IS-R RECORD

WECHSLER ADULT INTELLIGENCE SCALE-**REVISED**

NAME	Alex	BAYLISS
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	4"	•		ı
				В

AUSTRALIAN ADAPTATION

ADDRESS SEX

MARITAL.

STATUS

OCCUPATION __

EDUCATION

COUNTRY OF BIRTH _

FIRST LANGUAGE _____

PLACE OF TESTING _

TESTED BY ____

OTHER INFORMATION _

					RA	W SC	ORE					
ore		V	ERBAL	TEST	S		P	ERFOR	IMANC	E TEST	s	o Ce
Scaled Score	Information	Digit Span	Vocabulary	Arithmetic	Comprehension	Similarities	Picture Completion	Picture Arrangement	Block Design	Object Assembly	Digit Symbol	Scaled Score
19	-	28	70	-	32	-	-	-2	51	-	93	19
18	29	27	69	-	31	28	-	-	-	41	91-92	18
17	-	26.	68	19			20	20	50	-	89-90	17
16	28	25	66-67		30	27		-	49	40	84-88	16
15	27	24	65	18	29	26		19	47 (18)	39	79-83	15
14	26	22-23	63-64	17	27-28	25	19	-	44-46	38	75-78	14
13	25	20-21	60-62	16	26	24	*****	18	42-43	37	70-74	13
,	23-24	18-19	55-59	(F)	25	(23)	18	17	\$8-41	35 36	66-69	12
11	22	17	52-54	13-14	28/24	22	17	15-16	35-37	34	62-65	11
10	1921	15-16	47-51	12	21-22	20-21	16	14 /	31-34	32-33	57-61	10
9	17-18	14/	43-46	11	19-20	18-19	1	13	27-30	30-31	33-56	9
8	15-16	12-13	37-42	10	17-18	16-17	14	11-12	23-26	28-29	48 52	8
7	13-14	11	29-36	8-9	14-16	14-15	13	800 B	20-22	24-27	44017	7
6	9-12	9-10	20-28	6-7	11-13	11-13	11-12	5-7	14-19	21-23	37-43	6
5	6-8	8	14-19	5	8-10	7-10	8-10	3-4	8-13	16-20	30-36	5
4	5	7	11-13	4	6-7	5-6	5-7	2	3-7	13-15	23-29	4
3	4	6	9-10	3	4-5	2-4	3-4	-	2	9-12	16-22	3
2	3	3-5	6-8	1-2	2-3	1	2	1	1	6-8	8-15	2
1	0-2	0-2	0-5	0	0-1	0	0-1	0	0	0-5	0-7	1

Clinicians who wish to draw a profile may do so by locating the subject's raw accres on the table above and drawing a line to connect them. See Chapter 4 in the Manual for a discussion of the significance of differences between accres on the tests.

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AP-ABCD/87654



Date Tested	1989 1989	Month 12	8 8
Date of Birth	1970	8	25
Age	19_	3	

	SUMMA	RY
	Raw Score	Scaled Score
VERBAL TEST	S	
Information	19	10 (11
Digit Span	13	8 (9
Vocabulary	<u>52</u>	71 (13
Arithmetic	15_	12 (14
Comprehensio	u 33	4
Similarities	23	12 (14
Verbal Score	Ð	6.4
PERFORMANO	DE TEST	S 0 /3
Picture Completion	15	4 (9
Picture Arrangement	9	7 1
Block Design	48	15 (16
Object Assembly	-	- 13
Digit Symbol	46	7 (+
Performance	Score	38 pro ,

Scaled IQ PERFORMANCE

VERBAL

FULL SCALE

Sum of

INFORMATION Discontinue after 5 consecutive failures.	Scor
1. Flag	18
2. Ball	
3. Months	4
4. Thermometer	
5. Sun £	
6. Ned Kelly Mush on act	- 1
7. Weeks 52	, i
8. Bradman Auf. batement in coule	1
9. Darwin-Adelaide SE	1
10. Hamlet Shakeypease)
11. Italy Venice s.c. Rame	1
12. Population	I
13. Brazil Aura	0
14. PM England guy- can it think of him name, went to	Treats of Versalle O'
15. Australia Day April S.C. James	11
	0
16. Sahara DK affect mode 17. Clothes affract purplish	0
18. Kingsford-Smith early Australia perlot	
19. Genesis DK	Ó
20. Four PMs White Frages Hawke Memiles	
21. Martin L. King actived can't unantes which one	0
22. Relativity some societalist - Newton	0
23. Boiling Point /00°C	
24. Yeast _ wy grows, something like May	0
25. Blood vessels vero, areres carellanes	
26. Curie discarry of radioactive natural	
27. London-Sydney 11.000 km	0
28. Koran Rille in different whole lots as highling a	1 Islamia 1
29. Faust) \(\)	Q
Note: Be sure to include scores for Items 1-4 in Total	Max=
	Total 10

2. PICTURE COMPLETION Discontinue after 5 consecutive failures.	Score 1 or 0	¥ .	Score 1 or 0
1. Door	1	11. Mirror	1
2. Tennis	11	12. Crab	1
3. Frog	1	13. Violin	1
4. Playing card	11	14. Sun	1
5. Car	1	15. Watch	1
6. Pitcher	1	16. Leaf	1
7. Glasses		17. Man Shirt poorted	0
8. Pliers	1	18. Horse	1
9. Boat handroub on play & OT	0	19. Female profile	<u>a</u>
10. Beach least	0	20. Woodpile SHEEN OT	0
		Total	Max=20 /5

Discontinue after failure on BOTH TRIALS of any item.
Administer BOTH TRIALS of each item, even if subject passes first trial. 3. DIGIT SPAN Pass-Score Pass-Score **DIGITS BACKWARD* 'GITS FORWARD** 2, 1, or 0 Fail 2, 1, or 0 Fail 2-4 5-8-2 1. 5 - 8 6-9-4 6-2-9 6-4-3-9 2 2. 4-1-5 7-2-8-6 3-2-7-9 4-2-7-3-1 3. 3. 4-9-6-8 7-5-8-3-6 1-5-2-8-6 6-1-9-4-7-3 4. 4. 6-1-8-4-3 3-9-2-4-8-7 5-3-9-4-1-8 5-9-1-7-4-2-8 5. 5. 7-2-4-8-5-5 4-1-7-9-3-8-6 8-1-2-9-3-6-5 5-8-1-9-2-6-4-7 6. 6. 4-7-3-9-1-2-8 3-8-2-9-5-1-7-4 9-4-3-7-6-2-5-8 2-7-5-8-6-2-5-8-4 7. 7-2-8-1-9-6-5-3 7-1-3-9-4-2-5-6-8 Max=14 Max=14 Total Backward **Total Forward** Max=28 *Administer DIGITS BACKWARD even if subject scores 0 on DIGITS FORWARD. Backward Total Forward

Arrangément	Order	Correct or Acceptable Order	Score (Circle)	Arrangement	Order	Correct or Acceptable Order	Score (Circle)
	1		(2	6. Escape 90"	THUN	HUNT /	07 :
1. House 60"	2	(CAP)	0 1	7. Hill 90"	THEPLS	HELPS	0)
2. Flirt 60"		JANET JNAET OF AJNET	0(1)2	8. Fish 90"		ANGLER OF ARNGLE	010
3. Romeo 60"	SADHE	SHADE	0) 2	9. Robber 120"	VLNCUH	LUNCH (0) 2
4. Louie 60"		ARGUES	0 (2	10. Taxi 120/		SAMUEL or AMUELS	0)1
5. Enter 90"/		OPENS OENSP	0 (2)	10. Taxi 120	SALEMU	SALMUE (Max=20
	Y.	ritems 1-5 in Total.				18 J. 101	9
5. VOCABULA	_	ntinue after 5 consecutive t	fallures.				Score 2, 1, or 0
1. Bed					ž		
2. Ship							
3. Penny		04		- A A-		N. Carlon	0
4. Winter K	leason g	I the year who	h its wi	not - nd do	une a	ent is head of you	2
5. Breakfast	yles you	get up in the	norneg	you save you	a den	first meal of day	3
6. Repair	der of	a ht	01			1	-
7. Fabric	polei		-				-1
8. Assemble	pill	Nagertal					2
9. Enormous	Marge	Alia, extra	molena	uly lug			2
10. Conceal	O X	Xde.		10		-	2
11. Sentence	bases	To agretal fe	neckoo	to full exg	la desar	as way of you	-
12. Consume	(21/0 H	ned to X un	e de	port sal		1.1	2
13. Regulate	26 rate	e regular por se	olace '	The your	eaver a	- TU	1
14. Terminate	No co	alae /finess/		/			2
15. Commence	· X0	book stant					2
16. Domestic	Lone	a demarka	pigum	and kyppen	o in	Ke some	2
17. Tranquil	reac			//			2
18. Ponder		When alors					2
19. Designate		appoin					2
20. Reluctant	Lexix	//					2
21. Obstruct		in He way,	3				2
22. Sanctuary		ea where a po	-	I annal de	wes in	agual enura	0
23. Compassion			C-LINESCONE	The series			2
24. Evasive	X ave						I
25. Remorse	Hare						2
26. Perimeter	1/1/4	nce around Q	Wille.	a asound of	ble		2
27. Generate			- ALLIGOROU				2
28. Matchless		ix lave a pai	1				0
29. Fortitude							1
30. Tangible		ngol L					2
_		Se Youched	0 . 4				1.1
31. Plagiarize	So cop	1 somoone el	i in	mie			0
32. Ominous	DK/	7. 35.18.10					ŏ
33. Encumber	4	ne ocross	0	1.1/2			5
34. Audacious 35. Tirade	lough	10	y v.a.	a hid who is	down	*a /-	6
		row, percerbo		A 611 1.110 10	acomena	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V /

