

# ARMADALE SHORT COGNITIVE ASSESSMENT

Bedside Screening Tool

No total score | Each domain assessed independently

Patient Name	Date of Birth	Date	Examiner

Clinician instructions are in *italics*. Say aloud the text in regular type. Scoring criteria appear beneath each task.

## 1. WORKING MEMORY *Registration & Immediate Recall*

I am going to ask you to remember a name and address. Listen carefully, then repeat it back to me.

Read each item slowly, allowing 1 second between items.

Peter	Davis	32	Long Street	Brookton
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SCORE
/ 5

Score 1 point per item recalled correctly. Repeat up to 3 times if errors occur — note trials required (do not re-score).

Trials needed: 1 / 2 / 3

## 2. EXECUTIVE FUNCTIONS

### 2a Animal Fluency

I would like you to name as many different animals as you can. You have one minute. Begin when you are ready.

Cutoff:  $\geq 13$  = normal |  $\leq 12$  = impaired

COUNT
_____

### 2b Luria Hand Movements



RESULT
Pass / Inconclusive / Fail

Place your hands flat on your knees. I am going to show you different hand positions. Watch carefully, then copy me.

Demonstrate the sequence: fist one hand → swap (fist other hand, flatten first) → return to start. Repeat twice, then ask the patient to continue independently.

Pass: 5 consecutive cycles with no unprompted errors.

### 2c Months Backwards

I would like you to recite the months of the year in reverse order, starting with December and working backwards.

Stop when the patient reaches July. Score 1 point per month in correct sequence starting from November. Accept self-corrections; do not prompt.

Dec	Nov	Oct	Sep	Aug	Jul
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SCORE
/ 5

## 3. ORIENTATION *Date, Time & Place*

Ask each question below. Do not provide cues or accept approximate answers for date items.

Question	Correct	Score
What is today's date?	<input type="checkbox"/>	1
What month is it?	<input type="checkbox"/>	1
What year is it?	<input type="checkbox"/>	1
What day of the week is it?	<input type="checkbox"/>	1
Where are we right now? (building / suburb)	<input type="checkbox"/>	1

SCORE
/ 5

## 4. DELAYED RECALL *Free & Cued Recall*

Ask the patient to recall the name and address learned at the start. Do not provide cues.

Tick  each item recalled freely (Free Recall, score /5). For any item not recalled, read the three choices and ask 'Which one is correct?' — tick  if correct (Cued Recall, score /5).

Item	Free recall	Cued choices (read aloud — only if not freely recalled)	Correct	Cued
First name	<input type="checkbox"/>	Peter / Mark / John	Peter	<input type="checkbox"/>
Surname	<input type="checkbox"/>	Smith / Jones / Davis	Davis	<input type="checkbox"/>
Number	<input type="checkbox"/>	32 / 34 / 36	32	<input type="checkbox"/>
Street	<input type="checkbox"/>	Church / Long / King Street	Long St	<input type="checkbox"/>
Suburb	<input type="checkbox"/>	York / Beverley / Brookton	Brookton	<input type="checkbox"/>

SCORE
/ 5

Free
SCORE
/ 5

Cued