

Patient Information

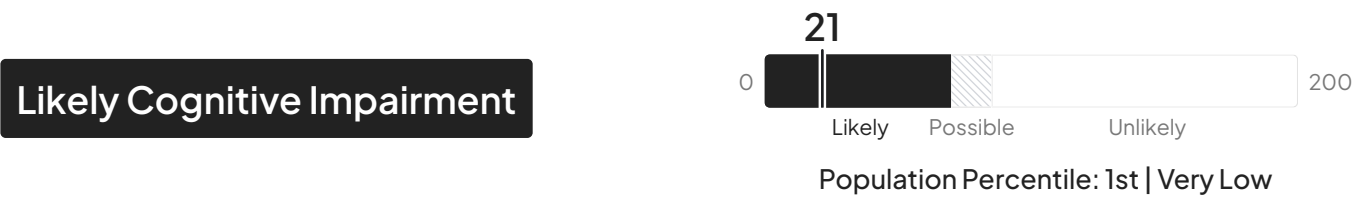
Patient: Sam Puhl    Age: 75    Born: 06/05/1950    Sex: Other

Assessment Information

Date: 06/17/2025    Time: 10:43 AM UTC    Ordered by: Gent Jashari    Language: English (United States)    Reason for testing: Mental or behavioral health concern - anxiety

General Impression

Combined Score



For more information on combined impression and scoring, see the “Glossary” section of this report.

Cognitive Domains	Impression	Population Percentile	Score
Attention Trails A	Likely Impairment	1st Very Low	43 / 200
Mental Flexibility Trails B	Likely Impairment	1st Very Low	58 / 200
Executive Function Stroop	Likely Impairment	1st Very Low	16 / 200
Processing Speed Digit Symbol Substitution	Likely Impairment	1st Very Low	19 / 200
Memory Immediate Recognition	Likely Impairment	1st Very Low	45 / 200
Memory Delayed Recognition	Likely Impairment	1st Very Low	62 / 200

WARNING: BrainCheck Assess™ is an FDA Class II Medical Device that must be prescribed and interpreted by qualified healthcare professionals. It is not a standalone diagnostic tool and does not determine the presence or absence of a clinical diagnosis.

## Assessment Details

**Immediate Recognition:** Patients with impairment may struggle with repeating themselves or asking the same question repeatedly, forgetting what they were going to do or where they placed something.

Clinical correlates to consider:

- Losing objects
- Getting lost in familiar places
- Forgetting to turn off the stove
- Medication compliance

**Delayed Recognition:** Patients with impairment may struggle with repeating themselves, forgetting the content of a conversation and relying on a calendar or alarm for reminders.

Clinical correlates to consider:

- Not knowing current events
- Forgetting appointments
- Medication compliance
- Forgetting why they went somewhere or where they are going

**Trails A:** Patients with impairment may struggle with processing speed, reaction time, paying attention, and visual scanning, having a harder time with busy environments. Lower scores strongly predict a decline in mobility

**Trails B:** Patients with impairment may struggle with navigating familiar places, driving, following a map, paying bills correctly, playing familiar games. Lower scores strongly predict a decline in mobility and the inability to drive.

**Stroop:** Patients with impairment may struggle with: following complex instructions, decision making, poor judgment, socially inappropriate behavior, apathy, withdrawal, maintaining a healthy diet.

**Digit Symbol Substitution:** Patients with impairment may struggle with paying attention for longer periods, reading, basic arithmetic.

Clinical correlates to consider:

- Depression
- Anxiety
- Poor sleep
- Substance use
- Driving

## Glossary

**General Impression:** This is a qualitative description of someone's overall performance and whether there is any concern for cognitive impairment. Sometimes, the General Impression may not match the Combined Score. In these instances, we recommend utilizing the General Impression to determine if impairment is present.

**Combined Score:** A scaled score from 0 to 200 based on performance on individual cognitive domains. The mean score of the population is 100, and the standard deviation is 15. Higher scores indicate superior performance compared to the average performance of the population. The score is scaled based on our normative database with age group and device factored in.

**Normative Database:** A data set of performance metrics from healthy people who have taken a BrainCheck examination. A person's performance is compared to those from their peers with a similar age and background.