Design	Time	Pass-Fail	(C	Score ircle the appropriate score for each design.)
60"	1911	P	-	
. 800	2		0 1	
60"	15"	-	0 1	2)
60"	8"	P	0	36-60 11-15 (1-10) 4 5 (6)
. 60"	6"	P	0.	16-50 11-15 (1-10) 4 5 (6)
60"	0"	P	0	21-60 16-20 11-15 1-10 4 5 6 7
120"	J6"	P	0	36-120 26-34 21-25 1-20 4 5 6 7
120"	22"	P	0	4 5 5 5 1-30
3. 120"	28"	P	0	76-120 56-75 41-55 (1-40) 4 5 6 7.
. 120"	K8"	P.	0	75-120 56-75 (41-55) 1-40 4 5 (6) 7

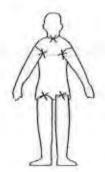
Block	Designs:	Sketch inc	orrect solut	ions offered	by the examin	e o.	9.	
	2.	3.	* 3	5.	6.	7.	8.	

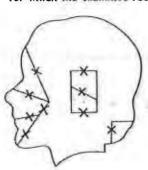
Pre	oblem	Response	Score 1 or 0	Probl	lem	Response	Time	Score (Circle)
1.	15"			10.	60"	55 km/hi	3/"	0 (1) 2
2.	15"			11.	60"		911	0 1 (2
3.	15"	\$9	1			\$1.86		
4.	15"	\$4	1	12.	60"	5600	1"	0 1
5.	30"	\$1.50	1	13.	60"	- Dl	-	0 16-60 1-
6.	30"	6	1	14.	120"	D-01	43°	0 15 70 71
7.	30"	8	1	1,00	-	076	45	Max#19
8.	30"	360	1				Total	15
9.	30"	\$10-50	1					

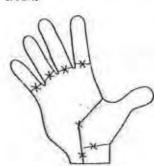
Note: Be sure to include scores for items 1-9 in Total.

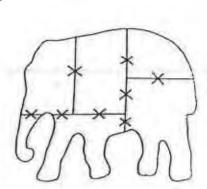
	Object		Time				(C	trcle i	ppropri	Scc ste sc		each (object.)			
1	. Manikin	120"		0	1	2	3	4	21-120	18-20	11-15	1-10 B j				
	IVIAITINITI	12.0	2	1.7	- Y					perfect	essembly					
6	Profile	120"		0	1	2	3	4	5	6	7	8	36-120	26-35 10	21-25 13-	1-20
•	2. Profile 12	100											7	perfect a	asembly	
9	. Hand	180"		0	1	2	3	4	5	6	51-100	36-50 8	26-35 9	101		
-												perfect :	esaembly			
4	l. Elephant	180"		0	1	2	3	4	5	6	7	51-180	31-50 9	21-30 10	1-20	
7	. Liopitant	100		1 -									perfect	assembly		

Object Assembly: For incomplete solutions, circle each X representing a connection for which the examinee receives credit.





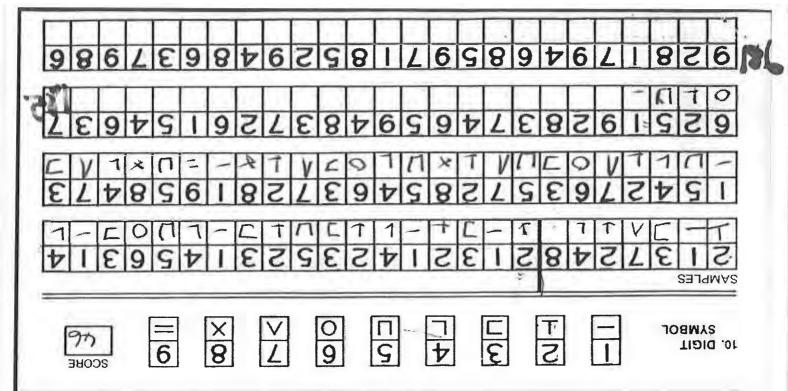




Total

9. COMPREHENSION Discontinue after 4 consecutive failures.	Score 2, 1, or 0
1. Clothes In make then do	2
2. Envelope put it a pod lax.	2
3. Foods of you obn't Have now - not as nice now of clear symme	2
4. Child employment of lewise employers abuse the Q to awar the girling	2
5. Dear dor't know what it sounds like whe people dell on't improve a year	thense
6. Borrow It downed for a friend con ruen relationed - depending - a	1 ,600
7. Pictures report it Q & someone who work Have	2
8. Marriages different laws & range of couple was	•
9. Taxes because everyone page staxes. If noone did stope carlet it afford	2
0. Forest wat out which disease come to to dellas grad a	
1. Prescription because May're dangeray of your seal the centers	2
2. Iron Take the appartuneties with you'ver got all	2
3. Land in greater domad	
4. Brooks the ares we read . Little 1550es are nowy ones they's	<u> </u>
5. Swallow DK	0
6. Press dem. If we can't por in nous papers what we want.	1
Supplicated plans is hot plant and a spirit a second response Replyase the lest item appropriately.	Max=32
Total	23

. .



11. SIMILARITIES Discontinue after 4 consecutive failures.	Score 2, 1, or 0
1. Orange—banana hux	2.
2. Dog-lion animals	2
3. Coat—suit you were the	2
4. Boat-car vehicle of Aronoport	2
5. Eye—ear sensey organ	aptiking to - appearing these.
6. Button-zip closing accessories Q 4	when you have
7: North-west - direct 1000	2
8. Egg-seed embryone stages	2
9. Table—chair furfuse	2
10. Air-water Yake up appace a ma yo	gelle. O
11. Poem-statue regerating parting a parmo o	on the about past ext
12. Work-play activities a daily activities	we all do 2
13. Fly—tree ratural organic	
14. Praise—punishment forms of disciple	Z Max=24
, / /	Total 23

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RECORD FORM

Name Alex BAYLISS Sex M Education		Year	Month	Day
Place of Testing R.C.H	Date of Testing	1989	12	8
Examiner	Date of Birth	1970	8	25
Reason for Referral	Age	19	3	_

		SUBTEST RAI	W SCORES AN	ND INDEXES			
Subtest	Raw Score	Weight	Verbal Memory	Visual Memory	General Memory	Attention/ Concentration	Delayed Recall
Information and Orientation ¹	14					-	
Mental Control		x1		8		- 5	
Figural Memory		x 1	W 75	4			
Logical Memory I	32	x2	64	12			
Visual Paired Associates I	_13	x 1	7.12	. 13			
Verbal Paired Associates I	20	×1	50				
Visual Reproduction I	38	x1		38	- 2	5.0	
Digit Span	13	x 2				- 26	
Visual Memory Span		x2			_	. 34	
Logical Memory II	27	x 1			_		23
Visual Paired Associates II	4	x 2 ——			_		8
Verbal Paired Associates II	-38	x 2			_	-	16
Visual Reproduction II	36	x 1 ——				-	36
					+		
	Weighted Ra	aw Score Sums	84	+ [59] =	- 43	65	87
		Indexes	106	104	107	91	104
This subtest is not used in th				-	2	9@ 05	

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PERCENTILES FOR SELECTED SCORES

	Raw Score	Percentile
Digit Span Forward	7	27
Digit Span Backward	_ b	<u> </u>
Visual Memory Span Forward	7	18
Visual Memory Span Backward	10	79
Logical Memory I	32	<u>38</u>
Logical Memory II	3,3	65
Visual Reproduction I	38	85
Visual Reproduction II	_3/e_	83

