

**NINDS CDE Notice of Copyright
Memory Assessment Scale**

Availability:	Kit available for fee at: Memory Assessment Scale Link
Classification:	Supplemental: Mitochondrial Disease (Mito)
Short Description of Instrument:	<p>The Memory Assessment Scales (MAS) is an individually administered battery of tasks developed to assess memory functions in normal and clinical populations. The original design of the MAS emerged in 1981 from a review of the memory assessment literature in clinical psychology, cognitive psychology, and neuropsychology: Clinical and research articles from that time until the present have consistently noted the need for a comprehensive, well-designed, standardized memory assessment battery (e.g., Erikson & Scott, 1977; Loring & Papanicolaou, 1987; Mayes, 1986; Prigatano, 1977, 1978). Many professional reviews have criticized existing methods of assessing memory function, made numerous suggestions for improving existing methods, and specified methods and procedures which would constitute a well designed clinical memory battery. These frank suggestions and criticisms were a major influence in the development of the MAS.</p> <p>The MAS assesses three areas of cognitive function which are critical in the assessment of memory: (a) attention, concentration, and short-term memory; (b) learning and immediate memory; and (c) memory following a delay. For each of these areas, separate verbal and nonverbal tasks are used to measure material-specific (verbal versus visuospatial) memory abilities. Both recall and recognition formats are used in assessing memory functioning. In addition, a task requiring the association of verbal and nonverbal material is included as one measure of memory skills used in everyday living</p> <p>Subsets: List Learning Prose Memory. List Recall. Verbal Span. Visual Span. Visual Recognition. Visual Reproduction. Names-Faces Delayed List Recall Delayed Prose Memory. Delayed Visual Recognition. Delayed Names-Faces Recall</p>

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<p>Comments/Special instructions:</p>	<p>Scoring: The MAS can be scored in 10 to 15 minutes. The resulting Global Memory and Summary Scale scores provide measures of overall memory performance, short-term memory, verbal memory and visual memory. All measures have a mean of 100 and a standard deviation of 15.</p> <p>Subtest scale scores have been derived to have a mean of 10 and a standard deviation of 3. They can be profiled by functional memory area to facilitate scale comparison. Process scores from subtests using the List Learning task can be calculated to examine cognitive learning strategies and problems involving encoding and retrieval.</p>
<p>Rationale/Justification:</p>	<p>Strengths/Weaknesses: A clinical memory battery will not be successful if it takes more than 1 hour to administer, or has cumbersome. One way to partially resolve this dilemma is for clinicians to use their own judgment in administering tests that supplement the MAS. In general, supplementary procedures should be chosen according to the patient's condition and referral question and should be consistent with the clinician's personal model of memory function and the manner of its assessment. or inefficient elements.</p> <p>Psychometric Properties: Coefficients for the Global Memory Scale ranged from .94 to .95. These coefficients indicate that the MAS subscales and summary scores possess excellent reliability.</p> <p>Administration: The administration and scoring of the MAS can be performed by individuals who do not have formal training in neuropsychology, clinical psychology, or related fields. The MAS has been standardized and validated for use with adults 18 through 90 years of age</p>
<p>References:</p>	<p>Memory Assessment Scale Manual Clinical Applications of the Memory Assessment Scales</p>