

Cognitive Screening Tips: Cog-Log*

*Cognitive Log (Cog-Log)

Introduction

To be used in conjunction with Cog-log [Score Form and Administration and Scoring Guide](#). This tool is meant to be utilized at bedside and if applicable, for repeated monitoring with patients recovering from a Traumatic Brain Injury (TBI.) This tool can be considered appropriate for stroke patients as well, but should be interpreted with caution as the standardization sample upon which the tool was created was predominantly TBI. There are some instructions in the Administration and Scoring Guide. Following standardized instructions is integral to a reliable and valid test. Some items on the Cog-log do not have word for word instructions. In such a case, it is recommended that the therapist prepare a script in advance and reuse the same script with subsequent patients.

Inpatient requirements

Patients are not required to draw or write. Patients require basic expressive and receptive language, and the measure is not suitable for aphasic individuals. Patients will require use of their dominant or non-dominant hands (DH/NDH) to complete two out of the ten Cog-Log questions.

Materials Required

Printed record form, pen, administration instructions, and a timer.

Introduction of the Cog-Log

There is no formal script for introducing the tool or for some of the different test items. One example is *“I would like to ask you some questions about your memory and thinking skills. Because this is a standard test, I need to read the questions exactly as they are written and I am not able to answer any questions during the screen. Some of the questions may seem unusual, quite simple or difficult. Just try to answer them as best you can. We will have time for questions at the end. Do you have any questions before we start?”*

Cues and Scoring

Scoring is from 0 to 3. On some test items, the clinician can provide a “logical cue” (see Cog-Log form for specifics.) For example, question one: Hospital Name, the patient would receive a score of 3 if they are able to spontaneously answer to the question, “Tell me the name of this hospital?” An example of a logical cue would be, “we are in a hospital in Edmonton” If they are able to provide the name of the hospital, following the logical cue, the patient would receive a score of 2. If the patient is unable to benefit from the cue, then the clinician offers multiple choice format and if the patient is able to respond correctly, they receive one point. For example, (1) Are you in the Glenrose Hospital? (2) Grey Nuns Hospital? (3) Foothills Medical Centre? Scores are recorded on the graph portion of the record form providing a visual

representation of the client's performance over time. Repeat administration should be spaced out over days to avoid practice effects.

Repeat address

Suggested instruction: **"Now I am going to tell you an address, and I would like you to say it back to me. This is not someone you know, this is a test of your memory."** The patient hears and repeats the information three times. In other words, the presentation is followed by an answer x 3. *Do not correct errors.* Read the information at a rate of 1 chunk per second, for example "John Brown-1 second, 42 Market St -1 second, Chicago- 1 second. Remind the patient you will **"ask them about the address later on"**.

Counting backwards from 20 to 1

Suggested instruction: **"I would like you to count backwards from 20 to 1 without skipping any numbers or making a mistake. Just try your best"**. Correct errors as they occur.

Months reversed

Suggested instruction: **"Now say the months of the year in backward order, for example December, November and so on"**. The clinician may repeat as necessary for demonstrative purposes. Correct errors as they occur. Prompt the patient to keep going (if they suddenly stop reciting the months) and count this as an error.

30 Second Test

Suggested instruction: **"When I say begin, I would like you to tell me when you think 30 seconds is up without using a clock or a watch... Ready? Begin!"** Be careful not to give body language cues to the patient that time has been reached. For example, keep your head down until client responds.

Fist-Edge-Palm:

Suggested instruction: **"Let's keep going. Watch what I do"**. Repeat two times, ensuring that the patient can adequately see your movements. Perform each motor sequence at the rate of one per second (fist-1 second, edge-1 second, palm-1 second.) * Google *Luria's test* if you need to see how to perform the movements, or watch the Cog-Log presentation.*

Go/No-Go

Standardized instruction is provided in record form. Read each stimulus one per second (i.e. "red, green".) Be careful not to cue the client inadvertently through your body language (for example looking at the patient for the correct response when you are expecting a correct response.)

Address Recall

Standardized instruction is provided in the record form.