API

Questions	Responses	1 or
1. What is your full name?	Alexandes Marcel Andrée Selastran	1
2. How old are you?	19 Day1155	1
3. When were you born?	25/8/70	1
4. Where were you born?	25/8/70 Careta R.W.H, Mells.	1
5. What is your mother's first name?	Charrine	1
6. Who is the President of the United Sta		1
7. Who was President before him?		1
8. What year is this?		1
9. What month is this?		1
10, What day of the month is this?		1
11. What is the name of the place you are in	n?	ſ
12. In what city is it?		1
13. What day of the week is it?		1
14. What time is it now?		1
15. Are you left-handed or right-handed?	R	\geq
16. Do you have any difficulty in hearing?	No	\geq
Do you need glasses for reading?	No	X
Are you color-blind?	No	>



Item															Time	Errors	Score 2, 1 or 0
1. (3	30 sec.)	20	19	18 9	17	7	6	15 5	14	13 3	12	1			5'	1	1
2. (3	30 sec.)	A	В	C P	D Q	E R	F	G T	H	I V	1 w	K	L	M	3"	0	2
3. (4	45 sec.)	1 25	4 28	7 31	10 34	13	16	19	22						12"	0	2

Item	Key	Response	Score 1 or 0
1	1	1	1
2	3, 5, 8	3, 5, 8	3, 2, 1, or 3
3	1, 6, 7	1.6, 3.6.9.	1
4	2, 4, 9	2 , 9	3

in a school cafeleria , reported at the City Hall Studion that she had been held ap on State Street the night before and robbed of fifty-six dollars . She had four small children , the rent was due , and they had not eaten pack 2 pm for two days . The police , touched by the woman's story , and a collection for her . Story B Robert Miller was driving a ten-tur truck down a highway at night in the Mississispi Delta , the truck skidded off the road , into a ditch . All the truck skidded off the road , into a ditch . All the was thrown against the dashboard and was badly shaken . There was no traffic and he doubted that fielp would come . Just then his two-way radio by zed . He quickly answered . This is Crasshopper ."	LOGICAL MEMORY I Administer both stories. Score 1 point for each correct item (see Appendix A in Manual for Scoring Criteria).	Scor
Story B Robert / Miller / was driving / a ten-tow / truck / Sold Story A down a highway / at night / in the Mississippi / Delta /, Larrying eggs / to Nashville /, when his axle / broke /. His truck skidded / off the road /, into a ditch /. he hil his head on He was thrown / against the dashboard / and was badly shaken /. There was no traffic / and he doubted that help would come /, fust then his two-way addio / hyzzed /. He quickly answered /. This is Grasshopper /. "	Annul Thompson of South Boston , employed as a cook tow Police next p and the n a school cafeteria , reported at the City Hall Sterron that she had been held up on State Street the night before of \$50	2
His truck skidded / off the road /, into a ditch /. he hil his had on He was thrown / against the dashboard / and was badly shaken /. There was no traffic / and he doubted that help would come /. Lead of buzz on his radio Just then his two-way radio / buzzed /. He quickly answered /. "This is Grasshopper /."	Story B Cobert Miller was driving a ten-tox truck!	_5
Just then his two-way adio / hwzed /. Hequickly answered /. This is Grasshopper /."	arrying eggs / to Nashville /, when his axle / broke /. His truck skidded / off the road /, into a ditch /. he hil his head or le was thrown / against the dashboard / and was badly shaken /.	4 1 2 1
$ \frac{Max}{Total Story B} = \frac{25}{7} $	ust then his two-way radio / huzzed /, He quickly answered /,	3

Record clock time 1:50



VISUAL PAIRED ASSOCIATES I If the examinee answers all six items correctly on Set III, discontinue the subtest. Otherwise, present Sets IV, V, and VI until all six items are correct.

		SET I				SET II		SET III				
Item	Key	Response	Score 1 or 0	Item	Key	Response	Score 1 or 0	Item	Key	Response	Score 1 or 0	
1	G	G	1	1	Y	4	1	1	В	В	1	
2	Pu	Ple	0	2.	R	R	1	2	G	4	0	
3	R	R	1	3	B	B	1	3	Pu	C	0	
4	Y	Y	1	4	Pu	Pu	1	4	Pk	PK	1	
5	Pk	G	0	5	G	G	1	5	Y	9	1	
6	В	В	1	6	Pk	R	0	6	R	R	1	
		Set I Total	4			Set II Total	5			Set III Total	4	
										Max. = 18 Total Sets I-III		

		SET IV				SETV		SET VI			
Item	Key	Response	Score 1 or 0	Item	Key	Response	Score 1 or 0	Item	Key	Response	Score 1 or 0
1	G	Pu	0	1	Pu	Ru	1	1	G		
2	Pu	Pu	1	2	В	В	1	2	Y		
3	R	R	1	3	Y	4	1	3	В		
4	Y	Y	1	4	Pk	Pk	1	4	R		
5	Pk	PK	1	5	R	R	1	5	Pu		
6	В	B	1	6	G	G	V.	6	Pk		
		Set IV Total	5			Set V Total	6		-	Set VI Total	

VERBAL PAIRED ASSOCIATES I If the examinee answers all eight items correctly on the third set, discontinue the subtest. Otherwise, present Sets IV, V, and VI until all eight items are correct. SETI Recall Recall Easy Hard SETIV Easy Hard DK School Metal-Iron Fruit Crush-Dark Baby-Cries Obey Cabbage-Pen Metal Obey Crush-Dark Rose Fruit-Apple School-Grocery Crush Baby Obey-Inch Rose-Flower Cabbage Baby-Cries Fruit Obey-Inch Metal Rose-Flower Baby Fruit-Apple School Metal-Iron Cabbage Rose Cabbage-Pen Crush School-Grocery Total Total Hard SETII Recall Easy SETV Recall Hard Easy Rose-Flower Cabbage Fruit-Apple Rose Cabbage-Pen Baby School-Grocery Crush Obey-Inch Metal Rose-Flower Baby Fruit-Apple School Cabbage-Pen Metal School-Grocery Rose Metal-Iron Obey Crush Crush-Dark Cabbage Metal-Iron School Crush—Dark Fruit Baby-Cries Obey Obey-Inch Fruit Baby-Cries Total Total Easy SET VI Recall SETIII Recall Hard Hard Easy Baby-Cries Obey Metal-Iron Baby Rose-Flower Fruit Crush-Dark Fruit School-Grocery Baby Crush-Dark Cabbage Baby—Cries Rose Rose-Flower Metal Cabbage—Pen Crush Obey-Inch School Fruit-Apple School Fruit-Apple Obey Crush Obey-Inch Rose Cabbage—Pen Metal-Iron Cabbage School-Grocery Metal Total Total Total Max. Easy = 12 Max. Hard = 12 Max. Total = 24Sets I-III 9 20

		CTION I Use VRI Copying Sheet.
Hand used	1:Rig	htLeft
Item	Score (see \	Visual Reproduction Scoring Summary)
1		Observations:
2		
3		
4		
Max. = 41 Total		

re	Score	DIGITS FORWARD					
or 0	Fail 2, 1, or	Pass-F	Trial II	Pass-Fail	Trial I	ltem	
	2	1 12	3-7-5	P	6-2-9	1.	
	2	P	8-3-9-6	P	5-4-1-7	2.	
	2	P	6-9-4-7-1	P	3-6-9-2-5	3.	
	1	P	6-3-5-4-8-2	F	9-1-8-4-2-7	4.	
)	0	F	2-8-1-4-9-7-5	F	1-2-8-534-6	5.	
			5-9-1-8-2-6-4-7		3-8-2-9-5-1-7-4	6.	
	= 12	Max. =					
	vard Score	Total Forward .			S BACKWARD Administer Digi	-	
	vard Score	Total Forwa	Trial II	s Backward eve	Trial I	tem	
or 0	Score Fail 2, 1, or	Total Forward .	Trial II		Trial I 5-1	tem 1.	
or 0	Score Fail 2, 1, or	Total Forward .	Trial II		Trial I	tem	
or 0	Score Fail 2, 1, or	Total Forward . Pass-Fi	Trial II 3-8 5-2-6		Trial I 5-1 4-9-3	tem 1. 2.	
or 0	Score Fail 2, 1, or 2	Total Forward . Pass-Fi	Trial II 3-8 5-2-6 1-7-9-5	Pass-Fail	Trial I 5-1 4-9-3 3-8-1-4	1. 2. 3.	

