

Evaluation discrimination test (copy template)

Date, Time _____, _____

Name _____ Age _____

Occupation _____

Smoker Yes No

Discrimination test

left-sided testing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Red																
Green																
Blue																

right-sided testing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Red																
Green																
Blue																

bilateral testing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Red																
Green																
Blue																

Result (Sum of the correct Discriminations*)
 left _____ right _____ bilateral _____

* Green is correct

Score - Normative data
All subjects

