JEFF WALKER

DATE OF ASSESSMENT: 01/02/18
BIRTHDAY: 15/07/62
AGE: 55

DEPRESSION COGNITIVE ASSESSMENT CAB-DP
RESULTS REPORT

Cognitive risks
Physical symptoms
Emotional symptoms
Associated symptoms

JEFF'S PROFILE
LOW RISK MODERATE RISK HIGH RISK

PURCHASE THIS ASSESSMENT
This assessment is not a diagnostic test, but rather a tool to help detect and assess the risk of having physical, psychological and cognitive symptoms associated with depression disorder.

LOW RISK OF DEPRESSION
Jeff Walker's Results

ASSESSMENT

SYMPTOMS

6/17
No significant risk associated with the most common symptoms of depression have been detected.
No apparent risk range: 0-6
Symptoms detected: 6

COGNITIVE RISKS

2/12
No risks associated with depression have been detected in the cognitive profile.
No apparent risk range: 0-2
Detected risks: 2

EVALUATED RISKS AND SYMPTOMS

<table>
<thead>
<tr>
<th></th>
<th>NO APPARENT RISK</th>
<th>JEFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical symptoms</td>
<td>0-2</td>
<td>3</td>
</tr>
<tr>
<td>Emotional symptoms</td>
<td>0-2</td>
<td>1</td>
</tr>
<tr>
<td>Associated symptoms</td>
<td>0-2</td>
<td>2</td>
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</tbody>
</table>

CONCLUSIONS

- Activate and train the cognitive skills that Jeff scored lowest in.
- While Jeff has a low-risk index for having depression, we suggest looking into starting a cognitive stimulation program. If you think that Jeff may have another cognitive condition or disorder, we suggest taking other tests, as it is not likely to be depression.

Use this code to get a 25% on the clinical brain training program: DEPRESSION17
DEPRESSION ASSESSMENT DESCRIPTION

Jeff took the Cognitive Assessment Battery for Depression on 01/02/18 at 55 years-old. The initial questionnaire will contain questions related to the criteria, signs, and symptoms of a depressive disorder. The cognitive scores are evaluated based on clinical scales and on normalized, validated tests for people 55 years of age.

The Computerized Assessment Battery for Depression (CAB-DP) is made up of a set of clinical questions and tasks and takes about 30-40 minutes to complete. The CAB-DP is a scientific resource that makes it possible to evaluate symptoms associated with depressive disorders and cognitive functions, assessing the main neuropsychological factors identified in the scientific literature for depressive disorders.

The results presented in this report are a reflection of the user's performance on a specific day and at a specific time. User performance may vary depending on the time of day, level of comfort, alertness, and a number of other factors. The results and data in this report do not reflect a diagnosis and should be reviewed and interpreted by a qualified healthcare professional (psychologist, psychiatrist, neurologist, etc.) and should be used as a complement to a clinical consultation.

The results from this assessment offer a base on which to identify support strategies or to get professional help. This cognitive screening was designed to provide valuable information to help professionals objectively assess different neurological factors in people who may suffer from depression.

THE CAB-DP REPORT IS MADE UP OF THREE PARTS:

02 COGNITIVE RISKS

In this section, you will see a circular diagram next to each evaluated area, which will indicate the user’s score based on their percentile and normalized for their age and gender. For example, a score of 500 would be calculated depending on the user’s age group. CogniFit’s values are calculated in percentiles but are shown adjusted on a scale of 0-800. As such, the higher score, the better.

Green: Cognitive strengths
Yellow: Below-average cognitive skills
Red: Cognitive weaknesses

03 CONCLUSIONS

At the end of the report, you will find:

- A description of the risk index and the effects on cognitive profile and detected symptoms.
- Specific recommendations and personalized plan of action.

SYMPTOMS

The answers from the questionnaire will be focused on the following areas:

- Physical Symptoms
- Emotional Symptoms
- Associated Symptoms
01 SYMPTOMS

According to the WHO (World Health Organization), "Depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks". It is important to point out the levels of severity with respect to the different types of depressive disorders. In this assessment, physical, emotional, and associated symptoms will be evaluated, as well as the common cognitive deficits in the different depressive disorders.

THE RESULTS FROM JEFF'S ANSWERS TO THE QUESTIONNAIRE DON'T SHOW ANY SIGNIFICANT SYMPTOMS THAT WOULD SUGGEST DEPRESSION. JEFF HAS A LOW RISK FOR DEPRESSION.

PHYSICAL SYMPTOMS

MODERATE RISK
Depressive disorders are related to the chemical imbalance of neurotransmitters in the brain, as well as symptoms of sadness and despondency. Most people often experience physical symptoms that can manifest over the course of depression, like fatigue, headaches, muscle pain, loss of appetite, or sleep disorders.

EMOTIONAL SYMPTOMS

LOW RISK
Sadness, lack of interest, guilt, or hopelessness are the main emotional symptoms that are often present in depressive disorders. Dopamine is a neurotransmitter that regulates emotions. Studies have shown that dopamine production may be affected in patients with depression, causing some depressive symptoms like sadness or apathy.

ASSOCIATED SYMPTOMS

LOW RISK
Other common symptoms of depression are irritability, crying, substance use or abuse, and changes in weight.
According to the results of the questionnaire, Jeff showed symptoms indicating a moderate risk of depression in the area of physical symptoms. Therefore, there are compatible symptoms with depression, but other possibilities should not be ruled out. We suggest you provide this information to a professional to help make a precise diagnosis.

**IMPORTANT** These results are not a diagnosis. This information cannot substitute a formal diagnosis given by a professional, but it can serve as a complementary tool to help make a comprehensive diagnosis.
IN DETAIL: SYMPTOMS ASSOCIATED WITH A DEPRESSIVE DISORDER

PHYSICAL SYMPTOMS

MODERATE RISK

Jeff shows mild warning signs related to the area of Physical Symptoms. Depression is a mood disorder that affects both the mind and the body. It has been described with a wide range of physical symptoms like digestive problems, headaches, dizziness, or accelerated heart rate (tachycardias).

Jeff’s answers that are related to the area of Physical Symptoms that indicate a possible compatibility with some type of depressive disorder are:
- Sleep habits have changed (sleeps a lot or a little, or doesn’t sleep well).
- Has trouble concentrating on reading a book or watching a movie.
- Has headaches.

EMOTIONAL SYMPTOMS

LOW RISK

Jeff does not show any warning signs in the area of Emotional Symptoms. Research suggests that people with depression do not generally show the same symptoms. The severity, frequency, and duration of these symptoms may vary depending on the individual and their particular depressive condition. Emotional symptoms of depression include sadness, hopelessness, and loss of interest. These symptoms are often present in the different types of depressive disorders.
ASSOCIATED SYMPTOMS
LOW RISK

Jeff doesn't show any warning signs related to the area of Associated Symptoms. While not present in all patients, it is common for symptoms associated with depressive disorders to exist in varying intensity and frequency. Some of these symptoms include rumination, crying, instability, excessive worrying about personal health and the health of loved ones, among other symptoms.
**COGNITIVE RISKS**

In this section, you will see a circular diagram next to each evaluated area, which will indicate the user’s score based on their percentile and normalized for their age and gender. For example, a score of 500 would be calculated depending on the user’s age group. CogniFit’s values are calculated in percentiles but are shown adjusted on a scale of 0-800. As such, the higher score, the better.

Jeff’s cognitive profile indicates a low risk of depression.

### REASONING

536/800

Ability to efficiently use (organize, relate, etc.) acquired information.

### MEMORY

366/800

Ability to retain and manipulate new information and recover past memories.

### ATTENTION

582/800

The ability to filter distractions and concentrate on relevant information.

### COORDINATION

436/800

The ability to efficiently and precisely carry out organized movements.

### PERCEPTION

687/800

Ability to interpret stimuli from the environment.
LOW RISK

COMPLETE COGNITIVE REPORT FOR JEFF

No apparent risk of depression was detected in Jeff's cognitive profile. The results from the different cognitive evaluation tasks suggest that Jeff's cognitive strengths are reasoning, attention, coordination, and perception, while memory is an area of improvement. As such, no cognitive weaknesses compatible with depression have been detected in Jeff's cognitive pattern. We recommend that you provide this information to a professional to make a more precise diagnosis.