NG FORWARD				Score	
Tri	l I Pass-Fai	I Trial II	Pass-Fail	2, 1, or 0	
2-6	P	8-4	P	2	
2-7-5	P	8-1-6	P	2	
3-2-8-4	P	2-6-1-5	P	2	16
5-3-4-6-1	F	3-5-1-7-2	P	1	
1-7-2-8-5-4	F	7-3-6-1-4-8	F	a	1
8-2-5-3-4-1 6		4-2-6-8-3-7-5			1
7-5-6-3-8-7-4-2		1-6-7-4-2-8-5-3			1
NC RACKWADD.	dminister Tanning Rockway	d even if examinee scores 0 on Ta	Max. = 14 Total Forward	7	
Tri			Pass-Fail	Score 2, 1, or 0	
3-6	P	7-4	P	2	1
6-8-5	P	3-1-8	P	2	
8-4-1-6	ρ	5-2-4-1	þ	2	1
(4)6-8-5-2	F	8-1-6-3-7	P	1	1
7-1-8-3-6-2	φ	3-8-1-7-5-4	P	2	
	7	6-7-4-3-1-5-2	5		1

LOGICAL MEMORY II Administer 30 minutes after Logical Memory 1. Score 1 point for each correct item (see Appendix A in Manual for Scoring Criteria).	Score
Story A Reminder Given:NoYes	
Anna / Thompson / of South / Boston /, employed / as a cook / woman who was hald up at riwy state. a to way have from work in a school / cafeteria /, reported / at the City Hall / Station /	
that she had been held up / on State Street / the night before / to was and robbed / of fifty-six dollars /. She had four /.	
small children /, the rent was due /, and they had not eaten /	2
for two days 1. The police 1, touched by the woman's story 1,	3
ook up a collection / for her /.	1
Max. = 25 Total Story A Story B Reminder Given:NoYes Le duils Robert Miller was driving a tention truck	11
Robert Miller was driving a ten ton truck down a highway at night in the Mississippi Delta ,	0
earrying eggs / to Nashville /, when his axle / broke /.	KL.
His truck skidded / off the road /, into a ditch /.	0
Le Lit his head le was thrown / against the dashboard / and was badly shaken /. a quiet road don't expect toly here was no traffic / and he doubted that help would come /. when he head his radio huzzed /. He guickly answered /, Grassby put.	$\frac{2}{L}$
This is Grasshopper /. "	1
Max. = 25 Total Story B	16

to/

Item Key		Response	Score 1 or 0	
1	Pk	PK	1.6	
2	R	R	1	
3	G	PU	0	
4	В	\mathcal{B}	1	
5	Y		1	
6	Pu	6	0	
		Max. = 6 Total	4	

VERBAL PAIRED ASSOCIATES II			
Stimulus Word (and correct response)	Resp	onse	
ROSE — (Flower) METAL — (Iron) SCHOOL — (Grocery) CABBAGE — (Pen) BABY — (Cries) CRUSH — (Dark) OBEY — (Inch) FRUIT — (Apple)	Easy	Hard	
	Max. = 4	Max. = 4	Max, Total = 8

VISUAL	REPRODUC	CTION II Use VRII Copying Sheet.
Hand used	1; Rig	thtLeft
Item	Score (see	Visual Reproduction Scoring Summary)
1		Observations:
2		
3		
4		
Max. = 41 Total		





	VRI	VRII	VR I VR II
CARD A Staffs: 1. Unbroken/straight/equal 2. Intersect at midpoints 3. Cross at right angles 4. Not rotated (15 degrees) Flags: 5. Correct direction 6. Share side with staff 7. Square in shape CARD B	1 1 0 0 0 0		CARD D Rectangles: 1. Do not touch/intersect 2. Interior angles 90 degrees 3. Not rotated (15 degrees) 4. 2 small to right of large 5. Uppermost is taller 6. Bases of large and small level 7. Top of large higher than small 8. Bases of 3 equally long 9. Height of large > width 10. Heights of small < width Circle Segment: 11. Figure to right of rectangles
Circles: 1. Large circle 2. Medium circle inside large circle 3. Small circle inside medium circle 4. Large circle and medium circle touch (top) 5. Small circle and medium circle touch (bottom) 6. Round/closed 7. Correct proportion	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. Arc curves to right 13. Symmetry/proportion 14. Not rotated (15 degrees) Triangle: 15. Figure to right of segment 16. Vertex touches midpoint 17. Contains 90 degree angle 18. Not rotated (15 degrees) TOTAL 17 Total (Cards A through D) Max. = 41 38 4
CARD C Large Square: 1. Square in shape 2. Vertical & horizontal lines 3. Not rotated (15 degrees) 4. Each quadrant has 4 dots Medium Squares: 5. In 4 quadrants not touching 6. Square in shape 7. Vertical & horizontal lines 8. None rotated (15 degrees) 9. Equal size/proportion			Notes:

BEHAVIORAL OBSERVATIONS



Attitude towards testing (e.g. rapport, work habits, interest, motivation, reaction to s	success/failure)
Attention	
Visual/Auditory/Motor Problems	
	(*)
Language (receptive/expressive)	
Physical Appearance	
Affect	
Unusual Behaviors/Thought Processes	1.0
Other Tests Administered	
Diagnosis	

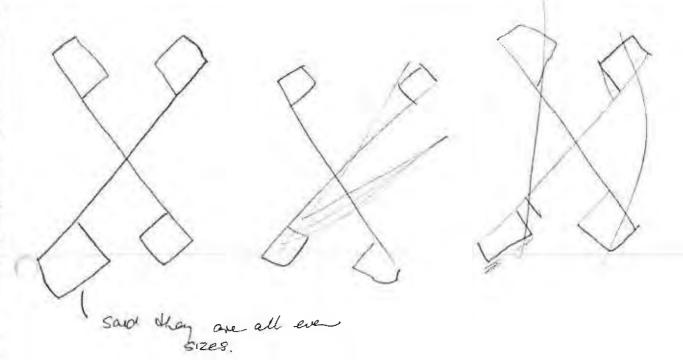
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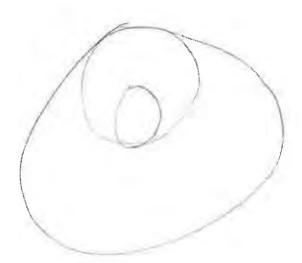
Date 8/10/89

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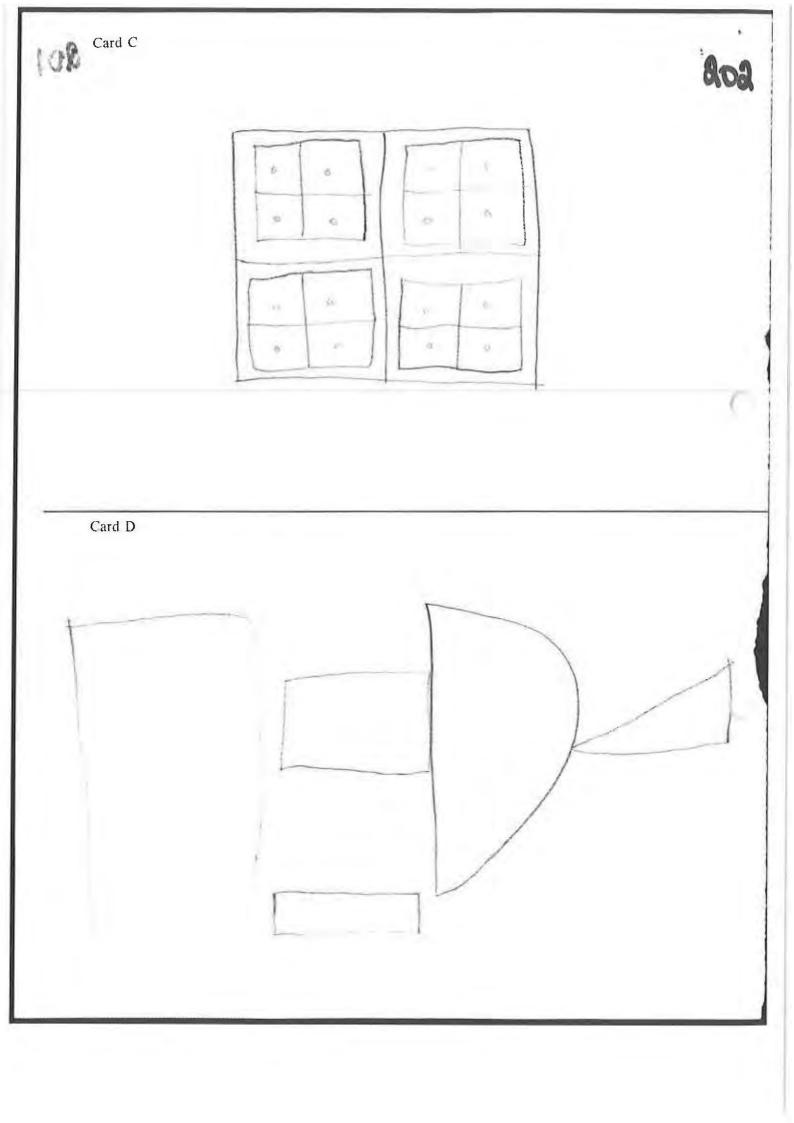
Card A



