

The T.O.V.A. Observation Form is designed to provide information about factors that may influence T.O.V.A. results. **Pre-test** information can help the clinician understand some of the conditions that may influence T.O.V.A. performance. **During test** information provides behavioral clues and other information not collected by the T.O.V.A. **Post-test** information can provide insight into the subject's approach to, and experience of, the test.

## Section 1: Pre-test

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ AM/PM Test type: \_\_\_ Visual \_\_\_ Auditory

Hours of sleep last night: \_\_\_\_\_

|                      | Type | Amount | Last Dose (Hrs) | Duration of use (days/Wks/Mths/Yrs) |
|----------------------|------|--------|-----------------|-------------------------------------|
| Challenge Medication |      |        |                 |                                     |
| Caffeine Intake      |      |        |                 |                                     |
| Nicotine Intake      |      |        |                 |                                     |
| Medications/Other    |      |        |                 |                                     |
| Medications/Other    |      |        |                 |                                     |

Other pre-test observations or comments:

## Section 2: During test

Practice Test Results: RTV: \_\_\_\_\_ ms RT: \_\_\_\_\_ ms Omissions: \_\_\_\_\_ Commissions: \_\_\_\_\_

Please rate all observed behaviors quarter by quarter. Note any behaviors not listed below under 'Other' or 'External Distractions'. Circle the part of the quarter where the behavior occurred. Each number (1-5) corresponds with the minutes during each quarter. For short form test sessions (e.g., 4-5 year old sessions), only quarters 1 and 2 should be used.

| Quarter  |          | 1         | 2         | 3         | 4         |
|--|----------|-----------|-----------|-----------|-----------|
| <b>Time at start of quarter</b> (each quarter is 5 min 12 sec) |          |           |           |           |           |
| Talks, makes sounds  | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Fidgets/taps feet and or fingers                               | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Moves in chair (leaning, spinning, etc)                        | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Looks away from the computer                                   | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Stops Responding   | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Falls asleep   | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Covers screen with hand  | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Complains  | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Prompting needed   | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| External distractions (list): _____                            | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Other (list): _____  | Minute # | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Unsolicited comments made by the subject during the test:

## Section 3: Post-test

Unsolicited comments made by the subject at the end of the test:

Answer to "How did it go?" and/or "How did you do?":

Other observations/comments: