NOMOI

COGNITIVE WELLNESS

CogSnapshot Sample Report

Sample Patient

Age 54 · Female · Assessed 27 May 2026 · 42 min

This report is prepared exclusively for the named individual and their treating physician.

CogniFit CAB PRO (Class II SaMD, FDA Reg. 3017544020). Not a diagnostic instrument.

SAMPLE — NOT A REAL PATIENT REPORT

SYNTHETIC FORMAT ONLY — UNSIGNED. Live signoff remains unavailable until reviewer identity, credential and active status are independently issuer-verified.

PUBLIC SAMPLE	This PDF is instructional and contains no real patient data.
Patient	Sample Patient · DOB 15 April 1972 · MRN SAMPLE-001
Assessment date	27 May 2026

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COGNITIVE WELLNESS SNAPSHOT

This sample illustrates the patient-facing CogSnapshot register. It demonstrates how age-normed cognitive screening outputs, self-report context, and longitudinal trend signals are summarised for review without making a diagnosis.

The illustrative pattern shows broadly average to above-average performance. Processing speed is presented at the 67th percentile versus an age-normed cohort, with attention and reasoning scores providing a consistent context for everyday cognitive efficiency.

WELLBEING INDICATORS

Physical	**5/6**	Good
Psychological	**11/15**	Moderate
Social	**4/5**	Good

YOUR COGNITIVE PROFILE

DOMAIN	SCORE	PERFORMANCE BAND	VI
Reasoning	**628**	Above Average	Not assessed
Memory	***556***	*Average*	Not assessed
Attention	**604**	Above Average	Not assessed
Coordination	**582**	Average	Not assessed
Perception	**641**	Above Average	Not assessed
Processing Speed	**612**	Above Average	Not assessed

VI is the per domain Validity Indicator. It is reported natively by the CNS Vital Signs engine and is not assessed by CogniFit CAB PRO. This sample uses the CogniFit engine, so every row shows Not assessed.

LONGITUDINAL VIEW

DOMAIN	12 February 2025 instrument unknown	30 July 2025 instrument unknown	21 January 2026 instrument unknown	27 May 2026 instrument unknown
COMPARABILITY	Baseline	Comparable	Comparable	Comparable
Reasoning	615	621	625	628
Memory	548	552	554	556
Attention	592	598	602	604
Coordination	573	576	580	582
Perception	631	635	638	641
Processing Speed	598	604	608	612

ASSESSMENT CONTEXT

INSTRUMENT	SCORE	LEVEL	REFERENCE
CFQ	**31/100**	Moderate	Broadbent et al. (1982)
PSS-10	**14/40**	Moderate	Cohen et al. (1983)
WHO-5	**72%**	Good	WHO (1998)
BRS	**3.80/5.00**	Typical resilience	Smith et al. (2008)

Self-report values are included to demonstrate report structure only. In a real report, these values would be interpreted alongside sleep, stress, health history, medication, language, test conditions, and the reason for referral.

KEY OBSERVATIONS

1. Reasoning and perception are shown as relative strengths in this sample profile.
2. Memory is slightly lower than the other domains but remains within an illustrative average range.
3. The longitudinal table shows small, stable changes across four sample time points.

EXECUTIVE COGNITIVE PERFORMANCE PROFILE

This clinician-facing register expands the same sample data into a more technical interpretive format. The profile is intentionally framed as a screening summary and does not establish, exclude, or imply a clinical diagnosis.

The pattern is compatible with efficient task engagement in this fictional example: processing speed is at the 67th percentile, attention is at the 65th percentile, and reasoning is at the 72nd percentile against an age-normed comparison group. Memory is the lowest relative domain and is described as a monitoring point rather than a clinical finding.

DETAILED COGNITIVE ANALYSIS

REASONING (628/800 — Above Average)

In this sample, reasoning is described using plain-language, age-normed screening terminology. The text demonstrates how the live report would separate observed test performance from diagnosis, prognosis, or treatment direction.

REASONING	SCORE	BAND
Planning	**634**	Above Average
Cognitive Flexibility	**621**	Above Average
Problem Solving	**629**	Above Average

MEMORY (556/800 — Average)

In this sample, memory is described using plain-language, age-normed screening terminology. The text demonstrates how the live report would separate observed test performance from diagnosis, prognosis, or treatment direction.

MEMORY	SCORE	BAND
Working Memory	**548**	Average
Visual Recall	**562**	Average
Recognition	**575**	Average

ATTENTION (604/800 — Above Average)

In this sample, attention is described using plain-language, age-normed screening terminology. The text demonstrates how the live report would separate observed test performance from diagnosis, prognosis, or treatment direction.

ATTENTION	SCORE	BAND
Sustained Attention	**608**	Above Average

Selective Attention	**599**	Average
Response Control	**606**	Above Average

COORDINATION (582/800 — Average)

In this sample, coordination is described using plain-language, age-normed screening terminology. The text demonstrates how the live report would separate observed test performance from diagnosis, prognosis, or treatment direction.

COORDINATION	SCORE	BAND
Eye-Hand Coordination	**579**	Average
Motor Speed	**587**	Average

PERCEPTION (641/800 — Above Average)

In this sample, perception is described using plain-language, age-normed screening terminology. The text demonstrates how the live report would separate observed test performance from diagnosis, prognosis, or treatment direction.

PERCEPTION	SCORE	BAND
Visual Scanning	**648**	Above Average
Spatial Perception	**636**	Above Average

COGNITIVE SIGNATURE ANALYSIS

The sample signature is a stable, relatively even profile with stronger reasoning and perception scores, adequate attention, and a comparatively lower memory score. This is included to demonstrate synthesis style only; real interpretation depends on referral question, effort/validity indicators, medical history, and collateral information.

RECOMMENDATIONS

I M M E D I A T E (within 30 days)

Review the report with a treating clinician if symptoms, safety concerns, or functional changes are present.

S H O R T - T E R M (1-6 months)

Use consistent sleep, medication, and testing-condition documentation if repeating screening.

L O N G - T E R M (6-12 months)

Compare future results against the same domains and note meaningful change only in clinical context.

PHYSICIAN DEBRIEF

KEY FINDING Sample Patient's fictional screening profile shows broadly average to above-average performance with processing speed at the 67th percentile versus an age-normed cohort. This is a demonstration statement and is not a clinical claim.

OBSERVATIONS 1. Reasoning and perception are relative sample strengths. 2. Memory is the lowest relative sample domain and would be reviewed against history and function. 3. Three prior fictional data points show a stable longitudinal pattern without an instructional alert.

ACTIONS 1. Treat this public PDF as a layout and content-style example only. 2. Do not use the sample values for clinical decision-making. 3. In a real case, integrate symptoms, medications, sleep, mood, and medical history before drawing conclusions.

This report is based on the CogniFit Cognitive Assessment Battery (CAB) PRO, a validated computerised neuropsychological screening tool (FDA Reg. 3017544020, Class II SaMD). It is intended as an aid to clinical decision-making and does not constitute a neuropsychological diagnosis. Scores are age and gender normalised on a 0 to 800 scale.
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