

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
Time at start of quarter (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: