PSE SYNDROME TEST

Patient Name _____

Investigator _____ Date _____

Number of times test has been repeated _____ Study _____

Duration of test in minutes _____

Duration of evaluation in minutes _____

Any difficulties in performing test? None ❒

If yes, which tests? _____

_____

Any difficulties in evaluating test? None ❒

If yes, what difficulties? _____

_____

_____

Test results

Test 1: (Digit Symbol Test): Total time without mistakes _____ Score _____

Test 2: (Number Connection Test–A): Total time in seconds _____ Score _____

Test 3: (Number Connection Test–B): Total time in seconds _____ Score _____

Test 4: (Serial Dotting Test): Total time in seconds _____ Score _____

Test 5: (Line Tracing): Total time in seconds _____ Score _____

Error points _____ Score _____

Sum _____

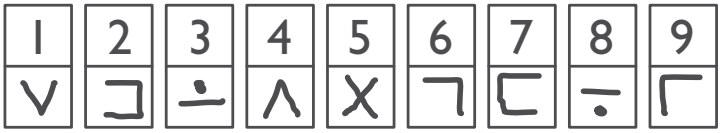
Developed with the support of Merz Pharmaceuticals GmbH and the
International Society on Hepatic Encephalopathy and Nitrogen Metabolism.

TEST 1: DIGIT SYMBOL TEST

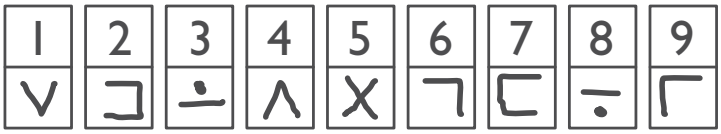
Time: __ __ : __ __ Date: __ __ / __ __ / __ __
Day Month Year

Birth date: __ __ / __ __ / __ __
Day Month Year

Symbol points: __ __ __ (number) (Please note the age norms!)



