

Pre-course Test

(Cognitive function test)

Test form

| | |
|-------------------------|--|
| Name | |
| Date of birth | Day Month Year |
| Sex | 1. Male 2. Female |
| Frequency of driving | 1. I drive more than once per week. 2. I drive about twice per month. 3. I drive about once per month. 4. I drive about once every 2 or 3 months. 5. I rarely drive. |

Precautions

1. Please do not turn the page until an instruction is given.
2. Please keep quiet when you answer the questions.
3. If you have any question, please raise your hand.

Question form 1

This test consists of five questions.

You can find the questions on the left-hand side. Please write your answers to the respective questions in the right-hand column.

Even if you do not know the answers, please write your answer freely. Please do not leave any column blank.

*Please do not turn the page until an instruction is given.

Answer sheet 1

Please answer the following questions.


| Question | Answer |
|------------------------------------|--------|
| What year is it? | |
| What month is it? | |
| What day of the month is it today? | |
| What day of the week is it today? | |
| What time is it now? | |

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Question form 2

You will find a table with a lot of numbers. Please draw diagonal lines over the numbers I give you.

For example, when I say, Please draw diagonal lines over “1” and “4”, please draw as many diagonal lines as possible in order as shown in the example below.



| | | | | | | | | | |
|--------------|---|--------------|--------------|---|---|--------------|---|--------------|---|
| 4 | 3 | 1 | 4 | 6 | 2 | 4 | 7 | 3 | 9 |
| 8 | 6 | 3 | 1 | 8 | 9 | 5 | 6 | 4 | 3 |

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Answer sheet 2



| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 3 | 2 | 7 | 5 | 4 | 2 | 4 | 1 | 3 |
| 3 | 4 | 5 | 2 | 1 | 2 | 7 | 2 | 4 | 6 |
| 6 | 5 | 2 | 7 | 9 | 6 | 1 | 3 | 4 | 2 |
| 4 | 6 | 1 | 4 | 3 | 8 | 2 | 6 | 9 | 3 |
| 2 | 5 | 4 | 5 | 1 | 3 | 7 | 9 | 6 | 8 |
| 2 | 6 | 5 | 9 | 6 | 8 | 4 | 7 | 1 | 3 |
| 4 | 1 | 8 | 2 | 4 | 6 | 7 | 1 | 3 | 9 |
| 9 | 4 | 1 | 6 | 2 | 3 | 2 | 7 | 9 | 5 |
| 1 | 3 | 7 | 8 | 5 | 6 | 2 | 9 | 8 | 4 |
| 2 | 5 | 6 | 9 | 1 | 3 | 7 | 4 | 5 | 8 |

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Question form 3

You saw a few drawings a little while ago.

Please remember what were drawn in those drawings and write down as many as possible of their names.

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Answer sheet 3

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

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Question form 4

There are clues on the left-hand side of the answer sheet.

Please remember what were drawn once again and write down as many as possible of their names.

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Answer sheet 4

1. Weapon _____
2. Musical instrument _____
3. Part of human body _____
4. Electrical product _____
5. Insect _____
6. Animal _____
7. Vegetable _____
8. Kitchen utensil _____
9. Stationery _____
10. Means of transportation _____
11. Fruit _____
12. Clothing _____
13. Bird _____
14. Flower _____
15. Carpenter tool _____
16. Furniture _____

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Question form 5

In this test, you need to draw a clock. Please draw a face of a clock. To do so, first, you need to draw a large circle and then write all the numbers in the circle.

Next, I will specify a time later and you will be asked to draw the clock hands as directed.

*Please do not turn the page until an instruction is given.

Answer sheet 5

(Drawing of clock)