Cognitive Assessment through "Casual Video Games" and Machine Learning Doctoral Consortium Contributions

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1 RESEARCH PROBLEM

Cognitive evaluation aims to the examination of higher cortical functions like memory, attention, orientation, language, or executive functions (e.g., activity planning and sequencing) (Howieson and Lezak 2010) to discard anomalies in cognitive capabilities that may led to attention deficit disorder, depression, delirium, dementia, and other conditions.

Cognitive capabilities manifest in all daily activities and are essential to autonomous development. As a consequence, the ability to develop and use them constitutes one of the main indicators of the degree of autonomy and cognitive ability of an individual, which in turn justifies cognitive evaluation.

Cognitive impairments are typically associated to senior citizens, whose cognitive capacity is gradually limited with age, and could be dramatically compromised due to dementia and other related processes. Therefore, one of the main applications of cognitive evaluation is MCI screening to detect cognitive anomalies in adults (Xu et al., 2002; Ashford et al., 2007).

Another population group where cognitive evaluations are typically performed are students. Through these evaluations study methodologies and cognitive strategies applied to understand texts or face problematic situations can be discovered and analysed. In other words, with the information provided by analysing common tasks in the learning process it could be possible to recommend activities and / or interventions to increase academic performance. Therefore, a key application of cognitive evaluation is to obtain student profiles when facing conditions like dyslexia, attention deficit disorder or hyperactivity.(Letteri, 1980; Watkins, 2000; Hatcher et al., 2002).

Currently, cognitive assessments take place in a controlled environment, usually in a clinical setting, conducted by health professionals (e.g., neurologists,

psychologists, etc.) The main diagnostic tools used are a number of validated neuro-psychological tests or scales colloquially known as "classic tests" (Spreen 1998; Bermejo et al., 2008). These tests provide results in the form of a scale evaluation of the cognitive state of a person. Besides, the usual format of the cognitive evaluation process is a face-to-face interview of variable duration, depending on the complexity and variability of the selected test suite, along with a data collection process performed typically using pen and paper.

A cognitive or neuropsychological examination should include the evaluation of the several processes or cognitive domains that comprise the cognitive spectrum of each individual. This spectrum consists of the following areas: alert level; general intellectual ability; counselling and care; linguistic, spatial and visual functions; visuo-constructive abilities; memory; executive functions (i.e., formulating goals, and their planning and execution, reasoning, abstraction ability, etc.) and finally, the affective state. In clinical practice, many classic tests are used to assess the areas just mentioned, such as:

- Alert: Glasgow Coma Scale (Teasdale and Jennett, 1974).
- Motor functions: Strength (Reitan and Wolfson, 2009).
- Orientation: Wechsler Memory Scale III (Scale-Third, 1997).
- Attention and concentration: Trail Making Test (Tombaugh, 2004).
- General cognitive level: MMSE (Cockrell and Folstein, 1987).
- Memory: King's figure; Wechsler Memory Scale III (Scale-Third, 1997); WAIS-III (Wechsler, 1997).
- Language: Token test (Swihart et al., 1989); Verbal fluency (Gourovitch et al., 2000; Herrmann et al., 2005).
- Executive function: Stroop test (Stroop, 1935); Hanoi towers (Dehaene and Changeux, 1997).

• Affective areas: Geriatric Depression Scale (GDS) (Brink et al., 1982).

On the other hand, these classic tools suffer several limitations that have to be taken into account so that the results of cognitive evaluation are not biased. Firstly, the personalized attention of health professionals is required, and the total time needed cannot be foreseen, but depends on the complexity of the test suite and the test subjects. Besides, their application is usually performed retrospectively, that is, once the individuals concerned, their families or their educational environment detect or become aware of the cognitive impairment. This delay dramatically limits the intervention and treatment options (Holtzman et al., 2011).

Another relevant limitations are the confounding factors (Pearl, 2014). In fact, the scores on neuropsychological tests will vary depending on these variables or conditions. Among the main ones we can identify the educational level as the variable that most affects the scores in existing psychological and neuropsychological tests (Ardila et al., 2000). More specifically, the skills included in these cognitive evaluations are typically skills acquired at school time, which makes them not suitable for people with a low educational level.

Age is another factor to consider, since intellectual abilities vary over time, which introduces a relevant degree of variability in the results obtained with classical neuropsychological evaluations. Overall, age makes scores in cognitive tests to improve during the first decades of life; then they have a tendency to stabilize, and after a certain age results start to worsen (Strauss et al., 2006).

Regarding the influence of gender, no consensus has been reached so far. It has been traditionally accepted that there are differences in cognitive abilities between men and women as men outperform women on tests that require greater spatial ability and / or mathematics, while women outperform men in tests in which verbal skills predominate. On the other side, in relation to mathematical skills several studies conclude that this difference is limited to the adolescence and to complex mathematical tasks (Rosselli et al., 2009). Besides, as to the alleged better language skills of women, there are studies that do not support classical evidence (Wallentin, 2009). In short, it is fairly unusual presently to find neuropsychological evaluation tests including separate standards for men and women.

