

SmartPaper – Neuropsychological Interview (different ink for patient/carer)

CLINICAL DETAILS	Medical Screening cardiac, blood pressure, cholesterol, smoking		Neurological Screening birth/milestones, head injury, epilepsy, loss of consciousness, funny turns. Check for ictal/post-ictal amnesia.		COGNITION, EMOTION & MOTIVATION	Concentration Gives up or is distracted easily. Daydreams. Difficulty driving & talking. Flips between tasks. Falls asleep watching TV. Mind wanders during reading, group conversation. Goes off at tangent in a conversation.		Speech Word-finding – high frequency words, getting stuck OR word substitutions, transient. Returns after a while or with cues. Mispronounces words. Speech comprehension.	
	Sleep, Tiredness.	Psychiatric Screening Taken anti-depressants, seen psychiatrist. Recent stressful life events, family history.		Family History of Neurological Disease		Current medication –		Other Language Reading Writing Spelling	
Family setting & adjustment. Social – friends.	Memory - frequency, severity, change Forgets deaths of family/friends, pets, people in news. Forgets holidays.		Repeatedly asks what day it is	Repeats self 3 or more times a day, most days	Where items are kept at home, supermarket	Memory difficulties when reading books or watching TV		Other Language Reading Writing Spelling	
Change in food prefs. Alcohol abuse, illicit drugs	Forgets deaths of family/friends, pets, people in news. Forgets holidays.		Forget messages. Forget to take medication.	Uncharacteristic difficulty in learning new gadgets/pieces of equipment	Navigation problems – way back to, within hotel if on holiday. After shopping – finding car.	Due to memory, cannot now do things did before - ADL, job, hobbies, DIY.		Other Language Reading Writing Spelling	
Headache, Backache, Stomach ache	Hobbies, interests, music, sports, achievements, holidays Media exposure (TV, radio, papers, internet)				Education – best / worst subjects, number of exam passes, reading-writing problems				
INSTRUMENTAL ACTIVITIES OF DAILY LIVING & EXECUTIVE FUNCTION	Occupation (first, best, last) Premorbid Strengths / Weaknesses				Medical & Psychiatric History.				
	Medical & Psychiatric History.		Family History			R-L Hand	Reading Glasses		
Occupational Adjustment Technical, dealing with people, stressful events. Learning new routines, evidence from superiors or colleagues.	Early Symptoms:		Duration:		Change over time:				
	Frequency during the day:		Frequency during the week (e.g. daily?):						
	Purpose is to probe memory, to assess speech, and to build rapport. With OP, when did you leave home? With I/P, when were you admitted, tests, visitors? Start off with general conversation about Hobbies/Sports, Holidays, Tests, Treatment (including medication) and TV. Ask Who, When, Where questions. See below for further questions ***								
	Purpose of assessment (reason for referral). Nature of assessment (cognitive, not psychiatric). Test procedures (what's involved, time to prepare & score). How patient feels about testing. Use of info (clinical, audit, etc). Confidentiality (who will get info). Feedback (when given, they get copy of report). Home situation. If recording, consent to record.								
Mental slowing. Making Decisions. Planning. Dealing with problems.									
Driving & related Accidents/near accid. Recall parked car. Navigating familiar & unfamiliar routes. Use of satnav.									
Cooking & for several people. Leaves equipment on.									
Change in ability to use TV, DIY equipment, kitchen appliances									
Make/answer phone calls. Use all features of mobile phone.									
Use of computer, internet, email									
Shopping in shops and online. Handling coins. Dealing with bills, bank accounts									
Eating habits and preferences. Table manners.									
Bath, shower, shave, make-up.									
Dressing - ability, appropriate	IN THE CASE OF THOSE WHO HAVE LIMITED FLUENCY IN ENGLISH, OR HAVE MINIMAL EDUCATION OR ARE FROM ANOTHER CULTURE, TRY TO GET INFORMATION FROM 1-2 INFORMANTS								
Lacks judgement when buying items, responding to offers, gambling	*** 1. Doctors seen before – names, when, content. Drug history – what, when	2. What had for supper yesterday evening Tests, Scans, etc – when & am/pm, who else there	3. Recent holidays/trips – when, incidents-events from episode or journey to/from.	4. Ages – self, spouse, children, grand-children (& names)	5. Day Month Year (Date)				
Any activities spouse has had to over	6. Provide names of personalities who have diedask if familiar, and for details. Note media exposure. Mohammad Ali, Terry Wogan, Maggie Thatcher, Nelson Mandela, Michael Jackson, Osama Bin Laden, Saddam Hussein								
Coping on holidays	7. Reading books - ask for title, author, content of current book or last one read. TV programme recently watched. 8. Prime Minister, Leader of Opposition, USA President, Queen's children. Charles' partner & children. 9. Prime Ministers & US Presidents in recent years; Royal family members; Current London mayor.								
After poor performance ask about concentration during testing	MALINGERING-I. If appropriate, warn beforehand about need for maximum effort & that poor effort can be detected. Establish good rapport. Bad news, some scores very low. Good news, low scores due to non-neuro treatable factors.		MALINGERING-II. Perhaps due to the stress they are going through, some find it difficult to be fully engaged and to stay motivated during testing, and this can affect their concentration and the amount of effort they put into a test. Do you think this applied in your case?			Anger – S.T.O.P. Stop.Think. Other Perspectives. Other Possible actions. Refrain, Reframe, Remove mentally/physically from situation		Problem Solving – S.T.O.P. Stop Think Organize – what to do Plan – when, how	
Say to the patient they have 'done well' to be Patient, Positive, Persevere. Encourage them to Accept, Adapt to, Embrace, show Self-Compassion to situation. Cognitive Reframing, Humour, Support Groups / Organizations, Adjust Goals & Expectations. Spiritual or Charitable Activities, Meditation – these need to be advised as appropriate, and with sensitivity to individuals & context.									