2	1	3	1	4	2	1	3	5	3	2	1	4	2	1	3	1	2	4	1



2	1	3	1	2	1	3	1	4	2	4	2	5	1	4	3	5	3	6	2

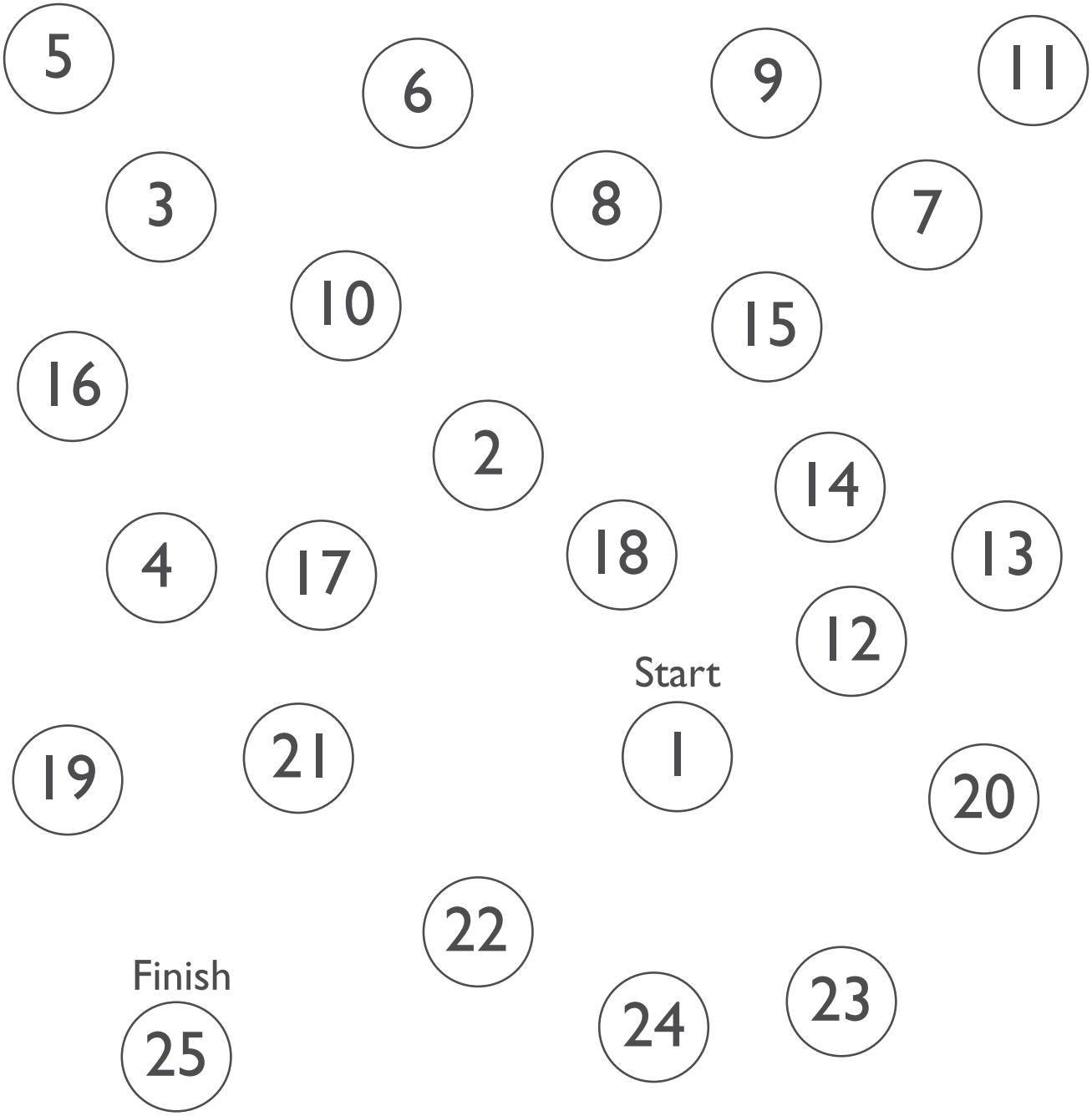
1	6	5	2	4	7	3	5	1	7	6	3	8	5	3	6	4	2	1	8

9	2	7	6	3	5	3	3	6	5	4	9	7	1	8	5	3	6	8	2

7	1	9	3	8	2	5	7	4	1	6	7	4	5	8	2	9	6	4	3

PRACTICE TEST FOR TEST 2: NUMBER CONNECTION TEST–A

