

*\*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:** Kettle Test

**Author:** Adina Hartman Maeir, PhD, OT, Nira Armon, MSc, OT, Noomi Katz, PhD, OTR

**Publisher:** Unpublished protocol, Helene University, Jerusalem, Israel.

**Time required to administer:** 10-30 minutes

**Cost of the Test:** Free; Can be found easily, in-full, online or contact Dr. Adina Hartman Maeir at maeir@mscc.huji.ac.il or Prof. Noomi Katz at noomi.katz@huji.ac.il

## II. Description of Test

**Type/Purpose of Test:** Performance-based test that assesses cognitive functional performance. The clinician observes while the patient completes the task of making two different hot beverages. Following the task, the clinician and the client discuss the task, how the client performed, and how difficult the client found the task.

**Population:** People at least 13 years of age who may have cognitive dysfunctions; it is usually used with people who have had a CVA and who have the ability to understand spoken or written language.

**Focus of measurement:** Attention and Working Memory; Cognition; Executive Function; Life Participation

Organic systems    Abilities    Participation/life habits    Environmental Factors

## III. Practical Administration

**Ease of Administration:** Very easy and short.

Client chooses a drink to make. The therapist chooses a drink that is different from the client's in at least two ways. Have client repeat directions to make sure they understand what they will be doing.

Let the client make the two drinks without interfering unless:

- Performance is unsafe for the client or the environment
- Task progression is stopped
- Client demonstrates repeated failure

If this happens, cuing is allowed in this order:

- General cue
- Specific cue, that guides the client to take specific steps or delineates details of the task
- Physical demonstrations or assistance

After the task has been completed, the client and the clinician discuss these topics:

- Recall of the instructions by the client: "what were the steps you had to do"?
- The client's description of the process: "describe to me what you did from the beginning to the end of the task."
- Rating of performance by the client: "how do you rate your performance on this task between 0 to 100%?"
- Rating of difficulty by the client: "how difficult was the task for you? easy (able to do by yourself easily); a little difficult or very difficult (I needed help)".

**Clarity of Directions:** The directions are very clear. A shortened version of the directions is listed above. Examples are given for the drinks, when you should interfere, the types of cues to give, and the discussion afterwards.

**Scoring Procedures:**

Scores are based on 13 indices of performance:

1. Opening the water faucet
2. Filling the kettle with about 2 cups of water
3. Turning off the faucet
4. Assembling the kettle
5. Attaching the electric cord to the kettle
6. Plugging the electric cord in an electric socket
7. Turning on the kettle
8. Assembling the ingredients
9. Putting the ingredients into the cups
10. Picking up the kettle when water boils
11. Pouring the water into the cu
12. Adding milk
13. Indication of task completion (e.g. verbal, gesture, serving)

Each of the above items is scored on a 4-point scale:

- 0 Intact performance
- 1 Slow and/or trial & error
- 2 Received general cues
3. a) Received specific cueing  
b) Incomplete or deficient performance
- 4 Received physical demonstration or assistance.

Maximum score is 52; higher scores indicate more severe problems in performance.

**Examiner Qualification & Training**

None; experience in observational evaluation and the process and scoring of Kettle Test is recommended.

**IV. Technical Considerations**

**Standardization:** \_\_\_ Norms \_\_\_ Criterion Referenced **\_\_X\_\_** Other: New assessment, most psychometrics are not available yet

**Reliability:**

Inter-rater: Excellent ( $r=0.851, p=0.001$  and  $r=0.916, p=0.000$ )

**Validity:**

Construct Validity: Excellent-Adequate ( $r=-.478, r=-.566, r=-.578, \text{ and } r=-.659$ )

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

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

Geriatric settings, outpatient rehab, home health, inpatient rehab

**Summary of strengths and weaknesses**

**Weakness:**

- No normative data to compare scores
- Does not specify what score means when you find it

- New assessment. Has been mostly used for people with CVAs, just now beginning to be used for other cognitive deficits. We don't know how good it is for other diagnoses.

**Strength:**

- Short
- Easy to administer
- Easy to score
- Free
- Uses common items, most of which are cheap and easy to find
- Can do it in a clinic or at the client's home