

ELECTROCONVULSIVE COGNITIVE ASSESSMENT ECCA

Patient's Name _____ ECT Type _____ # _____
 Age _____ DOB _____ / _____ / _____ Years of Education # _____
 Evaluator's Name _____ Date _____ / _____ / _____

ORIENTATION	points _____ / 4
Year [] Month [] Date [] Place []	

SUBJECTIVE	<i>Answer Yes or No. Give the point if the answer is negative.</i>	_____ / 4
1. [Y] [N] Are you having difficulty with your memory? 2. [Y] [N] Are you feeling confused now? 3. [Y] [N] Are you having difficulty paying attention to things that go on around you? 4. [Y] [N] Are you having difficulty remembering movies/TV shows that you have recently seen?		

INFORMANT	Name _____ Relationship _____	_____ / 4
<i>Give the point if the answer is negative</i>		
1. [Y] [N] Is the patient having difficulty with his/her memory? 2. [Y] [N] Is the patient having difficulty following a conversation? 3. [Y] [N] Is the patient having difficulty remembering events that happened more than a year ago? 4. [Y] [N] Is the patient having difficulty remembering events that happened during the past week?		

REGISTRATION	<i>Read the list twice. Inform the subject that they will need to recall the words later on.</i>
PRE ECT	[] Home [] Army [] Picture [] Green
Mid ECT	[] House [] Queen [] Corner [] Red
POST ECT	[] Dress [] King [] Engine [] Blue

ATTENTION	_____ / 3	
PRE ECT	MID ECT	POST ECT
1. [] Serial sevens (<i>start at 100</i>) 93 86 79 72 65 2. [] Trail B 1A 2B 3C 4D 5E 6F 7G 8H 9I 10J 3. [] Months Backwards D N O S A J J M A M F J	1. [] Serial sevens (<i>start at 90</i>) 83 76 69 62 55 2. [] Trail B 5E 6F 7G 8H 9I 10J 11K 12L 13M 14N 3. [] Months Backwards S A J J M A M F J D N O	1. [] Serial sevens (<i>start at 80</i>) 73 66 59 52 45 2. [] Trail B 10J 11K 12L 13M 14N 15O 16P 17Q 18R 19S 3. [] Months Backwards J J M A M F J D N O S A

AUTOBIOGRAPHICAL MEMORY	<i>(Corroborate with informant. Write the answers.)</i>	_____ / 6
1. [] Recall where he/she went on the last overnight trip 2. [] Recall what he /she did last New Year's Eve 3. [] Recall what he or she did on his/her last birthday 4. [] Recall what he /she had for dinner the night before 5. [] Recall what was the last restaurant he/she visited 6. [] Recall what psychiatric medications he/she is taking		

FACTUAL KNOWLEDGE	_____ / 5
1. [] What are the colors of the flag? 2. [] Who was the previous president/prime minister? 3. [] What is the capital of your state/province? 4. [] How many days are in a year? 5. [] How many states/provinces are in your country? _____	

RECALL	_____ / 4
PRE ECT	[] Home [] Army [] Picture [] Green
MID ECT	[] House [] Queen [] Corner [] Red
POST ECT	[] Dress [] King [] Engine [] Blue