  Repetitions <input type="checkbox"/>                  Intrusions of unrelated items (e.g. Days of the week) <input type="checkbox"/> </div>												

<b>MEMORY - Recall</b>		Score 0-3 <input style="width: 40px; height: 20px;" type="text"/>
➤ Recall 3 signs previously given (BALL, TREE, PEN) ➤ Any order is acceptable.		
If respondent does not recall the task, say 'The video told you 3 signs to repeat and remember, do you remember them?'		
BALL TREE PEN	Response _____	

*For clinical information only. Do not score.*

If score 0. Provide Cue 'BALL' Response (TREE) \_\_\_\_\_ (PEN) \_\_\_\_\_

<b>MEMORY – Anterograde Memory</b>				3 <sup>rd</sup> Trial only Score 0-6 <input style="width: 40px; height: 20px;" type="text"/>
<b>INFORMATION ABOUT A DEAF MAN</b> <ul style="list-style-type: none"> <li>➤ Respondents watch and recall in any order.</li> <li>➤ Score <b>only</b> the 3<sup>rd</sup> trial</li> <li>➤ Spelling PJ with lip pattern is OK. However, if initials without lip pattern or if they use shortened version like Phil then ask for full name.</li> <li>➤ If they say 'Lives Margate' or 'School Sheffield' these are scored as errors.</li> <li>➤ Names do not have to be spelt correctly but it must be clear that they intend correct target</li> </ul>				
	<b>1<sup>st</sup> Trial</b>	<b>2<sup>nd</sup> Trial</b>	<b>3<sup>rd</sup> Trial</b>	
Phillip Jones	_____	_____	_____ (1) _____ (1)	
52	_____	_____	_____ (1)	
Sarah	_____	_____	_____ (1)	
Sheffield	_____	_____	_____ (1)	
Margate	_____ <input style="width: 30px; height: 20px;" type="text"/>	_____ <input style="width: 30px; height: 20px;" type="text"/>	_____ (1) <input style="width: 30px; height: 20px;" type="text"/>	

<b>MEMORY – Retrograde Memory</b>		0-4 <input style="width: 40px; height: 20px;" type="text"/>
➤ If respondent gives answer like D.C. or M.T without lip pattern ask for full name (fingerspelling or mouthing is fine). ➤ Name does not have to be spelt correctly as long as it is clear that they intend the correct answer. ➤ Just surname is OK (eg Cameron or Thatcher) ➤ If they only give first name only (eg David or Maggie) ask for surname as well.		
(Write response)		
<ul style="list-style-type: none"> <li>• <b>Name of current Prime Minister?</b> .....</li> <li>• <b>Name of the woman who was Prime Minister?</b> .....</li> <li>• <b>First name of the Queen?</b> .....</li> <li>• <b>Name of the royal who died in a car crash</b> .....</li> </ul>		

**SEMANTIC FLUENCY - Animals**



Use stopwatch to write responses within each 15 sec quadrant below



Video will time 1 minute and presenter will say 'Stop'



Film respondent. Cross check your scoring with video

➤ **Animals**

Think of as many animals as possible in 1 minute.

Any living creature is OK including: insects, birds, breeds of dog, fish etc.

Write down all responses including repetitions, wrong answers, items which are not animals etc.

0-15 secs	15-30 secs	30-45 secs	45-60 secs																			
				<table border="1"> <tr><td>&gt;17</td><td>7</td></tr> <tr><td>14-17</td><td>6</td></tr> <tr><td>11-13</td><td>5</td></tr> <tr><td>8-10</td><td>4</td></tr> <tr><td>6-7</td><td>3</td></tr> <tr><td>4-5</td><td>2</td></tr> <tr><td>2-3</td><td>1</td></tr> <tr><td>&lt;2</td><td>0</td></tr> <tr><td>Total correct</td><td></td></tr> </table>	>17	7	14-17	6	11-13	5	8-10	4	6-7	3	4-5	2	2-3	1	<2	0	Total correct	
>17	7																					
14-17	6																					
11-13	5																					
8-10	4																					
6-7	3																					
4-5	2																					
2-3	1																					
<2	0																					
Total correct																						
				<p>Score 0 – 7</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>																		
<b>TOTAL</b>																						
Total produced (1Min) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Repetitions <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Intrusions <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Total correct (1 Min) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>																			

**L A N G U A G E - Comprehension of 3 stage command**

- Do **not** repeat the instructions. Respondent watches video only.
- **Important: Give respondent A4 paper after they have watched instructions. Use both hands to give them the paper.**

'Take the paper in your right hand. Fold in half. Put the paper on your lap.