Card B



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Name_____

Date_____

Card A

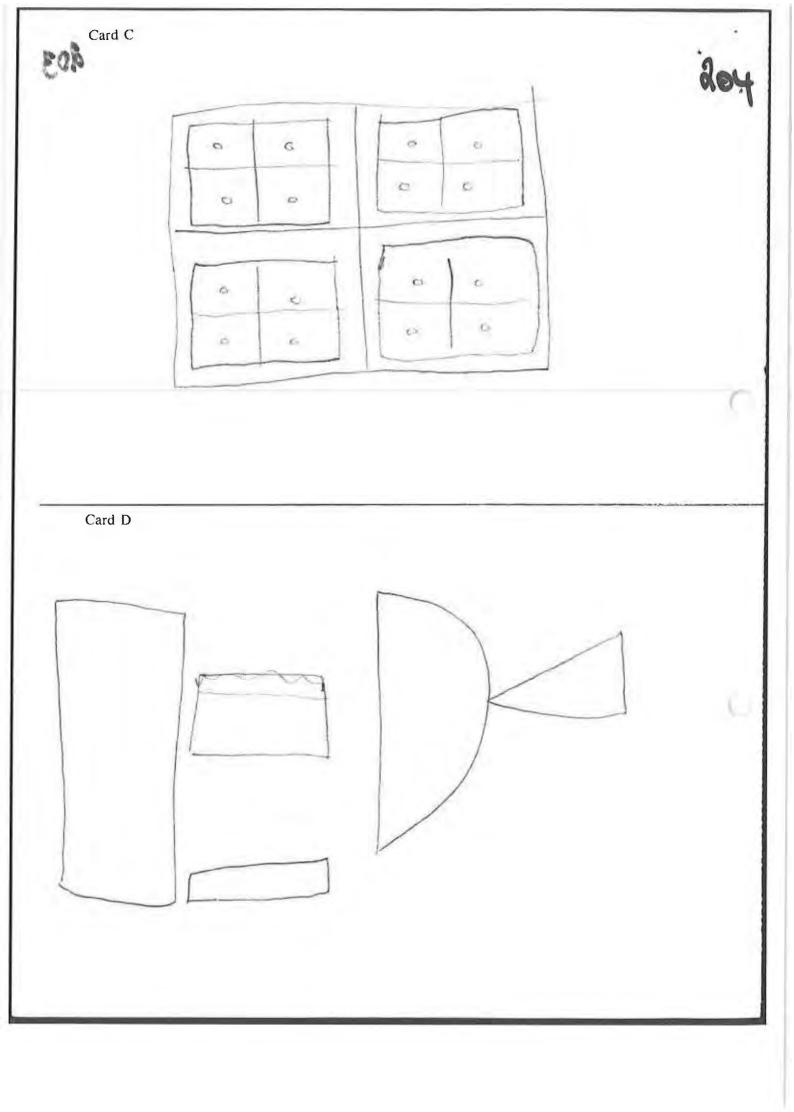
23

Card B

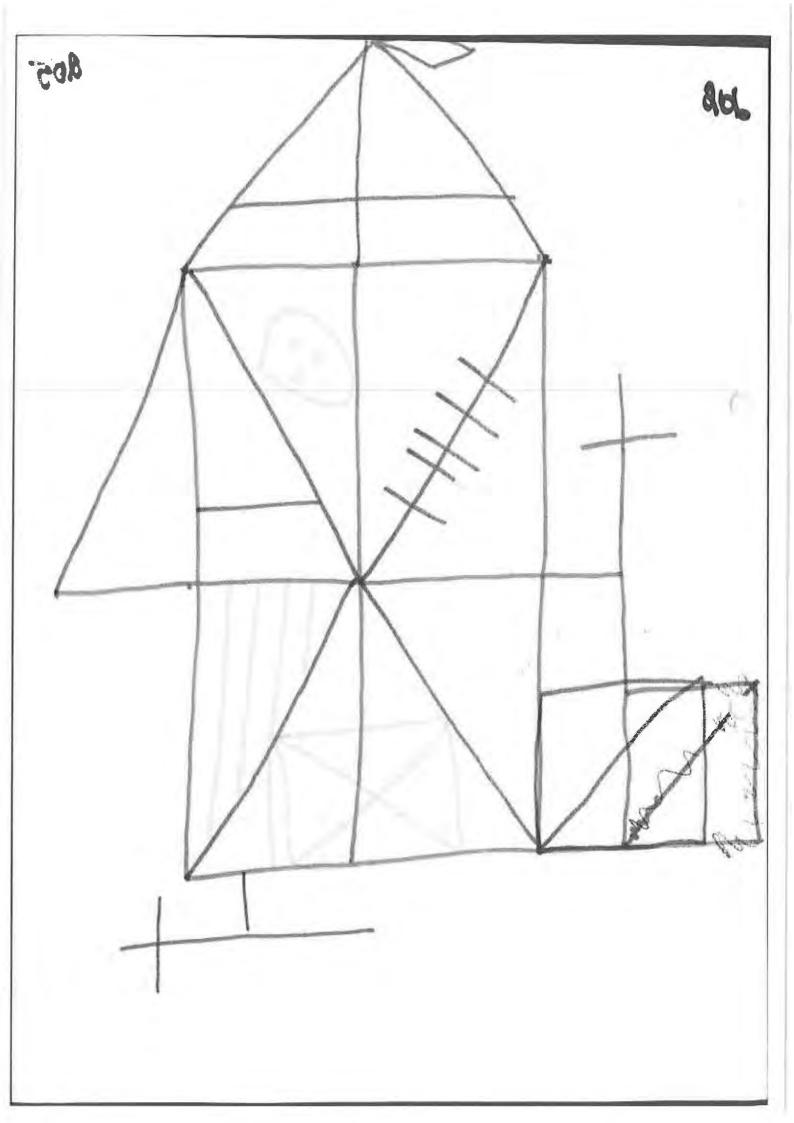


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JOB = alphaber fire fact astronaux furnace fundase parine fetting alley aesoplane skylik fox aeroradieal (fire-exit) actronomical fascinaria 30" adail fashia Subscriptia subtraction foon 45 foot stupid







Gytis Danta FRCP, FRACP Neurologist

City Chambers, 47 East Row, Canberra, ACT 2601. Telephone (062) 485766. Provider No. 29554-2H



19th September, 1989.

Dr. M. Shihoff, 62 Brigalow Street, LYNEHAM. A.C.T. 2602.

Dear Michael,

re: Mr. Alexander BAYLISS, 33 Fairweather Circuit, NORTH LYNEHAM. d.o.b. 25.8.1970.

Many thanks for referring this patient whom I saw on the 18th September.

CHIEF COMPLAINT:

Dizziness, vagueness and imbalance.

PLEASE DO NOT RELEASE REPORT TO SOLICITOR OR PATIENT

HISTORY:

He was quite asymptomatic before his accident which occurred on the 7th December, 1985. He was asleep in the back of a car which was involved in an accident on the Hume Highway and he was unconscious for about three weeks. He was in the Itensive Care Unit at the Royal Canberra Hospital for four weeks and then spent another three weeks in Canberra Hospital and then was transferred for rehabilitation to Prince Henry Hospital where he was an In-patient for eight weeks and then attended the Out-patients. He was looked after by Drs. Robson and Vance. He sustained a fracture of the left forearm and had an operation for this. He had difficulty talking, but this recovered in about six weeks. He also had difficulty walking when he was in Canberra Hospital and this took several months to recover. He also had a poor memory and feels that most of it recovered during the course of about six or eight months, but he still forgets things and suffers a behavioural disturbance in that he has mood swings and has seen several psychiatrists and is being referred to Dr. Saboisky.

He missed a whole year at school and then continued with his education, but is now in Year 12 and has finished off and has not got a mark, but has got a Certificate of Attendance for the whole year.