**Impression:** Level of impairment on individual cognitive assessments is qualified as "Unlikely Impairment", "Possible Impairment", or "Likely Impairment". These impressions are based on a person's performance on the given assessment, compared to our normative database.

**Score:** Each cognitive assessment has a numerical score to indicate a user's performance. The range of the score is 0 to 200 for all assessments and is scaled based on our normative database with age group and device factored in. Screeners such as the Geriatric Depression Scale (GDS) Short Form and the General Anxiety Disorder 7 (GAD7) have different score ranges and impression indicators.

**Population Percentile:** The ranking of a test taker's overall performance derived from our database of normative data. The percentile rankings are as follow:

75th to 100th: Above Average

25th to 74th: Average

10th to 24th: Low Average

2nd to 9th: Low

Below 2nd: Very Low

**Time Out:** The Stroop and Trails A/B assessments may time out when a participant cannot complete a task in 30 seconds. Investigating the cause of a time out is recommended.

**Skipped:** Trails B is a more complex version of Trails A. It will be skipped when a test taker does not complete Trails A. Investigating the cause of a time out is recommended.

**Validity Test Failure:** A result is invalid if the performance on an assessment meets the following:

- Immediate and Delayed Recognition: Accuracy was less than 30%.
- Digit Symbol Substitution: Not enough tasks were completed.

There are several events that can cause this, for example, if a test taker was interrupted in the middle of a test or they did not fully understand the assessment. Investigating the cause of an invalid result is recommended.

Impression Key:

- Unlikely Impairment (86 to 200)
- ◆ Possible Impairment (70 to 85)
- ✕ Likely Impairment (0 to 69)

Historical Trends • Cognitive Domains

Attention • Trails A



Mental Flexibility • Trails B



Executive Function • Stroop



Processing Speed • Digit Symbol Substitution



Memory • Immediate Recognition



Memory • Delayed Recognition



Historical Trends • BrainCheck Standard Battery

Combined Score



06/17/2025

## Billing Documentation

### Neurocognitive Test Administration

#### Patient Information:

Sam Puhl

06/05/1950

Other

This 75 year old test taker was administered a battery of neurocognitive testing on 06/17/2025.

#### Reason for Testing:

Mental or behavioral health concern - anxiety

#### Test Administration Time:

The time spent administering cognitive testing was 16 minutes including setting the patient up, creating the order, discussing cognitive testing, answering questions, administering the test / active testing time, ensuring best practices (i.e. no distractions), and uploading the results. This cognitive testing was administered by a technician.

### Neurocognitive Test Interpretation

#### Reason for Testing:

Mental or behavioral health concern - anxiety

#### Tests Administered:

Trails A, Trails B, Stroop, Digit Symbol Substitution, Immediate Recognition, Delayed Recognition

#### Test Results:

Cognitive testing was provided via a battery of cognitive assessments. The pattern of test scores indicate that results are valid.

A Clinical Report with further description of scores and results is also available.

Overall: Patient tested in the 1st percentile (scaled standard score of 21).

Trails A: Patient tested in the 1st percentile (scaled standard score of 43).

Trails B: Patient tested in the 1st percentile (scaled standard score of 58).

Stroop: Patient tested in the 1st percentile (scaled standard score of 16).

Digit Symbol Substitution: Patient tested in the 1st percentile (scaled standard score of 19).

Immediate Recognition: Patient tested in the 1st percentile (scaled standard score of 45).

Delayed Recognition: Patient tested in the 1st percentile (scaled standard score of 62).

#### Interpretation of Test Scores:

Examination of individual component tests shows:

Attention - Trails A: Likely Impairment

Mental Flexibility - Trails B: Likely Impairment

Executive Function - Stroop: Likely Impairment

Processing Speed - Digit Symbol Substitution: Likely Impairment

Memory - Immediate Recognition: Likely Impairment

Memory - Delayed Recognition: Likely Impairment

The patient's overall cognitive test performance was a standard score of 21 out of 200, which is in the 1st percentile when compared to individuals of a similar age. These results suggest the patient's presence of cognitive impairment is likely.

#### Test Interpretation Time:

The time spent reviewing and interpreting the cognitive testing results was 31 minutes, including integrating patient data, discussing the results with the patient, family, and or caregiver, and developing the treatment/assessment plan.