(Please tick)



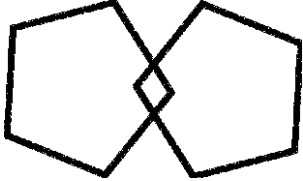


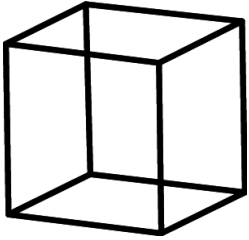


Score 0-3

- Taken with right hand Y N
- Folded paper in half Y N
- Put on lap Y N

Observations: \_\_\_\_\_

\_\_\_\_\_

L A N G U A G E - BSL Production				
 <b>Film respondent</b>				
'Look at picture. There are two people, tell me what they are doing?'			Score video 0-5 <input type="text"/>	
 <ul style="list-style-type: none"> <li>Show picture but do not give to respondent as this encourages pointing rather than full BSL description- hold it by your shoulder so you cannot see it yourself to encourage them to give you full description</li> </ul>				
L A N G U A G E - BSL sentence repetition				
 <b>Film respondent</b>				
<i>Please circle each sign produced</i> <b>/ BLACK / CAR / MINE / RECENTLY / SOMEBODY / STOLE / (6)</b> <i>Right order? YES <input type="checkbox"/> (1) NO <input type="checkbox"/> (0)</i>			Score 0-7 <input type="text"/>	
<i>Please circle each sign produced</i> <b>/ ME / FLY / LAST / WHEN / FIVE / YEARS / AGO / (7)</b> <i>Right order? YES <input type="checkbox"/> (1) NO <input type="checkbox"/> (0)</i>			Score 0-8 <input type="text"/>	
L A N G U A G E -Object Naming				
 <p><b>Show respondent STRAW and CANDLE for naming. Do not allow them to hold objects.</b></p> <ul style="list-style-type: none"> <li>If response is fingerspelled or spoken- ask them to give the sign.</li> <li>Only give them a point if they then give a BSL sign.</li> <li>Regional variation signs are allowed.</li> <li>Gestures and mimes score 0.</li> </ul>			Score 0-2 <input type="text"/>	
<i>(please tick)</i>	<b>SIGN</b>	<b>GESTURE</b>		<i>Observations: State Errors (visual, semantic etc.)</i>
<b>STRAW</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>CANDLE</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
L A N G U A G E - Picture Naming				
 <p>Point to show respondent to start at top and go L to R.</p> <ul style="list-style-type: none"> <li>Only award a point if they then give an acceptable sign (any regional sign is OK).</li> <li>If response is fingerspelled or spoken- ask respondent for the sign. If they then give sign score 1.</li> <li>If they cannot give a sign, score 0 and ask them if they <b>never knew the sign</b> or whether they just <b>can't remember it</b></li> <li>Important: Do not give clues or provide correct answers if errors are made</li> <li>Watch for visual, semantic or phonological errors on this task</li> </ul>				
<i>(please tick)</i>	<b>SIGN</b>	<b>GESTURE</b>	<i>Observations: State errors (visual, semantic etc.)</i>	
<b>BATTERY*</b>	<input type="checkbox"/> (0)	<input type="checkbox"/> (0)		
<b>KANGAROO</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>POTATO</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>ICE OR ICE TRAY</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>THERMOMETER OR TEMPERATURE</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>BOMB*</b>	<input type="checkbox"/> (0)	<input type="checkbox"/> (0)		
<b>CALENDAR*</b>	<input type="checkbox"/> (0)	<input type="checkbox"/> (0)		
<b>THEATRE</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>CHURCH</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>CHOCOLATE</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>FLOWER</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
<b>DOCTOR</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)		
			Score 0-9 <input type="text"/> <small>(*Do not score BATTERY, BOMB or CALENDAR)</small>	

