

<b>Outcome Measure</b>	<b>Controlled Oral Word Association Test</b>
<b>Sensitivity to Change</b>	Yes
<b>Population</b>	Adult
<b>Domain</b>	Neuropsychological Impairment
<b>Type of Measure</b>	Objective test
<b>ICF-Code/s</b>	b1
<b>Description</b>	<p>Verbal fluency tasks evaluate the spontaneous production of words under restricted search conditions. For phonemic fluency, individuals are given 1 min to name as many words as possible beginning with one of the letters F, A, S or C, F, L. For semantic fluency, individuals are given 1 min to name as many items of a category as possible. The most common category is “animals”.</p> <p>The administration of phonemic and semantic fluency takes approximately 5 minutes. Admissible responses are summed and compared to a normative sample.</p>
<b>Properties</b>	<p><u>Internal consistency</u>: .83 for F,A,S (Tombough et al., 1999) and .83 for C,F,L (Ruff et al., 1996).</p> <p><u>Test-retest reliability and practice effects</u>: Test-retest reliabilities are typically over .70 for both phonemic and semantic fluency, measured after an interval of one week to five years (Basso et al., 1999; Dikmen et al., 1999; Harrison et al., 2000; Tombough et al., 1999).</p> <p><u>Inter-rater reliability</u>: .99 for scoring 125 CFL protocols of healthy subjects.</p> <p><u>Construct validity</u>: Correlations between .44 and .87 have been reported between phonemic fluency and VIQ (Henry &amp; Crawford, 2004). Semantic fluency has a moderate to strong correlation (.57-.68) with performance on the Boston Naming Test (Henry &amp; Crawford, 2004).</p> <p><u>Concurrent validity</u>: In a meta-analysis of 30 studies with 1269 participants, TBI patients were impaired compared to healthy controls on tests of phonemic and semantic fluency, to a greater extent than would be predicted based on their premorbid IQ, current VIQ or psychomotor speed (Henry &amp; Crawford, 2004). CFL performance in a sample of 669 individuals with TBI showed the task was sensitive in all groups and performance showed a clear relationship with severity across mild, moderate and severe classifications.</p>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Users may design their own materials and use norms available in Strauss, Sherman and Spreen.</li> <li>• Quick to administer.</li> <li>• Appears sensitive to TBI and predicts severity.</li> <li>• Strong psychometric properties.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Low specificity.</li> <li>• The abilities underlying performance on the test are varied (attention, working memory, processing speed, episodic memory), thus it is</li> </ul>

	<p>difficult to attribute impairment to a particular cognitive function.</p> <ul style="list-style-type: none"> <li>• Highly influenced by premorbid verbal IQ.</li> </ul>
<b>Reviewers</b>	Skye McDonald

### References

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