



Quickly Assess Cognitive Skills
with or without the Influence
of Linguistic Proficiency

LEADING NEUROBEHAVIOURAL RESEARCHER AND AUTHOR, Nancy Helm-Estabrooks, ScD, designed the criterion referenced Cognitive Linguistic Quick Test (CLQT™) to assist you in quickly assessing strengths and weaknesses in five cognitive domains (Attention, Memory, Executive Functions, Language, and Visuospatial Skills). Now, the CLQT™+ adds an important element—an optional new administration path for people with aphasia. Including one new semantic comprehension task and scoring for several elements within the current tasks, the CLQT+ gives you:

- more flexibility in your administration
- clearer interpretation for people with aphasia
- the same foundation for a quick, reliable cognitive assessment
- an effective tool for English-speaking adults with known or suspected neurological impairment as a result of stroke, traumatic brain injury, or dementia.

Overview

A brief, reliable measure of cognitive-linguistic function to evaluate neurological impairment.

Age Range: 18:0–89:11

Publication Date: 2001 (CLQT); 2017 (CLQT+)

Qualification Level: B

Completion Time: 15–30 minutes

Administration: Paper-and-pencil

Scores/Interpretation: Criterion cut scores with descriptive severity ratings

Who uses the CLQT+?

- Speech-language pathologists
- Occupational therapists
- Psychologists/Neuropsychologists
- Other qualified professionals interested in a quick measure of cognitive/linguistic status

More Flexibility in Administration

CLQT+ offers two standard administration paths—Traditional Administration and Aphasia Administration. Whether you administer at bedside or in an office, the tasks for each path are slightly different.

Traditional Administration

Personal Facts
Symbol Cancellation
Confrontation Naming
Clock Drawing
Story Retelling
Symbol Trails
Generative Naming
Design Memory
Mazes
Design Generation

Aphasia Administration

Personal Facts
Symbol Cancellation*
Confrontation Naming
Clock Drawing
Story Retelling
Symbol Trails*
Generative Naming
Design Memory
Mazes*
Design Generation
Semantic Comprehension

*Additional points scored for following auditory directions within this task for the Aphasia Administration.

Special Applications

The CLQT+ is particularly suited for several special uses:

Monitor changes—The CLQT+ brief administration time allows clinicians to monitor spontaneous recovery and response to treatment in non-progressive disorders such as stroke and to track cognitive decline in progressive disorders such as Alzheimer’s disease. The Clock Drawing task can be used every few days as a “mini-screen” of cognitive status particularly in acute cases.

Driving assessments—Occupational therapists and related professionals may use the CLQT+ as part of a larger assessment process on driving readiness in order to quickly assess cognitive skills needed for safe and successful vehicle operation.

Competency assessments—Now with the Aphasia Administration, individuals with language impairment/aphasia can demonstrate cognitive ability levels apart from a language disorder.

Research—The CLQT+ can be used as an efficient tool for measuring results in studies of various populations with adults displaying a wide range of severity levels and neurologic disorders.

Reimbursement compliancy—The CLQT+ quickly captures information regarding cognitive abilities as required by insurance regulations and reimbursement.

Stronger Interpretation and Planning Support

Use CLQT+ results to:

- Help determine a differential diagnosis
- Identify the need for more in-depth testing
- Identify areas for direct treatment or everyday management

The CLQT+ Record Form cover (shown below) clearly identifies the two different administration options: Traditional Administration and Aphasia Administration. For the Aphasia Administration, two indexes are offered in addition to clock drawing: Non-Linguistic Cognition Index and the Linguistic/Aphasia Index. Severity ratings are similar to the Traditional Administration.

The manual contains recommendations for further assessment and gives remediation suggestions based on CLQT results. The importance of determining cognitive status prior to choosing and beginning treatment approaches is emphasized.

Severity Ratings Summary for Traditional Administration					Severity Ratings Summary for Aphasia Administration				
Cognitive Domain	Severity Rating				Index	Severity Rating			
Attention	WNL*	Mild	Moderate	Severe	Non-Linguistic Cognition	WNL*	Mild	Moderate	Severe
Memory	WNL	Mild	Moderate	Severe	Linguistic/Aphasia		Mild	Moderate	Severe
Executive Functions	WNL	Mild	Moderate	Severe	Clock Drawing	WNL*	Mild	Moderate	Severe
Language	WNL	Mild	Moderate	Severe	* Within normal limits				
Visuospatial Skills	WNL	Mild	Moderate	Severe					
Composite Severity Rating	WNL	Mild	Moderate	Severe					
Clock Drawing Severity Rating	WNL	Mild	Moderate	Severe					

* Within normal limits

Traditional Administration

The Traditional Administration is unchanged from the original CLQT. Five domain scores in Attention, Memory, Executive Functions, Language, and Visuospatial Skills form a Composite Severity Rating. Additionally, a Clock Drawing Severity Rating is offered.

Aphasia Administration

The Non-Linguistic Cognition Index (NLCI) score provides an estimate of cognitive functioning that is uncontaminated by aphasia. It is intended to provide a more appropriate estimate of cognitive ability for those individuals with diminished language skills. The tasks included in the NLCI are the same as the Visuospatial Skills domain score (i.e., Symbol Cancellation, Symbol Trails, Design Memory, Mazes, Design Generation). However, the contribution of each task score to the overall NLCI varies somewhat (compared to Visuospatial Skills), and are based on the author's research and clinical experience.

The Linguistic/Aphasia Index (L/AI) score comprises task scores from Personal Facts, Confrontation Naming, Story Retelling, Generative Naming, and Semantic Comprehension. The Semantic Comprehension task plays a primary role in the L/AI score. The L/AI includes expressive and receptive language components, both of which are important when working with individuals with aphasia. Lower L/AI scores (i.e., more severe scores) indicate more significant problems with language comprehension and language expression.

Psychometric Information

Original CLQT

One pilot (n=13) and three studies (n=92, 154, and 119, respectively) established the reliability and validity of the CLQT. Criterion cut scores, domain scores, and severity ratings were developed from these data sets along with the author's clinical expertise.

Aphasia sample (CLQT+)

One clinical study including 76 individuals diagnosed with aphasia associated with left hemisphere strokes were given the Aphasia Administration version of the CLQT+. Consistent with the original CLQT data, scores have been provided for two age groups: ages 18–69 and ages 70–89. In general, as expected, average task scores are lower for the aphasia sample compared to the non-clinical sample.



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Dr. Nancy Helm-Estabrooks is the Brewer-Smith Distinguished Professor Emerita in the Department of Communication Sciences and Disorders at Western Carolina University. Her past positions include Professor of Neurology (Speech Pathology), Boston University School of Medicine, Research Scientist, National Center for Neurogenic Communication Disorders, University of Arizona, and Research Professor, University of North Carolina. Among her awards are the Honors of the American Speech and Hearing Association and of the Academy of Neurologic Communication Sciences and Disorders, the Frank R. Kleffner Lifetime Clinical Career Award, and the Edith F. Kaplan Award for Invaluable Contributions to the Field of Neuropsychology. Her publications include over 100 peer-reviewed articles, 7 books, 25 chapters, and 7 standardized tests.

Kit/Component List

0158008146	CLQT+ Complete Kit
0158010590	CLQT Response Booklets English (25)
0158010604	CLQT+ Record Forms (25)
0154328065	CLQT Symbol Cancellation/Trails Transparencies
0158328019	CLQT Examiner's Manual
0158008197	CLQT+ Stimulus Manual
0158009746	CLQT+ Manual Supplement
0158008189	CLQT+ Response Booklets & Record Forms (25)



Frequently Asked Questions (FAQs):

- Q.** Why are some items listed as "CLQT" and some as "CLQT+?"
- A.** Those items that are listed as "CLQT" are components that did not change between the original CLQT release and the release of the CLQT+.
- Q.** I already have the CLQT kit. What do I need to purchase to use the CLQT+?
- A.** You can purchase the following individual components:
- 1) 0158010604 – CLQT+ Record Forms (25)
OR 0158008189 – CLQT+ Response Booklets & Record Forms (25 EA)
 - 2) 0158008197 – CLQT+ Stimulus Manual
 - 3) 0158009746 – CLQT+ Manual Supplement

What's on the web?

At **PearsonClinical.ca**, you will find:

- Webinars
- FAQs
- Digital version of this brochure
- "2-Minute Talks" with Pearson authors
- Clinician's Notes—An Interpretation Guide
- Case studies
- Pricing and Ordering