IMPORTANT These results are not a diagnosis. This information cannot substitute a formal diagnosis given by a professional, but it can serve as a complementary tool to help make a comprehensive diagnosis.
Jeff has received scores in the area of planning that is appropriate for the age, which means that it is not indicative of a cognitive deficit associated with a depressive disorder. Planning is the ability to mentally organize the best way to meet a future goal, like when thinking of how to tell a story in order to tell it later on. People with alterations in planning may have more trouble structuring their thoughts and organizing plans in daily life.

Jeff has received scores in the area of processing speed that is appropriate for the age, which means that it is not indicative of a cognitive deficit associated with a depressive disorder. Processing speed is the ability to process information quickly and automatically. People with poor processing speed may take longer to process information that they receive. In patients with depressive disorders, the organism is slowed both physically and mentally, showing delays in processing.

Jeff has received scores in the area of processing speed below average for the age, which means that it may be indicative of a cognitive deficit associated with a depressive disorder. Mental shifting could be defined as the brain’s ability to adapt behavior and thoughts to new, changing, or unexpected situations. In other words, shifting is the ability to realize that the current plan of action is not working and adjust the behavior, thought, or opinions to adapt to the environment or new situations. This is one of the most important skills in depression, as one can fall into endless cycles of negative thoughts that are difficult to stop.
Jeff has received scores in the area of short-term memory that is below average for the age, which may be an indicator of a cognitive deficit associated with depressive disorders. Short-term memory is the ability to retain a small amount of information over a short period of time, like remembering the beginning of a sentence in order to make sense of the entire sentence. There are multiple causes of why people with depression have poor short-term memory, some of which are an imbalance in neurotransmitters or neuro-functional changes, like a reduction of the hippocampus, which is a fundamental brain area for memory.

Jeff has received scores in the area of working memory that is below average for the age, which may be an indicator associated with the cognitive deficit in depressive disorders. Working memory is the ability to retain and manipulate the information necessary to complete complex tasks. Studies of memory in patients with depression have shown the consistent difficulty to effectively complete tasks that require working memory.

Jeff has received scores in the area of focused attention that is appropriate for the age, which means that it is not indicative of a cognitive profile associated with a depressive disorder. Focused attention could be defined as the brain's ability to focus on a target stimulus for a period of time, independently of the duration. Much of the research surrounding lack of attention and depression confirms the idea that depression interferes more in controlled processes rather than automatic ones. Controlled processes require attention, a continued and conscious effort, and the processing of information.
**INHIBITION**  
Score Received: 596

Jeff has received scores in the area of inhibition that is appropriate for the age, which means that it is not indicative of a cognitive profile compatible with a depressive disorder. Depressive patients may have excessive inhibition, which would lead to blocking or preventing a behavior. Inhibition or inhibitory control could be defined as the ability to inhibit or control impulsive (or automatic) actions and generate measured responses using attention and reasoning. Inhibition stops inappropriate behaviors, substituting them for a reasonable and more appropriate response to a situation.

**UPDATING**  
Score Received: 622

Jeff has received scores in the area of updating that is appropriate for the age, which means that it is not indicative of a cognitive profile associated with depressive disorders. Updating could be defined as the ability to oversee a behavior that is being carried out in order to ensure that it is being completed correctly. Updating is often altered in people with depression and requires the help of other skills like memory, attention, or planning, which are cognitive weaknesses associated with depressive disorders.

**COORDINATION**  
436/800

**HAND-EYE COORDINATION**  
Score Received: 267

Jeff has received scores in the area of hand-eye coordination below average for the age, which means that it may be indicative of a cognitive deficit associated with a depressive disorder. Hand-eye coordination is the ability that makes it possible to efficiently coordinate motor movement with visual movement. When this skill is altered, difficulties in manual tasks, like precision problems and a certain clumsiness. Some studies have shown that hand-eye coordination may be altered in patients with depression due to a delay and a lack of dopamine.
RESPONSE TIME
Score Received: 605
Jeff has received scores in the area of response time that is appropriate for the age, which means that it's not indicative of a profile associated with the cognitive deficits in depressive disorders. Response time or reaction time is the ability to perceive, process, and respond to a simple stimulus, like answering a question. People with depression often show delayed response time.

