

EXIT 25 Instructions

I. General Information

Title of the test: The Executive Interview (EXIT 25)

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Publisher: University of Texas, Department of Psychiatry

Time required to administer: About 15 minutes

II. Description of Test

Type/Purpose of Test: This test is a brief bedside test that consists of 25 items measuring abilities that include:

- Executive functioning
- Motor sequencing
- Spoken alternate sequencing
- Verbal fluency
- Design fluency
- Persistence
- Resistance to interference
- Reflexes

(see Larson & Heinemann, 2010)

Population: This test was designed specifically to assess the cognitive functioning of older adults living in retirement communities. However, further research has established its utility for other populations, including:

- HIV dementia
- Mild dementia
- Bipolar disorder
- Alzheimer's dementia
- Frontal-temporal dementia

(see Larson & Heinemann, 2010)

III. Practical Administration

Ease of Administration: This assessment is very simple to administer. As there is no manual that goes with the test, so all directions and scripts are located directly on the evaluation form. The form is the only material that is required for the test, and all scoring instructions are located there as well.

Clarity of Directions: For the most part, the process of administering this assessment is fairly straightforward. The directions given on the sheet are adequate in describing what the therapist should do or say at each portion of the test. In one of the sections measuring design fluency, however, it simply states that the client should look at multiple drawings made with four lines. On that page there are no drawings or additional directions. I am assuming the therapist is supposed to draw different shapes made of four lines for the client to see, before the client must then draw different shapes made of four lines. Other than this discrepancy, the directions are very clear and easy to follow.

Scoring Procedures: Scoring directions are listed under each of the 25 portions of this test. For each section, the client is given a score of a 0, 1, or 2. A score "0" indicates no impairment, a score of "1" indicates some impairment, and a score of "2" indicates severe impairment. Directions for what qualifies as each score are listed under each section. The points are totaled and criteria are given for severe, moderate, and no

EXIT 25 Instructions

impairment. A score of 15 or below indicates normal executive functioning, a score of above 15 indicates moderate to severe impairment. (Larson & Heinemann, 2010)

Examiner Qualification & Training: There are no training or qualification guidelines described by the author of this assessment. However, in order to properly interpret this assessment and to predict functional implications further professional education is needed.

IV. Technical Considerations

Reliability: In a study done on the psychometric properties of the EXIT 25, it was found that the item reliability was .98 and the person reliability was .78. Item-measure correlations ranged from .07 to .70. Correlations between the total score and individual items yielded similar results. A Cronbach reliability of $\alpha=.86$ is acceptable, but item-total correlations ranged from .07 to .81. (Larson & Heinemann, 2010)

Validity: While no specific values were mentioned for validity, Larson & Heinemann (2010) referred to the EXIT 25 having “poor face validity” and “questionable content validity” (p. 390).

Manual: While there is no manual for this assessment, the directions given on the form are adequate and require no further explanation.

What is (are) the setting/s that you would anticipate using this assessment?

- Inpatient setting
- Outpatient clinic
- Nursing home
- Community setting
- Home health
- Mental health facility
- Skilled nursing facility

Summary of strengths and weaknesses

Weakness:

- Takes more time than other quick cognitive assessments

Strength:

- Only one form required for the test
- No training required for administration
- Easy to score
- More sensitive than other brief cognitive measures

References

- Larson, E.B., & Heinemann, A.W. (2010). Rasch analysis of the executive interview (The EXIT-25) and introduction of an abridge version (The Quick EXIT). *Archives of Physical Medicine and Rehabilitation, 91*, 389-394.
- Stockholm, J., Vogel, A., Gade, A., & Waldemar, G. (2005). The executive interview as a screening test for executive dysfunction in patients with mild dementia. *American Geriatrics Society, 53*, 1577-1581.

THE EXECUTIVE INTERVIEW (EXIT 25)

1 NUMBER-LETTER TASK

"I'd like you to say some numbers and letters for me like this"

"1 A, 2 B, 3 what would come next?"

"C"

"Now you try it starting with the number 1. Keep going until I say stop".

1	2	3	4	5	
A	B	C	D	E	"Stop"

- SCORE:**
- 0 No errors
 - 1 Completes task with prompting or repeat instructions
 - 2 Does not complete task

2 WORD FLUENCY

"I am going to give you a letter. You will have one minute to name as many words as you can think of which begin with that letter."

