

*\*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:** Short Blessed Test (SBT), sometimes called the Orientation-Memory-Concentration Test

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

**Publisher:** None

**Time required to administer:** Less than 10 minutes

**Cost of the Test:** available for free at: [http://www.mybraintest.org/dl/ShortBlessedTest\\_WashingtonUniversityVersion.pdf](http://www.mybraintest.org/dl/ShortBlessedTest_WashingtonUniversityVersion.pdf)

## II. Description of Test

**Type/Purpose of Test:** The SBT is a screening tool that aids in detecting early cognitive changes associated with dementia disorders. Further testing is warranted if dementia is suspected, the SBT should not be used to diagnose dementia. The SBT is a weighted six-item instrument that can identify dementia. The SBT has 6 questions that evaluate orientation, registration, and attention.

**Population:** People who are suspected of having memory difficulties, such as dementia.

**Focus of measurement:**

Organic systems  Abilities  Participation/life habits  Environmental Factors

## III. Practical Administration

**Ease of Administration:** Very simple. The therapist asks the client 6 questions and marks down if the answer is either correct or incorrect, and marks the numbers of errors, if any.

**Clarity of Directions:** The directions of this test are very clear and easily understood.

**Scoring Procedures:** 1) "What year is it now?" If incorrect mark 1 on the score sheet.

2) "What month is it now?" If incorrect mark 1 on the score sheet.

Have the client repeat this name and address, "John Brown, 42 Market Street, Chicago" and ask them to remember it because you will ask them again at the end. They have 3 tries to memorize it.

3) "Without looking at your watch or clock, tell me what time it is." Score a 1 if time is not within 1 hour.

4) "Count aloud backwards from 20 to 1." If client begins to count forward during the task, repeat the instructions and mark 1 error. Mark an error if a number is missed. A maximum of 2 errors is allowed.

5) "Say the months of the year in reverse order." If client needs help starting by you actually saying December, mark 1 error. If a month is skipped, mark 1 error. If client begins by saying months forward, mark 1 error. If clients begins backwards then changes to saying months forward, repeat instructions and do not mark an error. A maximum of 2 errors is allowed.

6) "Repeat the name and address I asked you to remember." If Lane or Boulevard is substituted for "Street" or "Street" is left out, do not mark an error. The client can have up to 5 errors.

7) Scoring = each question is weighted, so a number is multiplied by the number of errors. Question 1: multiply the number of errors by 4.

Question 2: multiply the number of errors by 3.

Question 3: multiply the number of errors by 3.

Question 4: multiply the number of errors by 2.

Question 5: multiply the number of errors by 2.

Question 6: multiply the number of errors by 2.

Normal = 0-4, Questionable = 5-9, Impairment = 10 or more

**Examiner Qualification & Training:** Not required

#### IV. Technical Considerations

**Standardization:**  Norms     Criterion Referenced     Other: control group study

**Reliability:** Good. The SBT was tested on 5 populations that reflected issues with dementia.

**Validity:** Good.  $r = 0.945$  (A high correlation was found between the SBT and the Mental Status Questionnaire)

**Manual:**  Excellent     Adequate     Poor     No Manual

There was not a manual, however the instructions found on the web site are very clear and the form allows easy documentation.

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

Inpatient, SNF, acute care, outpatient, home health

#### **Summary of strengths and weaknesses**

**Weakness:** Question #3, the client may have spent a couple days in the hospital room and may be confused about what part of the day they are currently in. The person administering the test will need to be aware of medications that are impacting memory. The client needs to be cooperative. Does not assess issues with social and ADLs

**Strengths:** Ease of administration, easy to follow directions, and examples of right/wrong answers are provided. It is free, quick to administer, and does not require any equipment. The SBT can indicate if a person has developed dementia. The questions are weighted; the current year is more heavily weighted than stating the months in reverse order.

#### **References:**

- Carpenter, C. R., Bassett, E. R., Fischer, G. M., Shirshekan, J., Galvin, J. E., & Morris, J. C. (2011). Four sensitive screening tools to detect cognitive dysfunction in geriatric emergency department patients: brief Alzheimer's screen, short blessed test, Ottawa 3DY, and the caregiver-completed AD8. *Academy of Emergency Medicine*, 18(4), 374-384.
- 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.