Ű	BDS-2				
Name:				Score	
Birthdate:					
Date of exam:			58		
Education:	Handedness:	R	L	Mixed	
<ol> <li>Tap twice with the right hand</li> <li>3 - No errors. Task learned quic</li> <li>2 - Generally smooth performant</li> <li>1 - Three or 4 perseverative error</li> <li>0 - Poor performance, 5 or more</li> </ol>	kly and performed rapidly, s ce, but with 1 or 2 errors. ors, <i>or</i> poor timing and slow	smoothl , effortf	y, autor ul perfo	matically, with lit	tle effort. er errors.
<ol> <li>Tap twice with the left hand an</li> <li>3 - No errors. Task learned quice</li> <li>2 - Generally smooth performant</li> <li>1 - Three or 4 perseverative error</li> <li>0 - Poor performance, 5 or more</li> </ol>	kly and performed rapidly, ace, but with 1 or 2 errors. ors, <i>or</i> poor timing and slow	smoothl , effortf	ly, auto	matically, with lit	tle effort. er errors.
<ol> <li>If I say "red," squeeze my han</li> <li>No errors, and rapid response</li> <li>Rapid responses to stimuli a</li> <li>Two to 4 errors, including et</li> <li>More than 4 errors of either</li> </ol>	ses to verbal stimuli. nd no more than 1 error, or rrors on which patient catch	slow res	sponses	(~ 1-1.5 sec) and	
<ul> <li>4. If I tap twice, you tap once. If 3 - No errors, and rapid responses</li> <li>2 - Rapid responses to stimuli a</li> <li>1 - Two or 3 errors, or fewer er</li> <li>0 - More than 3 errors.</li> </ul>	ses to stimuli. and no more than 1 error, or	slow re	sponses		no errors.
<ul> <li>5. Alternate touching of thumb</li> <li>3 - No errors. Task learned qui</li> <li>2 - Learns task with at most at</li> <li>1 - Difficulty learning task. Pareffortful. Improvement obs</li> <li>0 - Failure to learn the task, or</li> </ul>	ickly and performed rapidly few errors. Movements beco tient makes many errors, or erved, but performance is n	, relativ me rela best per ever rea	ely auto tively a forman lly auto	matically, with lit utomatic with pra ce remains delibe matic even after p	ctice. rate and practice.

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Rehavioral Duscontrol Scale @ Convright 1992-2006 I. Grigshy K. Kave. & D. Busenhark. All rights reserved.

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## 6. Fist - Edge - Palm 3 - No errors. Task learned quickly and performed rapidly, relatively automatically, with little effort. 2 - Learns task with at most a few errors. Movements become relatively automatic with practice. 1 - Difficulty learning task. Patient makes many errors, or best performance remains deliberate and effortful. Improvement observed, but performance is never really automatic even after practice. 0 - Failure to learn the task, or no improvement with practice unless examiner models task constantly. 7. Head's Test (Correct first mirroring error, but count it as an error. Examiner and subject should return their hands to their laps and pause 2-3 seconds after copying each hand position to avoid mimicry.) □ Left fist beside head □ Right index finger points to right eye □ Left hand vertical, right hand horizontal, forming a "T" D Right hand with bent fingers under chin D Left hand to left ear 3 - No errors. 2 - One error. 1 - Two or 3 errors. 0 - More than 3 errors. 8. Alphanumeric Sequencing 8 h 9 i 10 i 11 k 12 c 4 d 5 2 b 3 е 6 f 7 g 1 a 3 - Completes task with no errors in 20 seconds or less. 2 - Completes task with no errors in more than 20 seconds. Time: 1 - One to 3 errors. 0 - More than 3 errors, or complete failure to finish the task. 9. Insight rating 3 - Awareness of (in)accuracy of performance, and of its severity and significance, if performance is deficient. 2 - Awareness of errors, but limited understanding of their severity or significance. 1 - Partial and/or inconsistent awareness of deficient aspects of performance. 0 - Completely lacking in ability to assess performance accurately and critically. Ouestions to consider in assessing the patient's capacity for insight (for rating Item 9): Was the patient aware of making errors? Was this awareness consistent? Did the patient spontaneously express awareness of his/her errors? (e.g., comments, nonverbal reactions) Did the patient express awareness of his/her errors in response to the examiner's comments or questioning? Was the patient's awareness of his/her errors consistent across items? Did the patient accurately describe the nature and severity of his/her errors? Did the patient demonstrate awareness of the severity and/or significance of his/her errors?

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