

*\*This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

## I. General Information

**Title of the test:** The Executive Interview (EXIT 25)

**Author:** Donald R. Royall, M.D.

**Publisher:** University of Texas, Department of Psychiatry

**Time required to administer:** About 15 minutes

**Cost of the Test:** Free, and can be accessed at:

[www.dementia-assessment.com.au/frontotemporal/EXIT25\\_Executive\\_Interview.pdf](http://www.dementia-assessment.com.au/frontotemporal/EXIT25_Executive_Interview.pdf)

## II. Description of Test

**Type/Purpose of Test:** This test is a brief bedside test that consists of 25 items measuring abilities that include:

- Executive functioning
- Motor sequencing
- Spoken alternate sequencing
- Verbal fluency
- Design fluency
- Persistence
- Resistance to interference
- Reflexes

(Larson & Heinemann, 2010)

**Population:** This test was designed specifically to assess the cognitive functioning of older adults living in retirement communities. However, further research has established its utility for other populations, including:

- HIV dementia
- Mild dementia
- Bipolar disorder
- Alzheimer's dementia
- Frontal-temporal dementia

(Larson & Heinemann, 2010)

**Focus of measurement:**

Organic systems    Abilities    Participation/life habits    Environmental Factors

## III. Practical Administration

**Ease of Administration:** This assessment is very simple to administer. As there is no manual that goes with the test, so all directions and scripts are located directly on the evaluation form. The form is the only material that is required for the test, and all scoring instructions are located there as well.

**Clarity of Directions:** For the most part, the process of administering this assessment is fairly straightforward. The directions given on the sheet are adequate in describing what the therapist should do or say at each portion of the test. In one of the sections measuring design fluency, however, it simply states that the client should look at multiple drawings made with four lines. On that page there are no drawings or additional directions. I am assuming the therapist is supposed

to draw different shapes made of four lines for the client to see, before the client must then draw different shapes made of four lines. Other than this discrepancy, the directions are very clear and easy to follow.

**Scoring Procedures:** Scoring directions are listed under each of the 25 portions of this test. For each section, the client is given a score of a 0, 1, or 2. A score “0” indicates no impairment, a score of “1” indicates some impairment, and a score of “2” indicates severe impairment. Directions for what qualifies as each score are listed under each section. The points are totaled and criteria are given for severe, moderate, and no impairment. A score of 15 or below indicates normal executive functioning, a score of above 15 indicates moderate to severe impairment. (Larson & Heinemann, 2010)

**Examiner Qualification & Training:** There are no training or qualification guidelines described by the author of this assessment. However, in order to properly interpret this assessment and to predict functional implications further professional education is needed.

#### IV. Technical Considerations

**Standardization:** \_\_\_ Norms \_\_\_ **X** Criterion Referenced \_\_\_ Other \_\_\_\_\_

**Reliability:** In a study done on the psychometric properties of the EXIT 25, it was found that the item reliability was .98 and the person reliability was .78. Item-measure correlations ranged from .07 to .70. Correlations between the total score and individual items yielded similar results. A Cronbach reliability of  $\alpha=.86$  is acceptable, but item-total correlations ranged from .07 to .81. (Larson & Heinemann, 2010)

**Validity:** While no specific values were mentioned for validity, Larson & Heinemann (2010) referred to the EXIT 25 having “poor face validity” and “questionable content validity” (p. 390).

**Manual:** \_\_\_ Excellent \_\_\_ Adequate \_\_\_ Poor

While there is no manual for this assessment, the directions given on the form are adequate and require no further explanation.

**What is (are) the setting/s that you would anticipate using this assessment?**

- Inpatient setting
- Outpatient clinic
- Nursing home
- Community setting
- Home health
- Mental health facility
- Skilled nursing facility

**Summary of strengths and weaknesses**

**Weakness:**

- Only used as an initial screening: may require further assessment
- Questionable validity
- Takes more time than other quick cognitive assessments

**Strength:**

- Short time to administer
- Only one form required for the test
- Free to use
- No training required for administration
- Easy to score
- More sensitive than other brief cognitive measures

**Sources:**

Larson, E.B., & Heinemann, A.W. (2010). Rasch analysis of the executive interview (The EXIT-25) and introduction of an abridge version (The Quick EXIT). *Archives of Physical Medicine and Rehabilitation, 91*, 389-394.

Stockholm, J., Vogel, A., Gade, A., & Waldemar, G. (2005). The executive interview as a screening test for executive dysfunction in patients with mild dementia. *American Geriatrics Society, 53*, 1577-1581.