LANGUAGE - Comprehension			
<p>➤ <b>Important: Do this task even if errors were made with picture naming</b></p>			Score 0-5 <input type="text"/>
	Correct response	State errors	
<ul style="list-style-type: none"> <li>Point to the one which is associated with war</li> </ul>	Bomb <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Point to the one which visit when ill</li> </ul>	Doctor <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Point to the one which is a place you can get married</li> </ul>	Church <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Point to the one which put in a drink</li> </ul>	Ice <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Point to the one which goes inside a torch</li> </ul>	Battery <input type="checkbox"/>		
VISUOSPATIAL / EXECUTIVE			
 <p>➤ <b>Copying: Overlapping pentagons</b></p> <p>➤ Do not allow respondent to start again. Say you can only use their first attempt.</p>  <p>Sign <i>'Please copy this here'</i> and point to the space underneath the pentagons.</p>			Score 0-1 <input type="text"/>
 <p>➤ <b>Copying: Wire cube</b></p> <p>➤ Do not allow respondent to start again. Say you can only use their first attempt.</p>  <p>Sign <i>'Please copy this here'</i> and point to space underneath the cube.</p>			Score 0-2 <input type="text"/>
CLOCK DRAWING			
 <p>➤ <b>Clock drawing: 'Draw a clock with numbers and hands to show the time at 1.45'</b></p>  <p>Sign <i>'Please draw it here'</i> and point to space on blank A4 paper.</p> <ul style="list-style-type: none"> <li>Do not allow respondent to start again. Say you can only use their first attempt.</li> <li>Do not let respondent look at their own watch during the task</li> <li>If respondent does not understand task, or forgets the instructions, replay the instruction video</li> <li><b>Do not repeat the instructions yourself as you might give away visual clues in your signing</b></li> <li>If they draw only part of the clock- say <i>'Please draw all of it'</i>.</li> <li>If they start and then stop – say <i>'Is there anything else you would like to add'</i></li> </ul>			Score 0-5 <input type="text"/>
<p><i>Observations:</i></p> <p><i>Indication of high ability:</i></p> <p><b>Numbers 1, 3, 6, 9 written first before filling in the other numbers?</b> NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p><b>Short hand placed somewhere between 1 and 2?</b> NO <input type="checkbox"/> YES <input type="checkbox"/></p>			

**CLOCK DRAWING**

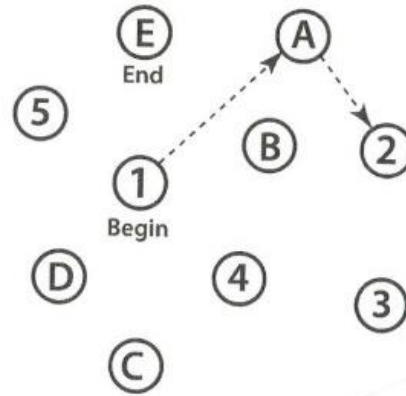
- **Alternating trails: Video instructs to draw a line alternating between numbers and letters.**



Put sheet in front of respondent before watching the video



- If respondent does not understand what to do, repeat the instructions after the end of video, before they begin.



Score  
0-1

Screening task (not scored)

Able to fingerspell A-E?    YES     NO

**PERCEPTUAL ABILITIES**

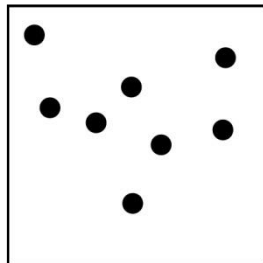


- **Count the dots without pointing**
- No pointing or counting on fingers. Must do by sight alone

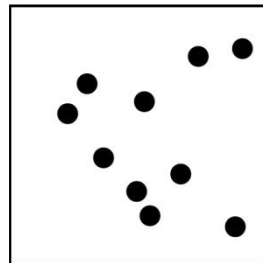
Write numbers counted in boxes (correct numbers are in brackets) and score 0-4