SPATIAL PERCEPTION
Score Received: 683
Jeff has received scores in the area of spatial perception that is appropriate for the age, which means that it is not indicative of a profile associated with the cognitive deficits of a depressive disorder. Spatial perception makes it possible to interpret information from the environment and position oneself with respect to the world and objects. Depressive disorders may cause spatial and temporal disorientation.

VISUAL PERCEPTION
Score Received: 691
Jeff has received scores in the area of visual perception that is appropriate for the age, which means that it is not indicative of a cognitive profile associated with a depressive disorder. Visual perception could be defined as the ability to interpret the information that the eyes receive from the visible light around them. Alterations in visual perception have been described in depressive patients, which includes difficulty detecting the contrast between black and white.
EXECUTIVE FUNCTIONS AND DEPRESSIVE DISORDERS

Depressive disorders are generally presented with weakened cognitive functions in a wide range of areas, including attention, memory, mental flexibility, and others. The cognitive symptoms of depression have a significant effect on a patient’s ability to carry out tasks in his or her daily life and are factors that affect the ability to function on both interpersonal and occupational levels.

IT IS POSSIBLE THAT JEFF:

WORKING MEMORY
- Has trouble remembering information without using abbreviations and initials.
- Forgets what was being said after being interrupted.

FOCUSED ATTENTION
- Is able to concentrate easily and isn’t easily distracted.
- Completes the things they have to do quickly and efficiently.

SHIFTING
- Has trouble coming up with new ideas if the original one doesn’t work.
- Has trouble coming up with alternative options to a problem or solution.

PROCESSING SPEED
- Understand instructions and doesn’t usually need them to be repeated.
- Is able to easily find the right words to explain things in detail.
Studies have shown that the symptomology in the depressive block is positively related to a higher deterioration in some executive functions, like inhibition, attentional focus, processing speed, working memory, or mental shifting. Jeff has received scores in the executive functions that indicate that these skills are below average for the age, which means that it may be indicative of a cognitive profile compatible with a depressive disorder. Jeff’s strongest areas in the executive functions are focused attention and processing speed, while the areas of working memory and shifting are areas of improvement. This is why we recommend that you provide this information to a professional to help make a more precise diagnosis.

IMPORTANT These results are not a diagnosis. This information cannot substitute a formal diagnosis given by a professional, but it can serve as a complementary tool to help make a comprehensive diagnosis.
CONCLUSIONS

Jeff responded affirmatively to an exclusion criterion for a depressive disorder, which means that a differential and comorbidity study should be completed by a qualified professional (psychologist, psychiatrist, or neurologist).

This criterion may exclude the possibility of having a depressive disorder:
- Likes to make plans or do activities.

In addition to the interpretation of symptoms and cognitive profile assessed, the following criteria should be taken into account to ensure the validity of the diagnosis by a qualified professional:

General criteria from the questionnaire that Jeff responded YES to:
- Their body is free from substances (medicine or drugs) that may cause these cognitive changes and/or difficulties.
- Didn’t used to feel like sad, dejected, or apathetic, and has been feeling like this for more than two weeks.
- Frequently uses a tablet or touchscreen.
- Is right-handed.
- Frequently uses a computer mouse.

General criteria from the questionnaire that Jeff responded NO to:
- Uses hearing aids.
- Uses glasses or contact lenses.

If you think that Jeff may have another disorder, consult with a professional to complete a more precise diagnosis, as it is not likely to be a depressive disorder.

Implement a cognitive training regimen in order to improve the "areas of improvement" shown in the cognitive profile and executive functions. CogniFit offers a series of scientifically validated games to train the executive functions and other cognitive skills.

Use this code to get a 25% on the clinical brain training program: DEPRESSION17

Please be sure that all of the questions have been answered carefully and correctly, and that the assessment was completed in a quiet room free from distractions, as this may alter results. The data in this report corresponds to a specific time in Jeff’s life and may vary over time.