

# DSS

(Digit Symbol Substitution)

DIGIT SYMBOL SUBSTITUTION (DSS) INSTRUCTIONS

Administration:

Hand the participant a pencil and begin instructions.

**“In this next section, I’m going to ask you to copy some symbols. Look at these boxes. Notice that each has a number in the upper part and a special mark in the lower part. Each number has its own mark.”** (Point to the seven squares located to the left of the heavy black line.) **“Now look down here where the squares have numbers in the top part but the squares at the bottom are empty. In each of the empty squares, put the mark that should go there.”**

Demonstrate by filling in the first two empty boxes with the corresponding symbol.

**“Like this. Here is a 2; the 2 has this mark (point to symbol). So, I put it in this empty square, like this.”** (Write in the symbol.) **“This is a 1; the 1 has this mark, so I put it in the square like this.”** (Write in the symbol.)

After marking the first two Sample Items, say:

**“Now you fill in the squares up to this heavy line.”**

**PROBLEMS:** If the participant makes an error on any of the Sample Items, correct the error immediately and review the use of the key. Continue to provide help if needed. **DO NOT PROCEED WITH THE TEST UNTIL THE PARTICIPANT CLEARLY UNDERSTANDS THE TASK.** If after three trials of explaining the Sample the participant does NOT understand, discontinue the test.

When all the Sample Items have been completed, point to the first square to the right of the heavy line and say:

**“Now you know how to do them. Begin here and fill in as many squares as you can, one after the other without skipping any. Keep working until I tell you to stop. Work AS QUICKLY AS YOU CAN without making any mistakes.”**

Sweep across the first row with your finger and say:

**“When you finish this line, go on to this one. Go ahead.”**

**BEGIN TIMING – DISCONTINUE AFTER 2 MINUTES**

**SKIPPING AROUND:** If the participant skips a box, redirect him/her the first time only. Say **“Start here”** and point to the box that was skipped. Redirect only once. If participant skips a second box, do not redirect.



Cohort #    
   MR centre #    
     Participant #    
 Participant Initials    F M L

Today's date:     year    
   month    
   date

1	2	3	4	5	6	7	8	9
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Sample Items

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4

5	6	3	1	4	1	5	4	2	7	6	3	5	7	2	8	5	4	6	3

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

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

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

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

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

Score

Name of person administering questionnaire: \_\_\_\_\_  
 Full name