PLEASE DO NOT RELEASE REPORT TO

He had a collapse about two weeks ago, but in retrospect feels that he has had imbalance, dizziness and vagueness episodically for some time, but I could not pin him down on the approximate frequency of these attacks. Two weeks ago he was opening a cupboard in the kitchen when he felt unsteady and dizzy. By dizziness he means a feeling of light-headedness and also vertigo and eventually fell to the floor but did not lose consciousness. He had a headache, and this occurs in many, but not all of his giddy spells. He has had several attacks since then and each time has to lie down to recover. He was given some Maxalon, but this made him worse. Symptoms generally continue for a number of hours. Often he develops a headache and dizziness when he suddenly lifts his head, but symptoms then continue for a long time.



Mr. Alexander BAYLISS.

- 2 -

PAST HEALTH:

He had glandular fever last year.

FAMILY HISTORY:

Negative.

SOCIAL HISTORY:

He does not smoke or drink, and takes no medications regularly.

PHYSICAL FINDINGS:

Blood pressure 115/70. General examination was unremarkable. Vibration sense was somewhat impaired in the right big toe compared with the left, but I found no other abnormal neurological signs. Romberg's test was negative, and tandem walking was probably normal, although he swayed a little. There were no cerebellar signs and no nystagmus.

OPINION:

SQUENCE OF PATENT

may be a balance proble

I think it is important

His symptoms are quite vague, and although there may be a balance problem, there are other explanations for his symptoms. I think it is important to settle this, and I am asking Dr. Michael Halmagyi to test out his vestibular function. I am also getting neuropsychological assessment and I am doing a repeat CT scan and also an E.E.G., and will see him after the results become available.

Yours sincerely,

Gytis DANTA, FRCP, FRACP.

c.c. Dr. M. Halmagyi. Ursula Johns, Neuropsychologist.

ROYAL CANBERRA HOSPITAL X-RAY DEPARTMENT

Name: BAYLISS Alex

Ace:

PID: 608552 D.O.B.:

Origin: O.P

Referring Doctor: DR. DANTA

Radiologist: DR.PRICE: 1mc

Examination Report:

(no.11)

CT SCAN BRAIN: .. 2400

Sections were taken from the skull base to the

vertex without contrast.

Normal appearances throughout. No evidence of any space-occupying lesion, intracranial haematoma or focal tissue loss. The ventricular system is not dilated.

المنتسف وبهام والمهلها تناك

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Gytis Danta FRCP, FRACP Neurologist

City Chambers, 47 East Row, Canberra, ACT 2601. Telephone (062) 485766. Provider No. 29554-2H

Dr. M. Shihoff, Lyneham Medical Centre, 62 Brigalow Street, LYNEHAM. A.C.T. 2602

E.E.G. REPORT:

Mr.Alexander BAYLISS, 33 Fairweather Circuit, North Lyneham, A.C.T. 2602 D.O.B. 25/8/70

DATE OF TEST: 9/10/89

REPORT:

Alpha activity at about 11 Hz is symmetrical and normally responsive.

Some diffuse slow wave activity is seen bilaterally, a little more marked on left than right.

Episodic slow wave activity and occasionally slow and sharp wave activity is seen in the left anterior temporal region.

The left anterior temporal slow wave changes are enhanced by overbreathing. Photic stimulation evokes no abnormality.

CONCLUSION:

The record shows an episodic <u>left</u> anterior temporal slow wave abnormality

GYTIS DANTA FRCP, FRACP.

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ACT Community & Health Service

NEUROPSYCHOLOGY REPORT

2 January 1990

Dr G Danta Thesiger Court DEAKIN ACT 2600

Dear Dr Danta

Re: Mr Alexander BAYLISS
33 Fairweather Crt, Nth Lyncham
DOB: 25.8.70

Assessment Dates: 22/11/89, 1, 8/12/89

Thank you for referring this 19 year old, right-handed student who sustained a closed head injury following a motor vehicle accident in December 1985. He was admitted to Royal Canberra Hospital where he was unconscious for about three weeks. In January 1986 he was admitted to Prince Henry Hospital Rehabilitation Unit where he was assessed neuropsychologically. The findings of this earlier assessment revealed specific visuo-spatial memory impairment and disturbed learning curve for complex materials. Instances of uncertainty and conceptual rigidity were also noted.

Presenting Problems

He complains of episodic vagueness and disorientation that has persisted for some time. These episodes affect his balance and on one occasion he has fallen to the floor, but he denies any loss of consciousness. He reports no cognitive difficulties now, but two months ago he was bothered by his perception of things appearing to move in the environment. This perception of appearing to move in the environment. This perception of apparent motion has since resolved. Alex also reported extreme mood changes and he describes himself as "defensive" and "unstable".

Assessment:

The main findings of the assessment were as follows:

- There were some inconsistencies in performance in tests of attention and concentration. Alex's ability to manipulate information in immediate auditory-verbal memory span was within normal limits (42nd percentile), yet his memory span for this type of information was found to be mildly diminished (27th percentile), suggesting that he may have had some difficulty engaging the task. Similarly immediate memory span for visual information was mildly diminished (18th percentile), whereas Alex was quite proficient in manipulating this type of information (79th percentile). Stereotyped mental operations were well preserved, although Alex appeared rather pressured in his efforts when he was timed on these tasks.
- 2. On tests of memory functioning Alex's performance fell within the Average range. This was relatively consistent with estimates of premorbid functioning, although there was a statistically non significant trend suggestive of very subtle difficulties. Recent memory, including the ability to learn both new verbal and visual information was within normal limits. Delayed recall after interference was satisfactory. The specific visuo-spatial memory impairment demonstrated in the 1986 assessment was not evident.
- 3. On tests of current intellectual functioning Alex achieved a verbal IQ score in the High Average range, and a performance IQ score in the Average range. Overall his scores suggest that current intellectual functioning borders on the lower end of the High Average range (69th percentile). Premorbid intelligence was estimated to fall within the High Average to Superior range, suggesting a tendency for overall intellectual functioning to be mildly diminished. Marked intellectual impairments were noted on specific sub-tests of the WAIS-R, for example, the Picture Arrangement and Digit Symbol sub-tests. Higher cognitive functions, including comprehension and abstract thinking, appeared to be generally intact.
- 4. Although not formally assessed there was no evidence of dysarthria or dysphasia. Comprehension and speech appeared to be adequate and there were no indications of a receptive disorder. Word finding fluency was within normal limits and thus was not indicative of an expressive disorder. Abstract conceptual abilities were well preserved. On a complex learning task, the Austin Maze. Alex was able to eliminate errors \$\infty\$ the trials proceeded, but he was not as efficient as expected in utilising

feedback to modify his responses. For example, he was able to perform the task with only one error on the fourth trial, but it was not until the 14th and 15th trials that he was able to achieve two consecutive error free trials. He tended to become more two consecutive error free trials proceeded, and on impulsive in his responding as the trials proceeded, and on several occasions he deviated from the instructions given several occasions he deviated from the instructions given planning and organising skills tended to be very mildly diminished.

Summary and Recommendations

Alex's performance on the range of verbal and non-verbal tests presented in this assessment is largely consistent with estimates of his premorbid capabilities, which were predicted to estimates of his premorbid capabilities, which were predicted to border on the High Average to Superior range. However, there was a trend suggestive of mild intellectual impairment that was particularly evident on non-verbal tests of problem solving and adaptive abilities. In addition, memory for both verbal and visual information was within the Average range, with a trend suggestive of subtle difficulties in recall. There was also evidence suggestive of a very mild impairment in frontal lobe function affecting Alex's ability to utilise feedback as well as planning and organising skills. In contrast, verbal intellectual skills and higher order ability such as abstract conceptual skills and comprehension were not impaired. The specific visuospatial memory impairment reported in the 1986 assessment is not evident.

The findings of the present assessment suggest that Alex has made considerable gains in cognitive functioning since his last assessment in 1986. However, there are indications of very mild residual cognitive difficulties that could interfere with day-to-day activities depending on the demands that are placed on him. The very mild impairment in frontal lobe functions, together with the behavioural disturbance and mood swings that are reported, for example, are fairly common residual difficulties following for example, are fairly common residual difficulties following severe head injury. My clinical impression is that there is a flavour of obsessiveness in Alex's behaviour, and although the reports of his girlfriend support this view, Dr Sabiosky may be better able to substantiate this.

I discussed the main findings of my assessment with Alex and his girlfriend, and the implications for his tertiary studies. The assessment findings suggest that Alex may have some difficulty succeeding with his efforts in a challenging situation, such as studying law, and so I have some reservations about recommending him as a prospective law student at present. He may have a greater chance of succeeding once his social situation becomes more settled.