Time: ⌊⌊⌋⌋ : ⌊⌊⌋⌋ Date: ⌊⌊⌋⌋ / ⌊⌊⌋⌋ / ⌊⌊⌋⌋
Day Month Year

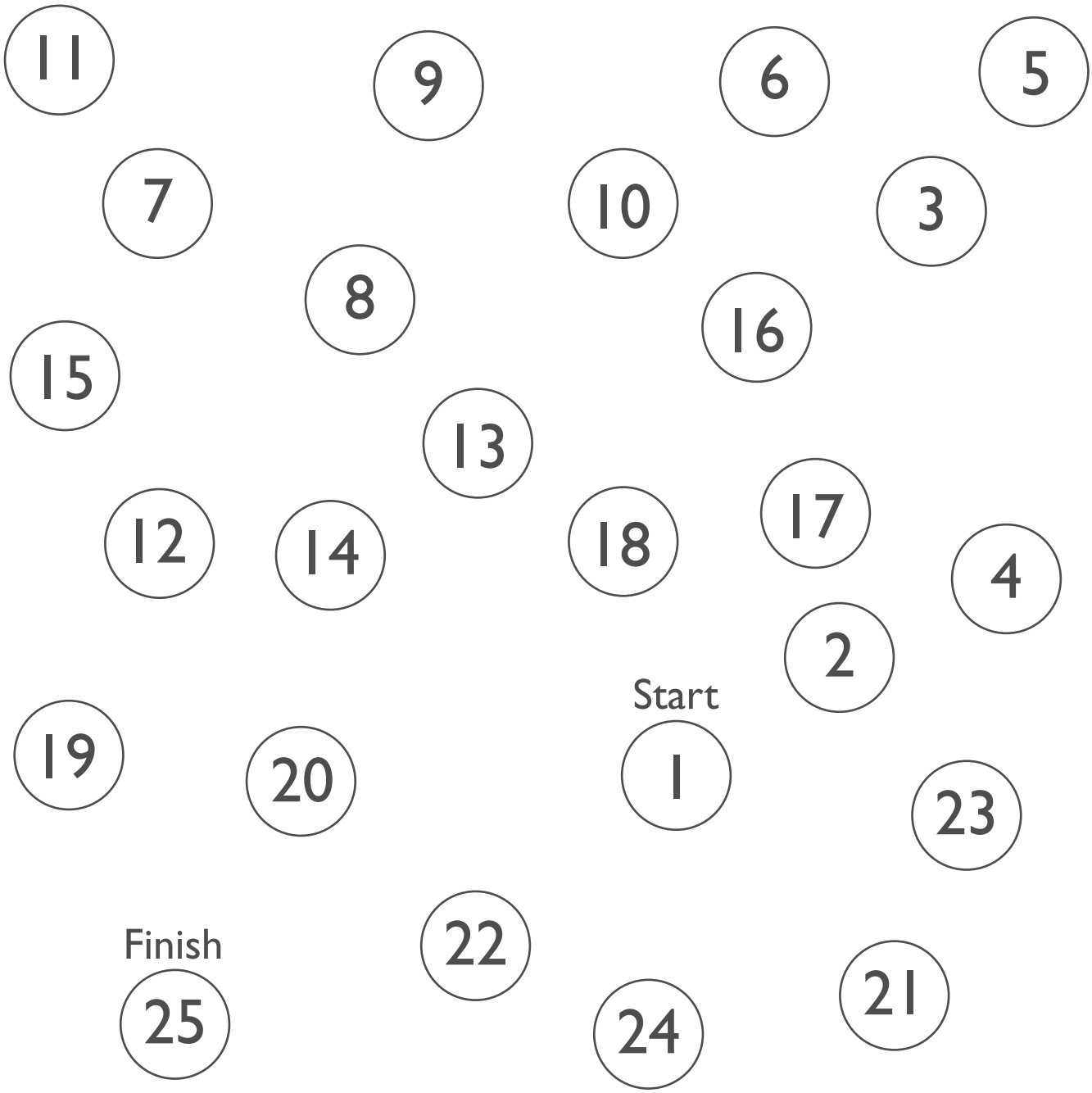


TEST 2: NUMBER CONNECTION TEST–A

Time: ⌊__⌋:⌊__⌋ Date: ⌊__⌋ / ⌊__⌋ / ⌊__⌋
Day Month Year

Birth date: ⌊__⌋ / ⌊__⌋ / ⌊__⌋
Day Month Year

Time: ⌊___⌋ (in seconds) Last number: ⌊___⌋ (Please note the age norms!)

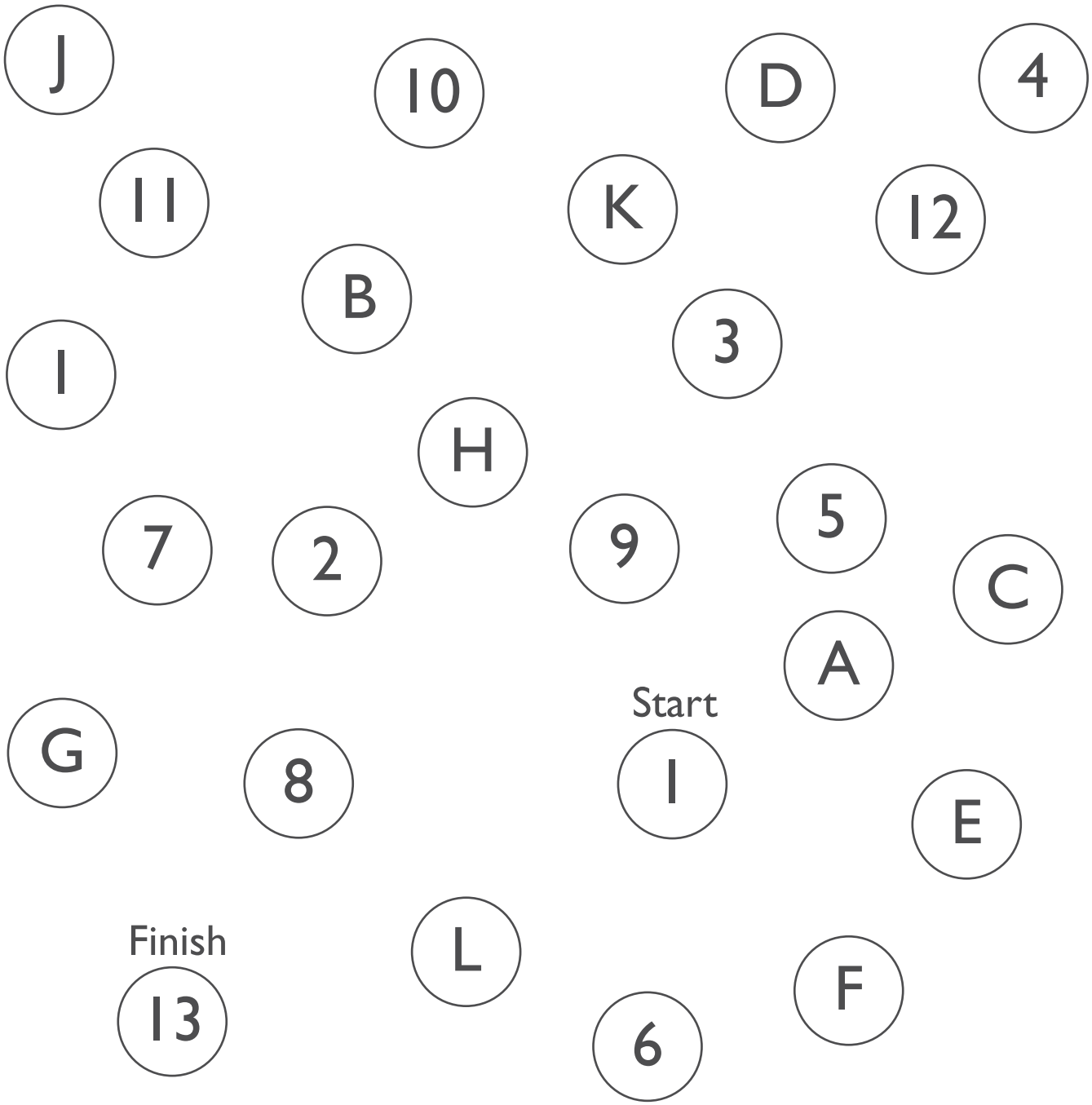


TEST 3: NUMBER CONNECTION TEST–B

Time: ⌊_⌋⌊_⌋ : ⌊_⌋⌊_⌋ Date: ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋
Day Month Year

Birth date: ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋
Day Month Year

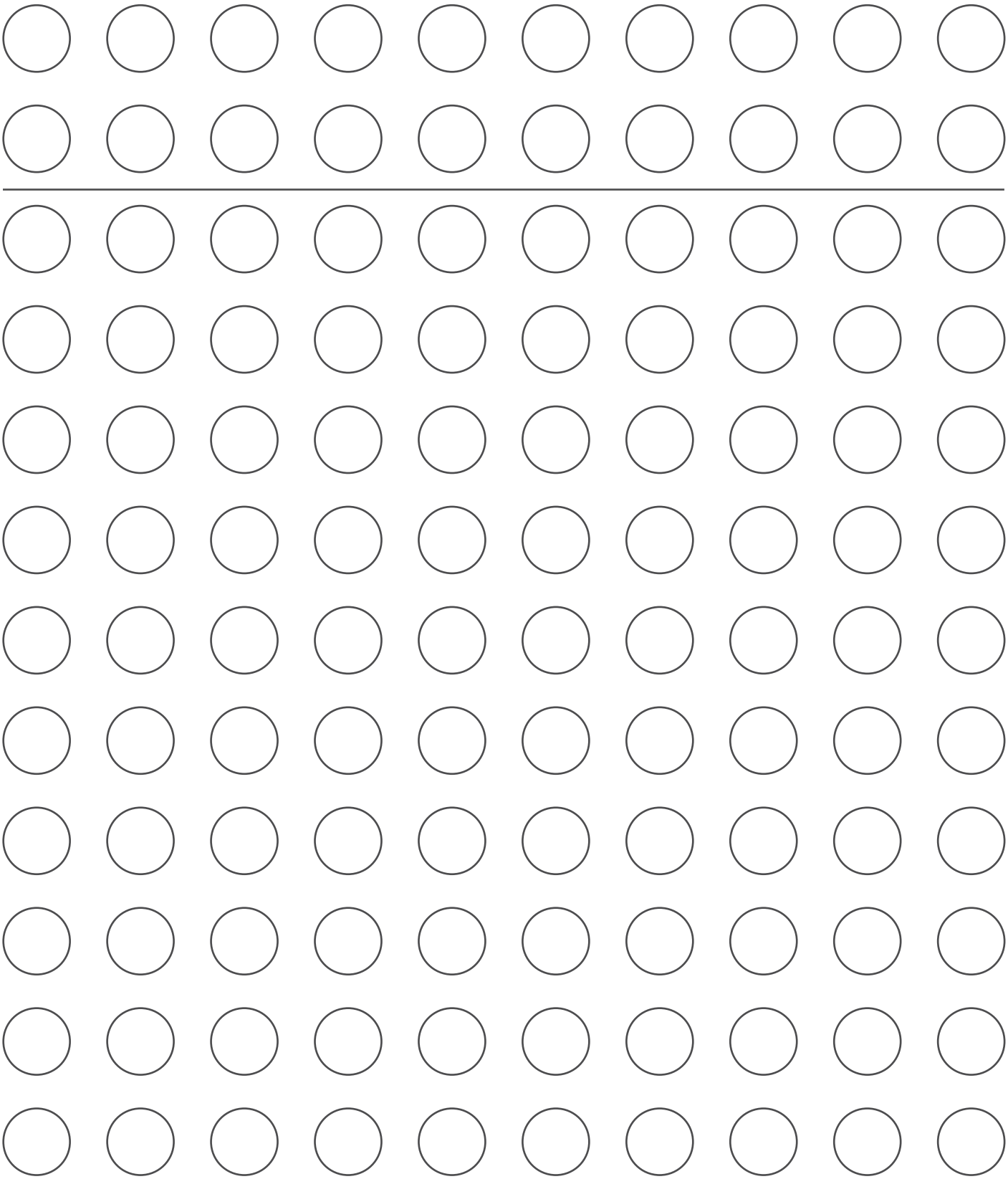
Time: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (in seconds) Last number/letter: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (Please note the age norms!)



TEST 4: SERIAL DOTTING TEST

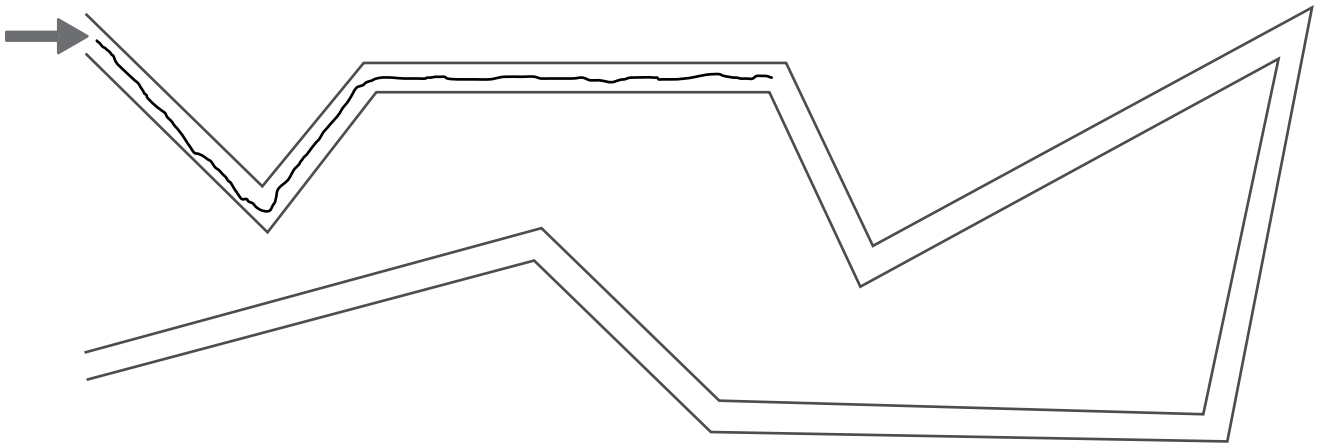
Time: ⌊⌋⌊⌋ : ⌊⌋⌊⌋ Date: ⌊⌋⌊⌋ / ⌊⌋⌊⌋ / ⌊⌋⌊⌋ (Day / Month / Year) Birth date: ⌊⌋⌊⌋ / ⌊⌋⌊⌋ / ⌊⌋⌊⌋ (Day / Month / Year)

Time: ⌊⌋⌊⌋⌊⌋ (in seconds) (Please note the age norms!)



