T.O.V.A. Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no stimuli, norms, thresholds, or reports

The T.O.V.A. (Test of Variables of Attention; The TOVA Company) is an FDA-cleared computerized go/no-go continuous performance test: 21.6 minutes, standard scores (mean 100, SD 15) by quarter, half, and total for omissions, commissions, response time, variability, and d-prime, plus a visual-only Attention Comparison Score. The documentation's hard parts are identification (visual vs auditory: different norms, ages, indications), conditions and medication timing, validity before scores, and the aid framing: cleared to aid assessment, never to diagnose or exclude ADHD.

Identification, exactly modality, build, purpose
Do: record T.O.V.A. 9, visual or auditory, the build from the patient report, date and time, and initial vs treatment-retest purpose.
Pitfall: "TOVA administered": modality decides norms, ages, indication, and ACS availability.

Testing conditions what moves CPT scores
Do: chart sleep, time of day, caffeine and substances, illness or mood, sensory correction, interruptions, motor factors, prior CPT exposure.
Pitfall: a score table with no conditions; poor sleep can manufacture the whole result.

Medication status name, dose, interval, plan
Do: state on/off, last-dose date and time, elapsed interval, and whose plan the status followed.
Pitfall: "unmedicated per protocol" with no prescriber plan; generic washouts have no basis.

Validity before scores flags = caution
Do: resolve anticipatory responses, usable responses, interruptions, hardware, and the restricted validity analysis (visual, 17+) first.
Pitfall: interpreting past an unresolved flag, or writing a flag up as malingering.

Pattern in prose by quarter and half
Do: describe which periods carried the findings: omissions, commissions, speed, variability, d-prime; halves are not quarter averages.
Pitfall: one outlying quarter promoted into a disorder, or numbers with no context.

ACS as an aid similarity, not probability
Do: report the visual ACS relative to zero as similarity to the manufacturer's ADHD comparison sample; above zero does not exclude.
Pitfall: zero as a diagnostic boundary, or an ACS sought on an auditory report.

Integration + retest both directions
Do: integrate with history, ratings, observation, impairment; retests need matched conditions, interval, practice effects, dose timing.
Pitfall: the CPT overruling cross-setting evidence, or a retest gain credited wholly to medication.

Before the note is signed

- [ ] Version, modality, and build identifier recorded
- [ ] Conditions charted: sleep, time, substances, exposure
- [ ] Medication name, dose, and last-dose interval stated
- [ ] Validity addressed before any score interpretation
- [ ] Pattern described by quarter and half, in prose
- [ ] ACS framed as an aid; zero is not a threshold
- [ ] Findings integrated; discordance is not disproof

Drafting with AI

Give it the facts: modality and build, purpose, conditions, medication timing, validity findings, the score pattern by period, the ACS if visual, the rest of the evaluation.

"Draft a T.O.V.A. results section: visual, adult, morning, off stimulant under the prescriber's baseline plan, valid administration, variability worsening across later quarters, reduced d-prime in the second half, ACS below zero, convergent with history and ratings, aid framing throughout."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Aid, never a diagnosis
cleared, not approved; sole use out

Visual vs auditory differ
norms, ages, indication, ACS

Validity before scores
flags mean caution, not deception

Conditions move scores
sleep, meds, timing, practice

T.O.V.A. Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no test content.

Client (initials): | Age: | Modality (visual/auditory): | Date + time:

Medication (name, dose, last-dose time): | Conditions (sleep, caffeine, exposure):

Identification and purpose

T.O.V.A. 9 · visual or auditory · build identifier from the patient report · initial adjunctive assessment vs treatment-evaluation retest · administered by / interpreted by

Validity review

Anticipatory responses · usable responses · unusual-pattern / performance-validity output where applicable (visual, 17+) · interruptions · hardware · instructions followed · interpretable: yes / with caution / no

Score pattern by quarter and half

Standard scores in prose: omissions · commissions · response time · RT variability · d-prime · which periods carried the findings · halves are not quarter averages

Attention Comparison Score (visual only)

Value relative to zero · similarity to the manufacturer's ADHD comparison sample · aid to assessment, not a probability, threshold, or severity · not applicable to auditory

Integration statement

Convergent / discordant / noncontributory with history, ratings, observation, impairment · neither establishes nor excludes ADHD · feeds the full evaluation

Retest documentation (if applicable)

Interval · matched conditions (time, sleep, hardware) · prior exposure + practice effects · medication and dose-to-test timing · performance-level conclusions

Plan and next steps

How the finding informs the evaluation or titration · complementary measures (ratings, function, tolerability) · monitoring approach

Clinician (name and credentials): | Signature: | Date: