I. General Information

Title of the test: Short Blessed Test (SBT)

Author: Katzman R., Brown T., Fuld P., Peck A., Schechter R., & Schimmel, H. (1983)

Publisher: None

Time required to administer: Within 5-10 minutes

Cost of the Test: Free – accessible on the internet (example can be found at http://alzheimer.wustl.edu/About_Us/PDFs/Short%20Blessed%20Test%20-%20Washington%20University%20Version.pdf)

II. Description of Test

Type/Purpose of Test: This test addresses cognitive concerns in the areas of orientation, memory, and concentration. The purpose of this test is to serve as a screening tool to determine cognitive changes associated with dementia. Although this test is sensitive and reliable in detecting early cognitive impairments, is should not be used to diagnose a dementing disorder and further assessments would need to be administered.

Population: Anyone at risk for cognitive impairment associated with memory and concentration, most likely associated with dementia and Alzheimer's disease.

Focus of measurement:

___ Organic systems   X Abilities   ___ Participation/life habits   ___ Environmental Factors

III. Practical Administration

Ease of Administration: Extremely easy. The test is self-explanatory as it goes along and the questions are simple in nature. Because of its simplicity it is widely used and often formatted in multiple ways by varying health care professions based on preference.

Clarity of Directions: Simple. The directions are on the form as you read it to your client and the scoring procedure is listed directly next to each question.

Scoring Procedures: Score a 0 for correct answers and score a 1 for each error based on the amount of errors allowed on each question. The error number is then multiplied according to the weighted value of each question. After the items have been weighted you then take a total sum from the six questions. The maximum errors allowed per question and the weight values associated with each question are as follows:

Question #	Max Errors Allowed	Weight Value
1	1	x4
2	1	x3
3	1	x3

Katzman, R., Brown, T., Fuld, P., Peck, A., Schechter, R., & Schimmel, H. (1983). Validation of a short orientation-memory concentration test of cognitive impairment. *American Journal of Psychiatry,* 140, 734-739.

4	2	x2
5	2	x2
6	5	x2

A score of 0 – 8 indicates normal to minimum impairment, 9 - 19 indicates minimal to moderate impairment, and 20 - 28 indicates severe impairment.

Examiner Qualification & Training: No specific training is required to administer this test.

Standardization: __x__ Norms   ____ Criterion Referenced   ____ Other _____

Reliability: Good – Tested on five different populations all reflecting a sensitive measure of memory and concentration deficits consistent with dementia.

Validity: Good – High correlation (r=.945) of scores between this test and the Mental Status Questionnaire

Manual: ____ Excellent   ____ Adequate   ____ Poor   __X__No Manual Provided

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

Inpatient, acute rehab, outpatient rehab, home health, SNF, Senior Citizens Center

Summary of strengths and weaknesses:

Weakness:
- Some practitioners may use this as their only method of testing for cognitive impairments associated with dementia which would not be sufficient.
- Not an extreme amount of evidence but the evidence that does exist is positive.
- No manual provided so any additional questions that arise are subject to your own professional resasoning

Strength:
- Extremely easy to administer
- Free
- Quick to administer (5-10 minutes)
- Does not require additional supplies
- Sensitive indicator of dementia (although further testing would need to be done to diagnose)

Katzman, R., Brown, T., Fuld, P., Peck, A., Schechter, R., & Schimmel, H. (1983). Validation of a short orientation-memory concentration test of cognitive impairment. *American Journal of Psychiatry,* 140, 734-739.