Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short Term Memory Test

First Test

|  |  |  |
| --- | --- | --- |
| Trial | Please record all the letters you remember here: | (Please leave this column blank) |
| 1 |  | /2 |
| 2 |  | /4 |
| 3 |  | /6 |
| 4 |  | /8 |
| 5 |  | /10 |

Second Test

|  |  |  |
| --- | --- | --- |
| Trial | Please record all the letters you remember here: | (Please leave this column blank) |
| 1 |  | /2 |
| 2 |  | /4 |
| 3 |  | /6 |
| 4 |  | /8 |
| 5 |  | /10 |