"For example, with the letter 'P' you could say 'people, pot, plant' and so on. Are you ready?"

"Do you have any questions?"

"The Letter is 'A', Go"

- SCORE:**
- 0 10 or more words
 - 1 5 — 9 words
 - 2 Less than 5 words

4 ANOMALOUS SENTENCE REPETITION

Listen very carefully and repeat these sentences exactly ? " (Read the sentence in a neutral tone.)

1. "I pledge allegiance to those flags."
2. "Mary fed a little lamb."
3. "A stitch in time saves lives."
4. "Tinkle tinkle little star."
5. "A B C D U F G"

- SCORE:**
- 0 No errors
 - 1 Fails to make one or more changes
 - 2 Continues with one or more expressions (e.g. "Mary had a little lamb *whose fleece was white as snow*")

3 DESIGN FLUENCY

"Look at these pictures. Each is made with only four (4) lines. I am going to give you one minute to draw as many DIFFERENT designs as you can. The only rules are that they must each be different and be drawn with four lines. Now go."

SCORE: 0 10 or more unique drawings (no copies of examples)

1 5 — 9 unique drawings

2 Less than 5 unique drawings

5 THEMATIC PERCEPTION

(Patient is shown picture by examiner)

"Tell me what is happening in this picture."

SCORE: 0 Tells spontaneous story (story = setting, 3 characters, and action)

1 Tells story with prompting x 1 ("anything else?")

2 Fails to tell story despite prompting



6 MEMORY/DISTRACTION

"Remember these three words."

"BOOK, TREE, HOUSE"

(Patient repeats words until all three are registered)

"Remember them — I'll ask you to repeat them for me later."

"Now, spell CAT for me."

"Good, now spell it backwards."

"OK, Tell me those three words we learned."

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- SCORE:**
- 0 Patient names some or all of the three words correctly without naming cat (Examiner may prompt "Anything else?")
 - 1 Other response (Describe: _____)
 - 2 Patient names CAT as one of the three words (perseveration)

BROWN

7 INTERFERENCE TASK (see previous page)

“What color are these letters?”
(Examiner shows patient and sweeps hand back and forth over all letters.)

SCORE:	0	“black”
	1	“brown” (repeat question x 1) -> “black”
	2	“brown” (prompt) -> “brown” (intrusion)

8 AUTOMATIC BEHAVIOR I

(Patient holds hands forward palms down)

“Relax while I check your reflexes

(Rotate patient's arms one at a time at the elbow as if to check for cogwheeling. Gauge patient's active participation/anticipation of the rotation.)

SCORE:	0	Patient remains passive
	1	Equivocal
	2	Patient actively copies the circular motion

9 AUTOMATIC BEHAVIOR II

(Patient holds hands out palms up.)

“Just Relax.”

(Examiner pushes down on patient's hands — gently at first, becoming more forceful. Gauge patient's active participation in the response.)

SCORE:	0	Patient offers no resistance (remains passive)
	1	Equivocal response
	2	<u>Actively</u> resists (or complies) with examiner

10 GRASP REFLEX

(Patient holds hands out with open palms down)

“Just Relax.”

(Both palms are lightly stroked simultaneous by the examiner, who looks for grasping/gripping actions in the fingers.)

SCORE:	0	Absent
	1	Equivocal
	2	Present



Patient grasps firmly enough to be drawn up and out of chair by examiner.

11 SOCIAL HABIT I

Fix subjects eyes. Silently count to three while maintaining subject's gaze, then say "Thank You."

- SCORE:**
- 0 Replies with a question (e.g. "Thank you for what?")
 - 1 Other response — describe _____
 - 2 "You're welcome."

12 MOTOR IMPERSISTENCE

"Stick out your tongue and say 'aah' till I say stop? ." "Go" (count to three silently)

(Subject must sustain a constant tone, not "ah? ah? .ah? ")

- SCORE:**
- 0 Completes task spontaneously
 - 1 Completes task with examiner modeling task for patient
 - 2 Fails to complete task despite modeling by examiner

13 SNOOT REFLEX

"Just Relax"

(Examiner slowly brings index finger towards patient's lips, pausing momentarily 2" away. Finger is then placed vertically across lips and then lightly tapped with the other hand. (Observe lips for puckering.)

- SCORE:**
- 0 Not present
 - 1 Equivocal
 - 2 Present

Suck reflex — lips pucker while examiner is paused 2" away.

14 FINGER-NOSE-FINGER TASK

(Examiner holds up index finger.)

"Touch my finger."

(Leaving finger in place, examiner says?)

"Now touch your nose."

- SCORE:**
- 0 Patient complies, using same hand
 - 1 Other response — describe _____
 - 2 Patient complies, using other hand while continuing to touch examiner's finger

15 GO-NO-GO TASK

“Now, when I touch my nose, you raise your finger like this.”
(Examiner raises index finger.)

“When I raise my finger, you touch your nose like this.”

(Examiner touches nose with index finger.)

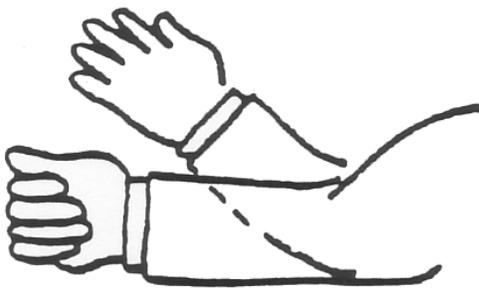
(Have patient repeat instructions if possible.)

(Examiner begins task. Leaves finger in place while awaiting patient’s response.)

<u>Examiner</u>	<u>Patient</u>
F	N F
N	F N
F	N F
F	N F
N	F N

- SCORE:**
- 0 Performs sequence correctly
 - 1 Correct, requires prompting/repeat instructions
 - 2 Fails sequence despite prompting/repeat instructions

17 LURIA HAND SEQUENCE I



Palm/Fist

“Can you do this?”

(Invite patient to watch while alternating palm/fist with either hand. Once patient begins, ask patient to “Keep going” while the examiner stops. Count the number of successful palm/fist cycles.)

- SCORE:**
- 0 4 cycles without error after examiner stops
 - 1 4 cycles with additional verbal prompt (“Keep going”) or modeling
 - 2 Unsuccessful despite prompting/modeling (watch for “mid-position” stances)

16 ECHOPRAXIA

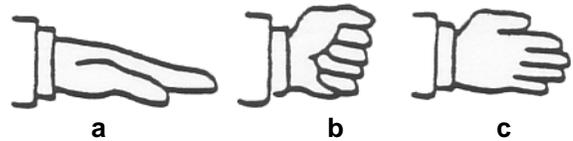
“Now listen carefully. I want you to do exactly what I say, Ready?”

“Touch your ear.” (Examiner touches his nose and keeps finger there.)

- SCORE:**
- 0 Patient touches his ear
 - 1 Other response _____
(Look for “mid-position stance”)
 - 2 Patient touches his nose

- SCORE:**
- 0 Performs sequence correctly
 - 1 Correct, requires prompting/repeat instructions
 - 2 Fails sequence despite prompting/repeat instructions

18 LURIA HAND SEQUENCE II



3 Hands

“Can you do this?”

(Examiner models: a) slap, b) fist, c) cut — while the patient imitates each step)

“Now follow me.” (Examiner begins to repeat sequence.)

“Keep doing this until I say stop.” (Examiner stops.)

- SCORE:**
- 0 3 cycles without error after the examiner stops
 - 1 3 cycles with additional verbal prompt (“keep going”) or modeling
 - 2 Unsuccessful despite prompting/modeling

19 GRIP TASK

(Examiner presents hands to patient as shown below)



“Squeeze my fingers.”

- SCORE:**
- 0 Patient grips fingers
 - 1 Other response — describe _____

 - 2 Patient pulls examiner’s hands together

20 ECHOPRAXIA II

(Suddenly and without warning, the examiner slaps his hands together.)

- SCORE:**
- 0 Patient does not imitate examiner
 - 1 Patient hesitates, uncertain
 - 2 Patient imitates slap

21 COMPLEX COMMAND TASK

Put your left hand on top of your head and close your eyes. That was good? .”

(Examiner remains aloof, begins next task.)