Score 0-4

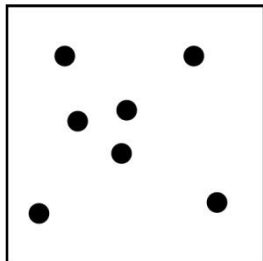
(8)



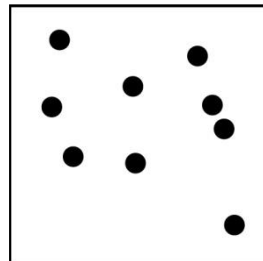
(10)



(7)



(9)



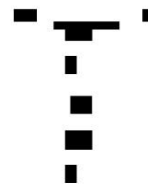
Score 0-4



- **Identify the letters**
- Must do by sight alone, no tracing with fingers allowed.

Write identified letters in boxes and score 0-4





**DELAYED RECALL**

- **Tell me the 5 pieces of information about the Deaf man**
- Any order is acceptable
- If they do not remember task say do you remember the deaf man's name or age etc.?

Cues	Correct response	4 <sup>th</sup> Trial Respondent's response	
<b>NAME?</b> <b>AGE?</b> <b>WIFE'S NAME?</b> <b>LIVE WHERE?</b> <b>SCHOOL?</b>	<i>Phillip Jones</i> 52 <i>Sarah</i> <i>Sheffield</i> <i>Margate</i>	_____ (1) _____ (1) ____ (1) _____ (1) _____ (1) _____ (1)	Score 0-6 <input type="text"/>

**RECOGNITION**

- If **all** items were recalled on DELAYED RECALL, award 5 points and **skip** this test
- If failed to recall one or more items **do** this test
- **Administer whole test** even if they previously got some items right






Score 0-5

Paul Jones	Phillip Jones	Phillip Jackson	Recalled
25	52	42	Recalled
Sarah	Sandra	Diane	Recalled
Manchester	Glasgow	Sheffield	Recalled
Exeter	Margate	Donaldsons	Recalled

**TOTAL SCORE**

 /110

**BSL VERBAL LEARNING AND MEMORY TEST (BSLVLMT)**

- Video provides list of signs to remember
- Respondent watches and repeats back in any order. This is done 3 times, even if the responses are all correct
- This allows respondent to learn the list
- Respondents are *not* allowed to rehearse items during presentation
- Counting the items on their fingers during presentation is allowed on this task
-  Remind respondent at start of trial 2 and 3 to: **'tell me ALL the items again'** (ie not just the ones they didn't remember on the last trial)
-  If they appear to be trying to recall the list in order, remind them **'order does not matter'**
-  When respondent appears to be finished, wait 10 seconds before asking **'Do you remember any more?'**
-  **Record all responses on each trial. Verify your scoring with the video recording.**
-  **Please make sure that the respondent is signing clearly so the camera can see their responses.**

	<i>Trial 1</i>	<i>Trial 2</i>	<i>Trial 3</i>
MOUSE	1.	1.	1.
SCARF	2.	2.	2.
DEER	3.	3.	3.
EGG	4.	4.	4.
MONKEY	5.	5.	5.
DUCK	6.	6.	6.
BISCUIT	7.	7.	7.
TIE	8.	8.	8.
CHEESE	9.	9.	9.
BELT	10.	10.	10.
SANDWICH	11.	11.	11.
DRESS	12.	12.	12.
	13.	13.	13.
	14.	14.	14.
	15.	15.	15.
<b>Number correct</b>	_____/12	_____/12	_____/12
<b>Number of repeats</b>	_____	_____	_____
<b>Number of intrusions</b>	_____	_____	_____
<b>Learning index</b> (higher of trials 2 or 3 minus trial 1)	_____	_____	_____



## MODIFIED DIGIT SPAN TEST (NUMERALS)

Adapted from WAIS III Digit Span using visually presented numerals

### DIGIT SPAN – FORWARDS



- Video instructions asks Respondents to sign 1-10 to familiarise you with their number signs
- **START** with practice item
- Correct answers for each trial are shown in bold. Score 0 or 1
- Each item has two trials
- **STOP if both trials for an item are failed**
- You may have to remind respondent to wait until they see the blank screen before recalling the numbers
- Direct respondent attention by pointing to the screen for the duration of each number string



- If respondent does not understand task, repeat the video instructions or sign 'You will see numbers flash up on the screen, watch carefully and sign them back to me'




- **Make sure their number signs are clear and visible to the camera**

Item	Trial	Response	Trial score 0,1
Practice	<b>8-4</b>		N/A
1	<b>1-7</b> <b>6-3</b>		
2	<b>5-8-2</b> <b>6-9-4</b>		
3	<b>6-4-3-9</b> <b>7-2-8-6</b>		
4	<b>4-2-7-3-1</b> <b>7-5-8-3-6</b>		
5	<b>6-1-9-4-7-3</b> <b>3-9-2-4-8-7</b>		
6	<b>5-9-1-7-4-2-8</b> <b>4-1-7-9-3-8-6</b>		
7	<b>5-8-1-9-2-6-4-7</b> <b>3-8-2-9-5-1-7-4</b>		
8	<b>2-7-5-8-6-2-5-8-4</b> <b>7-1-3-9-4-2-5-6-8</b>		

**Total score (Max =16)** \_\_\_\_\_

**Forward span (Max =9)** \_\_\_\_\_

**DIGIT SPAN – BACKWARDS**

- Instructions are same as for Digit Span- Forwards
- You may need to remind the respondent to sign the numbers in backward order
-  **'You will see numbers flash up on the screen, watch carefully, when finished say them backwards'**

<i>Item</i>	<i>Trials</i>	<i>Backward correct response</i>	<i>Trial score 0, 1,</i>
Practice	3-4-8	<b>8-4-3</b>	N/A
1	2-4 5-7	<b>4-2</b> <b>7-5</b>	
2	6-2-9 4-1-5	<b>9-2-6</b> <b>5-1-4</b>	
3	3-2-7-9 4-9-6-8	<b>9-7-2-3</b> <b>8-6-9-4</b>	
4	1-5-2-8-6 6-1-8-4-3	<b>6-8-2-5-1</b> <b>3-4-8-1-6</b>	
5	5-3-9-4-1-8 7-2-4-8-5-6	<b>8-1-4-9-3-5</b> <b>6-5-8-4-2-7</b>	
6	8-1-2-9-3-6-5 4-7-3-9-1-2-8	<b>5-6-3-9-2-1-8</b> <b>8-2-1-9-3-7-4</b>	
7	9-4-3-7-6-2-5-8 7-2-8-1-9-6-5-3	<b>8-5-2-6-7-3-4-9</b> <b>3-5-6-9-1-8-2-7</b>	

**Total score (Max =14)** \_\_\_\_\_

**Backward span (Max =8)** \_\_\_\_\_

**Total correct score (fwd + bwd)**  
**(Max = 30)** \_\_\_\_\_

**MATRIX REASONING (WASI)**



START with practice items A & B. Then items 1-32




- Correct answers are shown in bold. Score 0 or 1
- **STOP after 4 errors in a row or 4 errors on 5 consecutive items**
- **If respondent is aged 80+ years stop after 28 items**
- If respondent does not understand task repeat the video instructions.
- Or sign, 'See there is a piece missing, look and see which piece should go there. Point clearly to show me your choice'

**NOTE: This form is for research with ages 50-89 only. Use WASI norms for hearing people. For younger respondents check WASI instructions.**

