Overview

The Brief Cognitive Status Exam (BCSE) helps evaluate global cognitive functioning in patients with suspected memory deficits or who are diagnosed with a wide range of neurological, psychiatric and developmental disorders. Including those with dementia, mild learning difficulties, or suspected Alzheimer’s disease.

This brief, reliable screening tool is a stand-alone version of the optional Brief Cognitive Status Exam found in the WMS®-IV (Wechsler Memory Scale®, Fourth Edition).

Uses and applications

The Brief Cognitive Status Exam can be used with patients aged 16 years and older. It can be used by clinical psychologists, medical professionals, and other mental health professionals in hospitals, mental health facilities and assisted living facilities to obtain an overall picture of cognitive functioning.

Features and benefits

- BCSE covers seven content areas: Orientation, Time Estimation, Mental Control, Organisation - Planning, Incidental Recall, Inhibitory Control and Verbal Production
- Examinees are asked to perform simple tasks to create an overall picture of cognitive functioning
- Designed to yield a performance classification focused on impaired rather than normal or superior performance (Average, Low Average, Borderline, Low, Very Low)
- Provides classifications stratified by age and years of education
- UK adaptation with notes for scoring and interpretation
- Can be administered individually in approximately 15 to 20 minutes
- Brevity makes it useful for repeated evaluations and for individuals unable to tolerate longer examinations
- Data collected as part of the new WAIS-IV/WMS-IV project
- Value as a research instrument
- Can be used for general clinical evaluations and for rehabilitation evaluations.

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The BCSE is composed of 12 items in seven content areas:

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>Orientation</td>
<td>Contains five items that measure orientation to time e.g. current date including day, month, year.</td>
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<tr>
<td>Time Estimation</td>
<td>A measure of orientation to time of day.</td>
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<tr>
<td>Mental Control</td>
<td>Two items measure attention and the ability to manipulate commonly known sequences in memory.</td>
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<tr>
<td>Clock Drawing</td>
<td>Measurement of organisation and planning</td>
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<tr>
<td>Incidental Recall</td>
<td>Measurement of recall for images without a prompt to recall the item at time of presentation.</td>
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<tr>
<td>Inhibition</td>
<td>Measure of the patient’s ability to inhibit a leaner response in order to provide a novel response.</td>
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<tr>
<td>Verbal Production</td>
<td>Measure of the patient’s ability to produce words within a semantic category within a 30-second period.</td>
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</table>

The BCSE is organised into the seven domain sections on the record form, each of which clearly details individual administration, recording and scoring instructions.

A conversion table is included that enables you to covert section-specific scores to weighted raw scores, which in turn contribute to the Total Raw Score.

Scores are weighted to increase the sensitivity of the measure of cognitive dysfunction. Measures of processing speed and mental control are frequently impaired in individuals with significant cognitive impairment, and scores are more heavily weighted in measures of these abilities.

A BCSE Total Raw Score can be converted to provide a classification level that indicates the patient’s level of cognitive functioning. This classification is based on four broad age categories and five education levels.

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