

HALT-C Trial

Shipley Institute of Living Scale – Cognitive Effects AS

Form # 151    Version A: 06/15/2000

**SECTION A: GENERAL INFORMATION**

A1. Affix ID Label Here →

_____ - _____ - ____
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A2. Patient initials:   \_\_   \_\_   \_\_

A3. Visit number: W00

A4. Date form completed: (MM/DD/YYYY)   \_\_ / \_\_ / \_\_\_\_\_

A5. Initials of person completing form   \_\_   \_\_

A6. Initials of Neuropsychologist reviewing form:   \_\_   \_\_

**SECTION B: SHIPLEY TEST RESULTS**

B1. Date test was administered: (MM/DD/YYYY)   \_\_ / \_\_ / \_\_\_\_\_

Range

B2. Conceptual Quotient   \_\_   \_\_   \_\_   (44 -178)

B3. Abstraction Quotient   \_\_   \_\_   \_\_   (26 -174)

B4. Intelligence Quotient   \_\_   \_\_   \_\_   (34 -139)