(QUICKLY GO ON TO NEXT TASK)

- SCORE:**
- 0 Patient stops when next task began
 - 1 Equivocal — holds posture during part of next task
 - 2 Patient maintains posture through completion of next task — has to be told to cease

22 SERIAL ORDER REVERSAL TASK

(Have patient recite the months of the year.)

“? Now start with January and say them all backwards ? ”

- SCORE:**
- 0 No errors, at least past September
 - 1 Gets past September but requires repeat instructions (“Just start with January and say them all backwards.”)
 - 2 Can’t succeed despite prompting

23 COUNTING TASK I

(Examiner taps each picture around the figure below in a clockwise direction)

“Please count the fish in the picture out loud.”

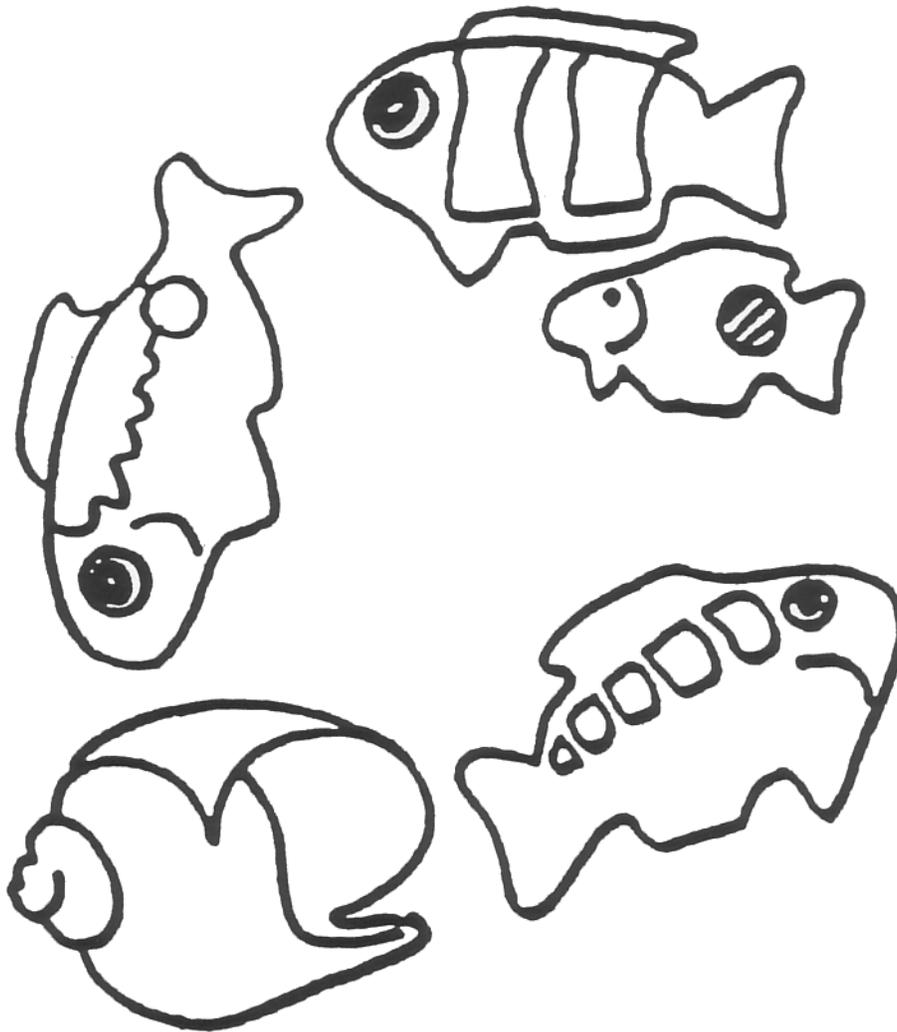
SCORE:	0	Four
	1	Less than four
	2	More than four

24 UTILIZATION BEHAVIOR

(Examiner holds pen near point and dramatically “presents” it to the patient asking)

“What is this called?”

SCORE:	0	“Pen”
	1	Reaches, hesitates
	2	Patient takes pen from examiner (utilization behavior)



25 IMITATION BEHAVIOR

(Examiner flexes wrist up and down and points to it asking:)

“What is this called?”

SCORE: 0 “Wrist”

- 1 Other response (Describe: _____)
- 2 Patient flexes wrist up and down (echopraxia)

Send Questions or Comments to:

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