PRACTICE TEST FOR TEST 5: LINE TRACING

Time: ⌊ ⌋⌊ ⌋ : ⌊ ⌋⌊ ⌋ Date: ⌊ ⌋⌊ ⌋ / ⌊ ⌋⌊ ⌋ / ⌊ ⌋⌊ ⌋
Day Month Year

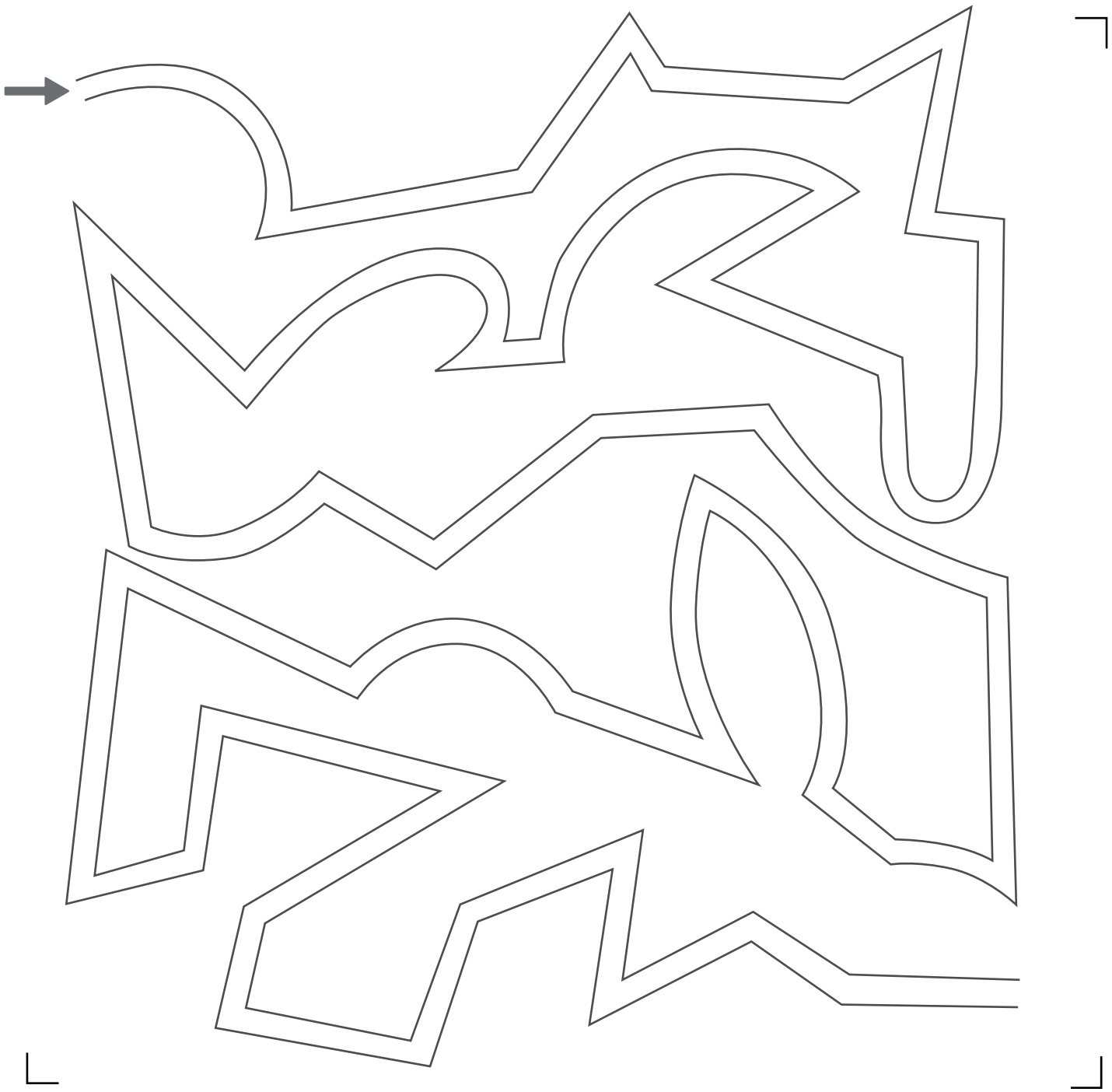


TEST 5: LINE TRACING

Time: ⌊_⌋⌊_⌋ : ⌊_⌋⌊_⌋ Date: ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋
Day Month Year

Birth date: ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋
Day Month Year

Time: ⌊_⌋⌊_⌋⌊_⌋ (in seconds) Errors: ⌊_⌋⌊_⌋⌊_⌋ (number) (Please note the age norms!)



OBSERVATION NOTES

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