

<b>Outcome Measure</b>	<b>Rey Auditory Verbal Learning Test (RAVLT)</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>The purpose of the RAVLT (Lezak, 2004) is to assess verbal learning and memory. Specifically, it assesses immediate memory span, new learning, susceptibility to interference, and recognition memory.</p> <p>There are many variants of the RAVLT. The most common consists of 15 nouns that are read aloud (with 1 sec intervals between words) for 5 consecutive trials. Each trial is followed by a free recall test. The order of presentation of words remains fixed across the trials. Instructions are repeated before each trial. On completion of Trial 5, an interference list of 15 words (List B) is presented, followed by a free recall test of that list. Immediately after this, delayed recall of the first list is tested without further presentation of the words. After a 20-min delay, the examinee is again required to recall the words from list A. Recognition can also be tested – examinees must identify list A words from a list of 50 words.</p>
<b>Properties</b>	<p>See Lezak et al. (2004) and Strauss et al. (2006) for reliability and validity information. Most of the following details of psychometric properties are provided by the NINDS TBI CDE project.</p> <p><u>Test-retest reliability</u>: is good for total recall over 5 trials, .60-.70 over one year (Mitrushina &amp; Satz, 1991). A recent Australian study indicated poor test-retest reliability over 1 year (.26 to .64) in a cohort of normal 18-34 year olds for individual trials (total recall was .60). This was consistent with Geffen et al. (1994) following an interval of 6–14 days and the 1-year test-retest reliability of 0.55 reported by Snow, Tierney, Zorzitto, Fisher, and Reid (1988)</p> <p><u>Internal reliability</u>: of the total score is high (alpha coefficients &gt; .90) (van den Burg &amp; Kingma, 1999).</p> <p>Extensive literature regarding good validity including construct, criterion and predictive. For specific information refer to Strauss et al. (2006).</p> <p><u>Concurrent validity</u>: Sensitive to a variety of diseases of the brain and their severity. Has been used in TBI.</p> <p><u>Other</u>: Has good floor and ceiling effects. Has extensive norms including Australian norms (Carstairs, Shores &amp; Myors, 2012; Senior 1999).</p>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Is used extensively in clinical practice</li> </ul>

	<ul style="list-style-type: none"> <li>Assesses various aspects of memory including learning, immediate memory, and delayed memory</li> <li>Australian norms are available.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>Can be lengthy to administer (25-30 mins)</li> <li>Poor test-retest reliability means that test results need to be interpreted with caution and sensitivity to change may be less than optimal.</li> </ul>
<b>Additional Information</b>	The RAVLT is a Core measure in the Neuropsychological Impairment Domain in both McCauley et al (2012) and Wilde et al (2010).
<b>Reviewers</b>	Skye McDonald

### References:

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(Carstairs, Shores, & Myers, 2012; Geffen, Butterworth, & Geffen, 1994; Lezak, 2004; McCauley et al., 2012; Mitrushina, Satz, Chervinsky, & D'Elia, 1991; Snow, Tierney, Zoritto, Fisher, & Reid, 1988; Strauss, 2006; Tierney et al., 1988; van den Burg & Kingma, 1999; Wilde et al., 2010)