NINDS CDE Notice of Copyright
Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)

Availability	**Please visit this website for more information about the instrument:** **Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)**
Classification	**Basic:** Acute Hospitalized TBI, Concussion/Mild TBI, Moderate/Severe TBI, Rehabilitation Traumatic Brain Injury (TBI) **Supplemental – Highly Recommended:** Congenital Muscular Dystrophy (CMD) ◦ Highly recommended for psychological and neuropsychological CMD studies for ages 6 years and up. ◦ Recommended for other types of CMD studies as a way to characterize the study population. **Supplemental:** Epidemiology TBI, Cerebral Palsy (CP), Epilepsy, Mitochondrial Disease (Mito), Multiple Sclerosis (MS), Myotonic Dystrophy (DM), Neuromuscular Disease (NMD) **Exploratory:** Myalgic encephalomyelitis/Chronic fatigue syndrome (ME/CFS) and Sport-Related Concussion (SRC)
Short Description of Instrument	The WASI–II, a revision of the WASI, is a quick, reliable measure of intelligence for use in clinical, educational, and research settings. The WASI-II revision maintains the format and structure of the WASI and provides greater clinical utility and efficiency by offering new content and improvements. Building on the WASI, the WASI–II provides updated versions of the WASI Vocabulary, Similarities, Block Design and Matrix Reasoning subtests; four- or two-subtest administration versions; and strengthened connections with both the WISC®–IV and WAIS®–IV. The Two-Subtest Form includes Vocabulary and Matrix Reasoning Administration: Paper-and-pencil, individual, face-to-face, requires examiner training. Completion Time: Two-subtest form, 15 minutes Publication Date: 2011. **Ages / Grades:** Individuals 6:0–89:11. **Norms:** The standardization of the WASI–II was conducted from January 2010 to May 2011 on a nationally representative sample of approximately 2,300 individuals aged 6–90. **Advantages:** Provides a quick but reliable and valid estimate of IQ when administration of a full battery is not feasible or necessary; particularly useful for research applications; easy to learn and administer. **Sport-Related Concussion Specific:**

	Advantage: This is a brief reliable IQ estimate that was normed on a nationally representative sample. Provides a quick but reliable and valid estimate of IQ when administration of a full battery is not feasible or necessary; particularly useful for research applications; easy to learn and administer. Administration **Age Range**: 6–61 **Time**: Approximately 5–10 minutes for vocabulary subtest. **Limitations:** This is likely more appropriate for a comprehensive brief battery rather than a brief screen for monitoring during the sub-acute period.
Comments	The standardization of the WASI-II was conducted from January 2010 to May 2011 on a nationally representative sample of approximately 2,300 individuals aged 6–90.
Scoring	**Scoring/Interpretation:** VCI, PRI, and FSIQ scores (FSIQ–4 and FSIQ–2) **Scoring Options:** Manual or computer scoring
References	Wechsler related bibliography across study populations: **Pearson Clinical Website**. **ME/CFS-Specific:** Wortinger LA, Endestad T, Melinder AM, Øie MG, Sevenius A, Bruun Wyller V. Aberrant Resting-State Functional Connectivity in the Salience Network of Adolescent Chronic Fatigue Syndrome. PLoS One. 2016;11(7):e0159351. McCrimmon AW, Smith AD. Review of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-III). J Psychoeduc Assess. 2012;31(3):337–341.
Recommended Instrument for	CP, CMD, Epilepsy, ME/CFS, Mito, MS, DM, NMD, SRC and TBI