

IVA-AE2 Standard Scale Analysis - Extended Test

Name: Doe, Jane

Test Date: 8/16/2015 9:22 AM

Age: 21

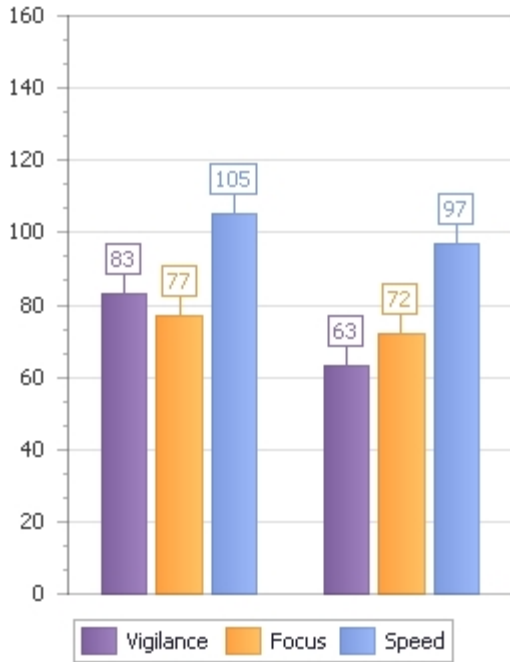
Sex: F

On Medication: N

Comments:

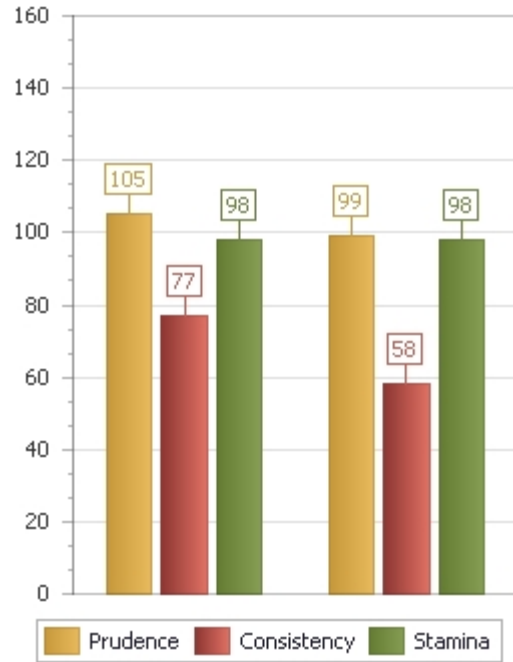
FS Attention Quotient = 70

Auditory	Visual
AQ = 79	AQ = 67



FS Response Control Quotient = 81

Auditory	Visual
RCQ = 88	RCQ = 77



Sustained Auditory Attention Quotient = 85

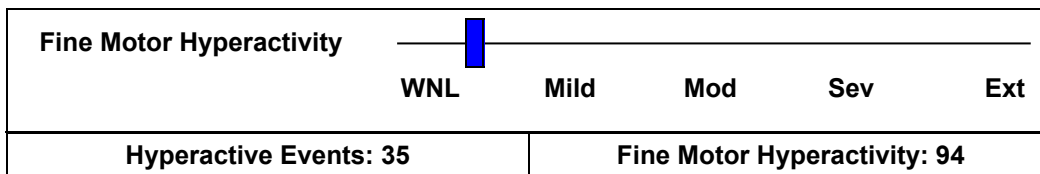
Sustained Visual Attention Quotient = 71

Auditory Response Validity Check: Valid

Visual Response Validity Check: Valid

Auditory		ATTENTION		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
77.8%	83	Vigilance	63	76.7%
63.8%	77	Focus	72	66.8%
511 ms	105	Speed	97	443 ms

Auditory		RESPONSE CONTROL		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
90.7%	105	Prudence	99	90.0%
58.7%	77	Consistency	58	60.1%
105.9%	98	Stamina	98	101.9%



Symptomatic	Raw	Quotient	WNL	Mild	Mod	Sev	Ext
Stillness	99.4%	109					
Comprehension (A)	89.2%	82					
Comprehension (V)	90.4%	58					
Sensory/Motor (A)	204 ms	110					
Sensory/Motor (V)	212 ms	109					

Test Version IVA-AE 2004.2

Self-Report Scale Questionnaire

Did you talk or mumble to yourself during the test?	NA
Did you think about other things during the test?	NA
Was it hard to keep looking only at the screen during the test?	NA
Did you feel drowsy or sleep during the test?	NA
Were you confused about when it was correct to click the mouse?	NA
Was it harder to pay attention towards the end of the test?	NA
Did you play with, pick up, or click the mouse when you were not supposed to?	NA
How tired were your fingers and hand at the end of the test?	NA
Did you make mistakes during the test?	NA
Did taking the test make you feel mad, angry, or frustrated?	NA
Was it hard to sit still during the test?	NA
Was the test boring?	NA
Did you try very hard to do your best on this test?	NA
If you took the test again, how much better do you think you would do?	NA

Behavioral Scale Questionnaire

During the warmup, clicked the mouse during the instructions.	0
During the practice test, showed difficulty comprehending instructions.	1
Talked, hummed or made sounds to himself or herself during the test.	2
Played with or picked up the mouse during the test.	0
Switched the hand or finger used to click the mouse during the test.	1
Became angry, cursed, yelled or showed frustration during the test.	0
Wiggled, fidgeted or was restless during the test.	0
Talked about unrelated topics to the examiner during the test.	0
Looked around the room while taking the test.	0
Asked to stop the test or asked when the test would be done.	0
Became drowsy, sleepy, eyes closed or head drooped during the test.	0
Stopped responding to test stimuli for 15 seconds or more.	1

Health Screening Questionnaire

Have you EVER seen a doctor for a brain injury?	NA
Have you EVER seen a doctor for seizures or the treatment of epilepsy?	NA
Are you CURRENTLY seeing a counselor for psychological problems?	NA
Are you CURRENTLY taking any prescribed medication for ADD/ADHD?	NA
Are you CURRENTLY taking any other prescribed medication except for birth control?	NA
Do you believe you have a reading learning disability?	NA
Do you believe you have a math learning disability?	NA
Were you hyperactive when you were a child?	NA
Do you believe you have ADD/ADHD?	NA
Have you been diagnosed as having ADD/ADHD by a health care professional?	NA