Yours sincerely

Ursula Johns, M.A., M.A.Ps.S. Clinical Neuropsychologist



ROYAL CANBERRA HOSPITAL

RECORD	NI	IFAF	F	
necono	140	3+415	<i>,</i> ,	

FAMILY NAME:

BAYLISS

GIVEN NAMES:

Alex

DATE OF BIRTH

25 18170

NEUROPSYCHOLOGIC	CAL	ASSIESS	MENT
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Dx: HI - MVA
REFERRED BY: Dr. DANTA DATE 22/1/89 1/2 6/12 19/12
PRESENTING PROBLEMS
Memory Impairment
Organisational Problems
Perceptual Problems - 2/2 months ap - thinge appeared So make
Speech/Language Problems No
Motivation I expense mad As - defense, undtable.
Depression
Others "megady uses" - electric shork from stone
usigned balance maying, dischertades
word problem. In a deferent would - blank marrory.
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- Alcohol - No	,
PSychiatrica - yes, not Hall nost wee	5
POPPOPAITATION	
PRESENTATION	
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- I marks administracy in - 3	
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Minerous in — 3 — I motive administration Sydney Purate Clinical Waresley TESTING W.M.S. I/II Information — Time/Place Mental Control — (, , ,)	
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TESTING W.M.S. I/II Information — Time/Place Mental Control — (,) Logical Memory — (,) Visual Reproduction — (, ,)	
TESTING W.M.S. I/II Information Orientation Mental Control Logical Memory Digit Span Visual Reproduction Associate Learning M. Q. — Name Josephan Sydney Pursuale Clenics Warrendle Sydney Testing T	CODA REODA R
TESTING W.M.S. I/II Information — Orientation — Time/Place Mental Control — (, ,) Logical Memory — (,) Visual Reproduction — (, , ,) Associate Learning — (, , , ,)	FORM I/FORM II
W.M.S. UII Information — Time/Place Mental Control — ()) Digit Span — () Visual Reproduction — ()) Associate Learning — ()) M Q	FORM I/FORM II 15 Words



L'HERMITE SPATIAL LE	EARNING TEST					
Trial 1	2 3	14 15				
No. Correct	1					
IHERMITTE LOGICAL LI	EARNING TEST					
Trial 1	2 3	1 4 1 5				
No. Correct						
NEW ADULT READING	TEST					4
No. Errors ——						
PFIQ —		PVIQ -	_		-PPIQ	-
REY FIGURE Copy distorted/not distorted Recall	ed	Organisation	: Good b	Poor		
	= <u>co</u>	laps.		1	4.6744	
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FURTHER TESTS
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-4



ACT Community & Health Service

NEUROPSYCHOLOGY REPORT

6 March 1990

Mr Alex Bayliss 33 Fairweather Court NORTH LYNEHAM ACT 2602

Dear Mr Bayliss

In response to your request for a copy of my report to Dr Danta, I have outlined the main points of my findings below.

You will recall that your neuropsychological assessment was one of a number of investigations for which Dr Danta referred you, and as we discussed on a number of occasions, the neuropsychological findings should not be used for medico-legal purposes.

PRESENTING PROBLEMS

"This 19 year old, right-handed student sustained a closed head injury following a motor vehicle accident in December 1985. He was admitted to Royal Canberra Hospital where he was unconscious for about three weeks. In January 1986 he was admitted to Prince Henry Hospital Rehabilitation Unit, where he was assessed neuropsychologically. The findings of this early assessment revealed specific visuo-spatial memory impairment and disturbed learning curve for complex materials. Instances of uncertainty, conceptual ridigity were also noted."

He complains of episodic vagueness and disorientation which has persisted for some time. These episodes affect his balance, and on one occasion he has fallen to the floor, but he denies any loss of consciousness. He reports no cognitive difficulties now, but two months ago he was bothered by his perception of things appearing to move in the environment. This perception of apparent motion has since resolved. Alex also reported extreme mood changes and he describes himself as "defensive" and "unstable".

ASSESSMENT

The main findings of the assessment were as follows:

 At the time of the testing Alex was alert and fully oriented. There were some inconsistencies in performance in tests of attention and concentration. Alex's ability to

GPO Box 1200 Canberra ACT 2601 Telephone (D62) 432111 Fax (D62) 472851

manipulate information in immediate auditory-verbal memory span was within normal limits, but his memory span for this type of information was found to be mildly diminished, suggesting that he may have some difficulty engaging in the task. Stereotyped mental operations were well preserved, although Alex appeared rather pressured in his efforts when he was timed on these tasks.

- 2. On tests of memory functioning Alex's performance fell within the Average range. This is relatively consistent with estimates of premorbid functioning, although there was a statistically non-significant trend suggestive of various subtle difficulties. Delayed, recall after interference was satisfactory. The specific visuo-spatial memory impairment demonstrated in the 1986 assessment was not evident.
- 3. On tests of current intellectual functioning Alex's overall scores suggest that he is currently functioning in the lower end of the High Average range. When compared with estimates of premorbid functioning there was a tendency for current functioning to be mildly diminished. Higher cognitive functions including comprehension and abstract thinking appeared to be generally intact, but impairments were noted on a task that requires non-verbal reasoning.
- 4. There was no evidence of dysarthria or dysphasia. Comprehension and speech appeared to be adequate and there were no indications of a receptive disorder. On a complex learning task, the Austin Maze, Alex was able to eliminate errors as the trials proceeded, but he was not as efficient as expected in utilising feedback to modify his responses. He tended to become more impulsive in his responding as the trials proceeded and on several occasions he deviated from the instructions given. Planning and organising skills tended to be very mildly diminished.

SUMMARY AND RECOMMENDATIONS

Alex's performance on the range of verbal and non-verbal tests presented in this assessment is largely consistent with estimates of his premorbid capabilities. However, there was a trend suggestive of mild intellectual impairment that was particularly evident on non-verbal tests of problem solving and adaptive abilities. There was also evidence of mild impairment in frontal lobe functioning affecting Alex's ability to utilise feedback as well as planning and organising skills. In contrast, verbal intellectual skills and higher order abilities such as abstract conceptual thinking and comprehension were not impaired. The specific visuo-spatial memory impairment reported in the 1986 assessment is not evident.

The findings of the present assessment suggest that Alex has made considerable gains in cognitive functioning since his last assessment in 1986. However, there are indications of very mild residual cognitive difficulties that could interfere with day to

day activities depending on the demands that are placed upon him. The mild impairment in frontal lobe functions, together with the behavioural disturbance and mood swings that are reported, for example, are common residual difficulties following severe head injury. My clinical impression is that there is a flavour of obsessiveness in Alex's behaviour, but Doctor Saboisky may be better able to substantiate this.

I discussed the main findings of my assessment with Alex and his girlfriend, and the implications for his tertiary studies. The assessment findings suggest that Alex may have difficulties succeeding with his efforts in a challenging situation, and that he may have a greater chance of succeeding once his social situation becomes more settled.

These are the main findings that I reported to Dr Danta. I must emphasise that while Dr Danta referred you for a neuropsychological assessment in September of last year, the purposes of my assessment was to assist with Dr Danta's investigations, and that the assessment was neither carried out for medico-legal purposes, nor offers the detail that would be required for legal evidence.

Yours sincerely

Urusula Johns, M.A., M.A.Ps.S.

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T Community & Health Service

NEUROPSYCHOLOGY REPORT

2 January 1990

Dr G Danta Thesiger Court DEAKIN ACT 2600

Dear Dr Danta

Re: Mr Alexander BAYLISS
33 Fairweather Crt. Nth Lyncham
DOB; 25.8.70

Assessment Dates: 22/11/89, 1, 8/12/89

Thank you for referring this 19 year old, right-handed student who sustained a closed head injury following a motor vehicle accident in December 1985. He was admitted to Royal Canberra Hospital where he was unconscious for about three weeks. In January 1986 he was admitted to Prince Henry Hospital Rehabilitation Unit where he was assessed neuropsychologically. The findings of this earlier assessment revealed specific visuo-spatial memory impairment and disturbed learning curve for complex materials. Instances of uncertainty and conceptual rigidity were also noted.

Presenting Problems

He complains of episodic vagueness and disorientation that has persisted for some time. These episodes affect his balance and on one occasion he has fallen to the floor, but he denies any loss of consciousness. He reports no cognitive difficulties now, but two months ago he was bothered by his perception of things appearing to move in the environment. This perception of apparent motion has since resolved. Alex also reported extreme mood changes and he describes himself as "defensive" and "unstable".