Item	Response (Please circle one)	Score (0 or 1)	Item	Response (Please circle one)	Score (0 or 1)
A	1 <b>2</b> 3 4 5 DK	N/A	18	<b>1</b> 2 3 4 5 DK	
B	1 2 3 4 <b>5</b> DK	N/A	19	<b>1</b> 2 3 4 5 DK	
1	1 <b>2</b> 3 4 5 DK		20	1 2 3 <b>4</b> 5 DK	
2	1 2 3 <b>4</b> 5 DK		21	1 2 3 4 <b>5</b> DK	
3	1 <b>2</b> 3 4 5 DK		22	1 2 3 4 <b>5</b> DK	
4	1 2 3 <b>4</b> 5 DK		23	1 <b>2</b> 3 4 5 DK	
5	1 2 <b>3</b> 4 5 DK		24	1 <b>2</b> 3 4 5 DK	
6	<b>1</b> 2 3 4 5 DK		25	<b>1</b> 2 3 4 5 DK	
7	<b>1</b> 2 3 4 5 DK		26	1 2 3 4 <b>5</b> DK	
8	1 2 <b>3</b> 4 5 DK		27	1 2 3 <b>4</b> 5 DK	
9	1 2 3 4 <b>5</b> DK		28	1 2 <b>3</b> 4 5 DK	
10	1 2 3 4 <b>5</b> DK		29	1 2 <b>3</b> 4 5 DK	
11	1 2 3 4 <b>5</b> DK		30	1 2 3 <b>4</b> 5 DK	
12	1 <b>2</b> 3 4 5 DK		31	<b>1</b> 2 3 4 5 DK	
13	1 2 <b>3</b> 4 5 DK		32	1 2 3 <b>4</b> 5 DK	
14	<b>1</b> 2 3 4 5 DK		Raw Score 0-32 <input type="text"/>  T-score <input type="text"/>  Percentile <input type="text"/>		
15	1 <b>2</b> 3 4 5 DK				
16	1 2 3 <b>4</b> 5 DK				
17	1 2 <b>3</b> 4 5 DK				

**BSL V L M T -DELAYED RECALL**

Score 0-12

- Video asks respondent to recall list of signs.
-  When respondent appears to be finished recalling, wait 10 seconds before asking **'Do you remember any more?'**
-  If they do not remember the task, say, **'Not Deaf man, Not Ball Pen Tree. Different task. Woman on video signed a lot of signs for you to try and remember. You did this three times and said them back. Do you remember the task? Try to tell me as many signs as you can.'**
- **If they still do not remember, go straight to BSLT RECOGNITION** 



Testing time interval in minutes  This should be > 20 minutes

Score	Trial 4	
MOUSE	1.	
SCARF	2.	
DEER	3.	
EGG	4.	
MONKEY	5.	
DUCK	6.	
BISCUIT	7.	
TIE	8.	
CHEESE	9.	
BELT	10.	
SANDWICH	11.	
DRESS	12.	
	13.	
	14.	
	15.	
<b>Number correct</b>	_____ /12	
<b>Number of repeats</b>	_____	
<b>Number of intrusions</b>	_____	
<b>Retention index</b> (trial 4 divided by higher of trails 2 or 3 multiplied by 100)	_____	

**BSLVLMT RECOGNITION**

- DVD asks which signs were given in original list
- Respondent watches and says **YES** or **NO**
- If they are not sure or don't know, encourage them to guess YES or NO



- If they do not understand task explain, '**Say YES if woman on video signed it before, say NO if it is new sign and she didn't sign it before**'

Number correct  
0-12False positives  
0-12

	Response (please circle)	
DUCK	<b>YES</b>	NO
Jumper*	YES	<b>NO</b>
SCARF	<b>YES</b>	NO
CHEESE	<b>YES</b>	NO
Bicycle	YES	<b>NO</b>
Rabbit*	YES	<b>NO</b>
Aeroplane	YES	<b>NO</b>
DRESS	<b>YES</b>	NO
DEER	<b>YES</b>	NO
Dog*	YES	<b>NO</b>
TIE	<b>YES</b>	NO
MONKEY	<b>YES</b>	NO
BELT	<b>YES</b>	NO
Bread*	YES	<b>NO</b>
Holland	YES	<b>NO</b>
EGG	<b>YES</b>	NO
Football	YES	<b>NO</b>
Jacket*	YES	<b>NO</b>
MOUSE	<b>YES</b>	NO
Rugby	YES	<b>NO</b>
BISCUIT	<b>YES</b>	NO
Ice-cream*	YES	<b>NO</b>
Scotland	YES	<b>NO</b>
SANDWICH	<b>YES</b>	NO

Number correct \_\_\_\_\_/12

**False positives**

\*Related \_\_\_\_\_/6 + Unrelated \_\_\_\_\_/6 = \_\_\_\_\_/12

**Discrimination index** (true positives minus false positives) \_\_\_\_\_

**OBSERVATIONS**

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