Tapping Test, Speech Sounds Perception Test (SS), Seashore Rhythm Test (SR), Trailmaking Parts A and B), Lafayette Grooved Pegs, Beck Depression Inventory (BDI), SCL-90, and MMPI. Data to be reported include subgroup (HI Severity X Work Status, HI Severity X Work Level) means and standard deviations, as well as ANOVA results for each selected test. These data indicate that certain neuropsychological tests are statistically associated with differences in pre versus post HI work level/status. Since the sample size is large the ability to generalize from the data would appear to be appropriate. The data are also organized so that a clinician can utilize the data and compare an individual patient with their normative patient reference group.

Peck, E., Mitchell, S., & Doudera, E.
A Normative Study of the Memory Assessment Scale Following Head Injury.
The Memory Assessment Scales (MAS) has been shown to be an effective measure of learning and memory. The current study develops preliminary norms for a sample of head injury (HI) patients (95). Patients, aged 16 and above, met extensive admission criteria into an ongoing head injury clinical database and received a comprehensive battery of neuropsychological and emotional measures. Data on the MAS was collected for 70 mild, 18 moderate, and 7 severely head injured patients. Normative data to be reported include mean and standard deviations for each MAS Summary Scale score and each individual subtest. In addition, ANOVA (HI Severity X Clinical Scale Test Score) results will be given. The results of ANOVAs carried out indicate a statistical difference for level of severity of injury for several of the MAS Summary Scale scores and individual subtest scores. This finding is present despite the large difference in subgroup sample size. Based on these preliminary data, the MAS appears to be sensitive to different degrees of head injury severity. These data will be organized so that individual clinical cases can be compared with normative reference group scores.

Accuracy of NEO-PI-R Ratings in the Assessment of Personality Change Following Traumatic Brain Injury.
Studies support the use of the NEO-PI-R in the quantification of post-head injury personality change based on the 5-factor model of core personality traits. An analysis of self and observer ratings made available by this instrument may be especially important, as head trauma patients may be unable to accurately rate themselves secondary to cognitive impairment and anosognosia. The present study further examined the use of the NEO-PI-R as a measure of personality change in this population by comparing self with observer ratings following traumatic brain injury. Additionally, a surgical control group was employed to examine the effects of head trauma on personality functioning independent from the stress of general trauma. Methods: Twenty-one adults who sustained moderate and severe closed head injuries an average of 12 months earlier (Glasgow Coma Scale upon admission, X = 7; age and education level, X = 29 and 11 years, respectively) were compared to 21 age and education-matched surgical back injury controls on NEO-PI-R self ratings of personality traits. Additionally, 14 of the head trauma group self ratings were also compared to observer ratings (Form R, NEO-PI-R) completed by a family member. In comparison with controls, the head trauma group exhibited a significantly higher mean score on the general trait of Neuroticism ($t = -2.75; p < .01$). Self and observer ratings within the head injury group indicated strong correspondence on the dimensions of Neuroticism, Extraversion, Openness, and Agreeableness. However, observers viewed the head trauma group as demonstrating significantly lower levels of Conscientiousness as compared to self ratings ($t = -2.12, p < .04$). These results suggest that emotional distress following head injury is persistent, cannot be accounted for