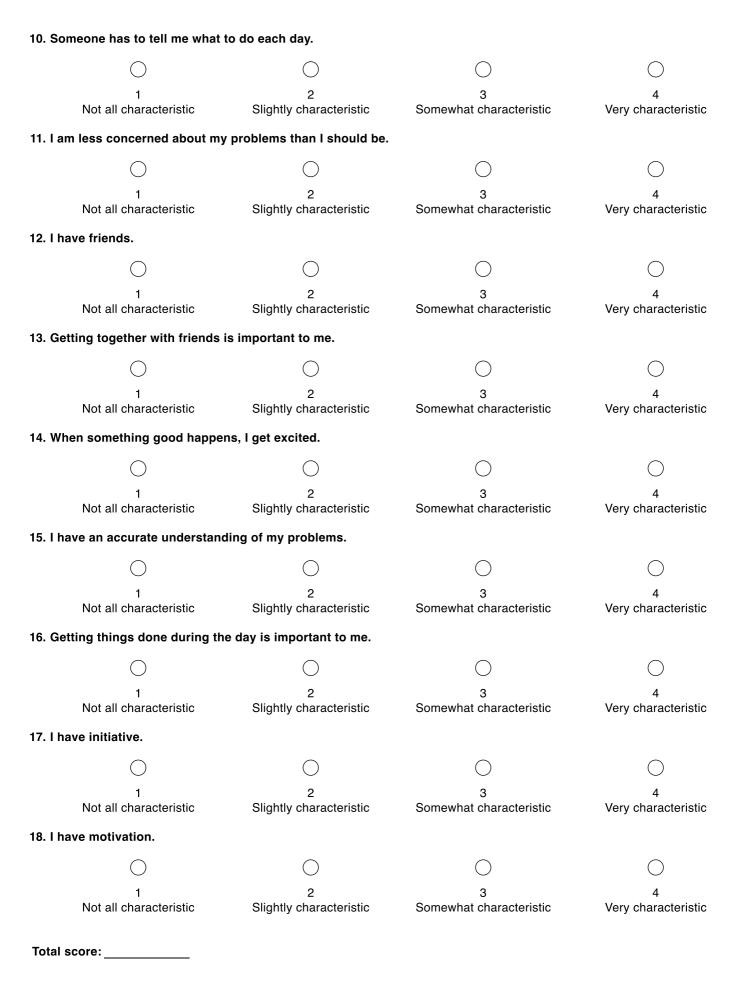
Apathy Test

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Scoring and interpretation

For clinical purposes, apathy is conceptualized as a pathological construct. Therefore,

items are scored so that high scores indicate more apathy, i.e., less motivation. This requires recoding items that are stated with positive (+) or "healthy" syntax.

Therefore, all except 3 items (#6, #10, #11) have to be recoded or reverse-scored. Recoding means changing item codes to 1=4, 2=3, 3=2, 4=1.

Scores range from 18 to 72. Using a criterion of mean + 2 SD. This suggests cutoff scores of 39-41, with higher scores reflecting more apathy.

Note: Clinical correlation suggests that these cutoffs are probably slightly low. This is undoubtedly due, at least in part, to the effect of "volunteerism": individuals who volunteer for a study on apathy probably have higher-than-average motivation compared to the general population.

It should also be noted that the original validation study was performed in a geriatric population. Age and culture are important sources of variance for rating apathy. For these reasons, it is recommended that investigators develop their own norms using this test.

Reference

Marin, R. S., Biedrzycki, R. C., & Firinciogullari, S. (1991). Reliability and validity of the Apathy Evaluation Scale. *Psychiatry Research, 38*(2), 143–162. <u>https://doi.org/10.1016/0165-1781(91)90040-v</u>

