PHILADELPHIA NAMING TEST
Scoring Protocol- Conventional Codes Version

General Instructions:
• Use both final transcript and tape.
• Refer to glossary for explanations of terms.
• Disregard any and all responses that follow an examiner's cue or comment (e.g. “think of what you do with that”), unless the subject speaks over it.

I. LABEL (circle or underline) the first “Complete Attempt” on the typed transcript.
   e.g. cuh-, can-, /kuh-ne-duh/ oh, I know it, candle

   • Be liberal in identifying fragments and bypassing them for a true first “Complete Attempt”.
   • Use the tape to listen again for acoustic and prosodic cues to help clarify if the attempt was complete. If you think that the attempt was self-interrupted (as indicated by the dashes in the above example), identify it as a fragment.

II. ENTER the first “Complete Attempt” on the scoresheet in the appropriate column.
   • For invalid responses (e.g. skipped trials or trials that were cued), enter "OMIT" in each response column.
   • For responses with a modifier, place the modifier in parentheses e.g. (man’s) hat.
   • Write in full descriptions (single to multi-words)
   • Write in patient comments given as responses that lead to a “No Response” code, e.g. “I don’t know”, “I use it every morning.”

III. CODE the first “Complete Attempt”
   • If the response is the target, enter a checkmark √.
   • If the response is not the target:
     a) look for Phonological Similarity as defined in the glossary. If Phonological Similarity exists and the response is a real word, code as F(ormal). If Phonological Similarity exists and the response is a nonword, code as N(onword).
     b) if there is no Phonological Similarity between the response and the target, choose the code that best captures the attempt S(emantic), M(ixed), U(nrelated), or Misc(ellaneous)

   Note: If uncertain about whether a response constitutes a real word, consult The Merriam Webster Collegiate Dictionary

   • Utterances downstream of the initial attempt may be used to disambiguate the intended target.

© 1996 AEHN/ Moss Rehabilitation Research Institute