Assessment:

The main findings of the assessment were as follows:

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- At the time of testing Alex was alert and fully oriented. There were some inconsistencies in performance in tests of Alex's ability to manipulate attention and concentration. information in immediate auditory-verbal memory span was within normal limits (42nd percentile), yet his memory span for this type of information was found to be mildly diminished (27th percentile), suggesting that he may have had some difficulty engaging the task. Similarly, immediate memory span for visual information was mildly diminished (18th percentile), whereas Alex was quite proficient in manipulating this type of information (79th percentile). Stereotyped mental operations were well preserved, although Alex appeared rather pressured in his efforts when he was timed on these tasks.
- On tests of memory functioning Alex's performance fell within the Average range. This was relatively consistent with estimates of premorbid functioning, although there statistically non-significant trend suggestive of very subtle difficulties. Recent memory, including the ability to learn both verbal and visual information was within normal limits. Delayed recall after interference was satisfactory. The specific demonstrated in the 1986 impairment visuo-spatial memory assessment was not evident.
- On tests of current intellectual functioning Alex achieved a verbal IQ score in the High Average range, and a performance IQ score in the Average range. Overall his scores suggest that current intellectual functioning borders on the lower end of the High Average range (69th percentile). Premorbid intelligence was estimated to fall within the High Average to Superior range, suggesting a tendency for overall intellectual functioning to be mildly diminished. Marked intellectual impairments were noted on specific sub-tests of the WAIS-R, for example, the Picture Arrangement and Digit Symbol sub-tests. Higher cognitive functions, including and abstract thinking, comprehension appeared to be generally intact.
- Although not formally assessed there was no evidence of dysarthria or dysphasia. Comprehension and speech appeared to be adequate and there were no indications of a receptive disorder. Word finding fluency was within normal limits and thus was not indicative of an expressive disorder. Abstract conceptual abilities were well preserved. On a complex learning task, the Austin Maze, Alex was able to eliminate errors 06 the trials proceeded, but he was not as efficient as expected in utilising

feedback to modify his responses. For example, he was able to perform the task with only one error on the fourth trial, but it perform the task with only one error on the fourth trial, but it was not until the 14th ond15th trials that he was able to achieve two consecutive error free trials. He tended to become more impulsive in his responding as the trials proceeded, and on several occasions he deviated from the instructions given, several occasions he deviated from the instructions given, planning and organising skills tended to be very mildly diminished.

Summery and Recommendations

Alex's performance on the range of verbal and non-verbal tests presented in this assessment is largely consistent with estimates of his premorbid capabilities, which were predicted to stimates of his premorbid capabilities, which were predicted to border on the High Average to Superior range. However, there was a trend suggestive of mild intellectual impairment that was particularly evident on non-verbal tests of problem solving and adaptive abilities. In addition, memory for both verbal and visual information was within the Average range, with a trend suggestive of subtle difficulties in recall. There was also evidence suggestive of a very mild impairment in frontal lobe evidence suggestive of a very mild impairment in frontal lobe function affecting Alex's ability to utilise feedback as well as function affecting skills. In contrast, verbal intellectual planning and organising skills. In contrast, verbal intellectual skills and higher order ability such as abstract conceptual skills and comprehension were not impaired. The specific visuo-spatial memory impairment reported in the 1986 assessment is not evident.

The findings of the present assessment suggest that Alex has made considerable gains in cognitive functioning since his last assessment in 1986. However, there are indications of very mild assessment in 1986. However, there are indications of very mild residual cognitive difficulties that could interfere with day-to-residual cognitive difficulties that could interfere with day activities depending on the demands that are placed on him, day activities depending on the demands that are reported, the very mild impairment in frontal lobe functions, together with the behavioural disturbance and mood swings that are reported, the behavioural disturbance and mood swings that are reported, for example, are fairly common residual difficulties following for example, are fairly common residual difficulties following severe head injury. My clinical impression is that there is a severe head injury. My clinical impression is that there is a flavour of obsessiveness in Alex's behaviour, and although the reports of his girlfriend support this view, Dr Sabiosky may be better able to substantiate this.

I discussed the main findings of my assessment with Alex and his girlfriend, and the implications for his tertiary studies. that Alex may have some The assessment findings suggest that Alex may have some difficulty succeeding with his efforts in a challenging situation, such as studying law, and so I have some reservations findings suggest about recommending him as a prospective law student at present. He may have a greater chance of succeeding once his social situation becomes more settled.

Yours sincerely

Ursula Johns, M.A., M.A.Ps.S. Clinical Neuropsychologist

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ROYAL CANBERRA HOSPITAL

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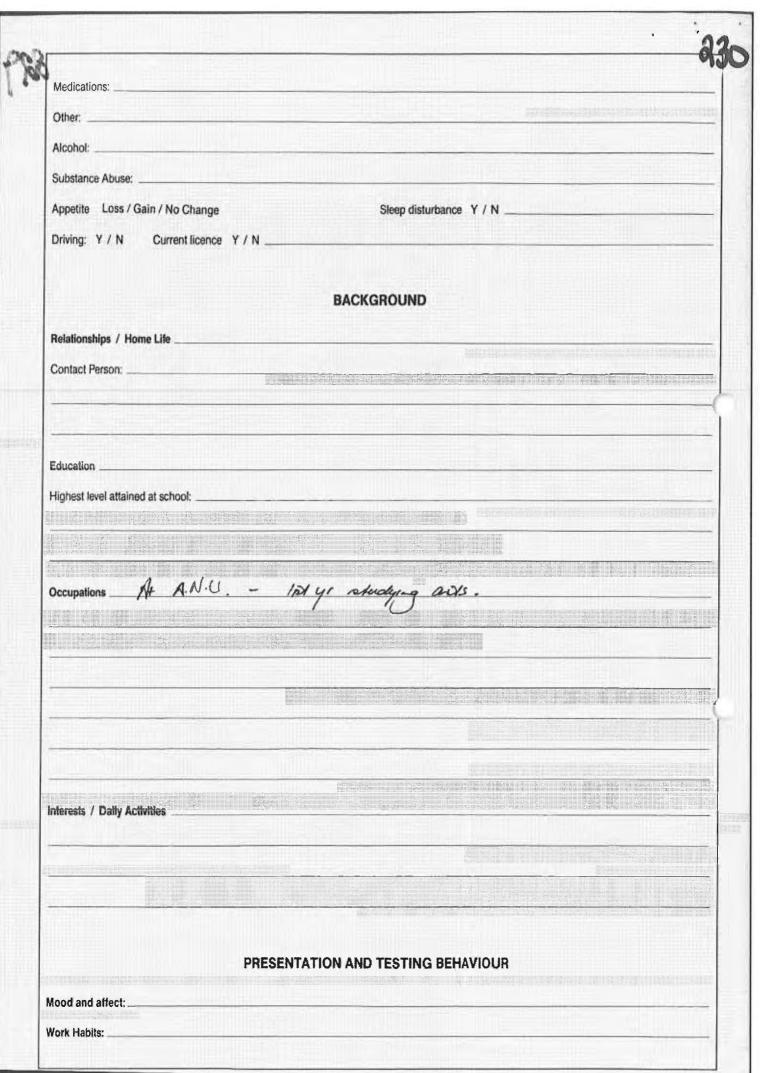
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NEUROPSYCHOLOGICAL ASSESSMENT

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REFERRED BY:	DR GUPTA	DATE OO /	9,92
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	///	THE RESIDENCE	
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Relative:			
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CT Scan: N	22/51		
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TEST RESULTS

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Digit Span		_ (B %ile)		ttention/Con		
Visual Reproduction		_ (y			elayed Recall		
Visual Associates		_ D	elayed						1977
Verbal Associates REY AUDITORY/CALIF	FORNIA VERBAI	_ D	elayed						
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SUMMARY TEST RESULTS

ORIENTATION: Person	Time P	lace Dir	ectional
ATTENTION & CONCENTRATION:	Distractable	Mental Control	
	Capacity for sustained attention	Visual *	Fracking
MEMORY: Verbal: Immediate_	Delay	Recog	Cued
Identified deficits — stor	ageretrieval	proactive	retroactive interference
Visual: Immediate	Delay		
INTELLECTUAL FUNCTIONING:		100	
Estimated premorbid			
Verbal Skills		orformanca Skille	
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Finger Agnosia PRAXIS IdeomotorP/A			
Factile: Finger Agnosia	Stereognosis		
FRONTAL LOBE FUNCTIONS:	Stereognosis	ccofacial P/A	utilization of feedback
FRONTAL LOBE FUNCTIONS:	Stereognosis	ccofacial P/A	utilization of feedback
FRONTAL LOBE FUNCTIONS: concept formation condenses impulsivity	Stereognosis	ccofacial P/A	utilization of feedback
FRONTAL LOBE FUNCTIONS: concept formation conductivity NEGLECT AND HEMIINATTENTION:	Stereognosis	ccofacial P/A	utilization of feedback
FRONTAL LOBE FUNCTIONS:	Stereognosis	ccofacial P/A	utilization of feedback

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