Another factor to consider in cognitive evaluations is the set of characteristics or behavioural traits that define people from a particular location, like the culture or idiosyncrasy of the place. Note that most of classic test suites have been developed in a very specific cultural environment, namely the Western society. Therefore, these tests will be influenced by the values of Western culture and its application in other geographical or cultural areas may not be entirely appropriate or could be extrapolated (Ardila et al., 2007).

To complete the enumeration of the limitations of the classic mechanisms of cognitive evaluation, it is important to note that testing sessions are seen as intrusive and unnatural by many subjects. Indeed, new approaches are being developed, like the introduction of virtual reality. As a consequence, the concept of ecological cognitive evaluation (i.e., ecological validity) is starting to develop (Chaytor and Schmitter-Edgecombe, 2003).

Among the new trends to overcome the limitations identified above, some researchers have raised the possibility of using video games in order to perform cognitive evaluation. Most of the references found are characterized by studying the correlation between a classic test and the results of the interaction with a series of "casual games", to assess the reliability and efficiency of such games as instruments for cognitive evaluation. In relation to the classic tests that have been used as a reference, (Baniqued et al., 2013) studied, among others, Raven's Advanced Progressive Matrices and WAIS-III - Wechsler Adult Intelligence Scale; (Aalbers et al., 2013) used Kings Figure, Cambridge Neuropsychological Test Automated Battery, among others; and (Zygouris et al., 2014; Zucchella et al., 2014; Pazzi et al., 2014; Hagler et al., 2014; Tarnanas et al., 2013; Aalbers et al., 2013; Jimison et al., 2008; Jimison et al., 2006), targeted Mini Mental State Examination as a general cognitive validation element.

With respect to the video games employed, most studies are based on the design and development of an ad hoc game or video game suite as a replica of the classic test used as the initial validation model. (Zygouris et al., 2014; Lamb et al., 2014; Tong and Chignell, 2014; Tenorio Delgado et al., 2014; Nolin et al., 2013). However, it is possible to find case studies based on generic video games that, besides providing the intrinsic motivation of games, are perceived as everyday elements (Baniqued et al., 2013) (e.g. Memotri, Simons Says, Blobs, etc.); (Thompson et al., 2012) (e.g. sudoku, etc.) y (Jimison et al., 2008; Jimison et al., 2006) (e.g. solitary game, etc.).

Finally, in relation to the data analysis techniques applied, most of the studies carry out a statistical analysis of the correlation between the classic tests and the results of the interaction with video games. In a lesser extent, some studies use more advanced, analysis and prediction mechanisms such us machine learning, neural networks and the Theory of Response Items (Lamb et al., 2014; Sternberg et al., 2013).

2 STATE OF THE ART

The authors carried out a review of the literature on the use of video games to perform cognitive evaluation in relation to classical methods currently used in clinical practice. The main outcomes from this process are summarized below.

All studies reviewed establish as a reference the classical evaluation mechanisms, that is, the so-called neuropsychological tests, as they are validated solutions presently used to perform cognitive evaluation and diagnosis. According to the recommendations to conduct a neuropsychological evaluation (Allegri et al., 2000; Groth-Marnat, 2000; of Neurology & others, 1996; Hodges, 2007), we adopted a classification of the main cognitive areas to be evaluated (cf. Table 1 in Appendix). This classification is what we named in our research as the cognitive spectrum. Based on this classification, we found that none of the studies consulted has sought base truth on the entire spectrum, which is an initial limitation, since not covering the entire spectrum of areas that make up the cognitive capabilities of an individual will most likely limit the outcomes of an evaluation process.

On the other side, according to the design paradigm in this type of research (i.e., existing games, and new games), we found that most studies have opted for games designed ad hoc (Zygouris et al., 2014; Lamb et al., 2014; Tong and Chignell, 2014; Tenorio Delgado et al., 2014; Zucchella et al., 2014; Hagler et al., 2014; Atkins et al., 2014; Nolin et al., 2013; Tarnanas et al., 2013; Aalbers et al., 2013; Koenig and Krch, 2012; Jimison et al., 2008; Jimison et al., 2006). Note that no study has used as a paradigm for designing their games both options above, which would have served to compare and assess the effectiveness of a model over the other. In our opinion, the introduction of existing popular games should not be discarded, since this would simplify the implementation process and also would provide greater confidence and user-friendliness to cognitive monitoring, as it would be performed using games and / or activities already known by target users.

We have also performed an analysis of the games used by different studies. From this analysis the facts below were identified.

- The vast majority relied on a collection of games to cover the cognitive spectrum targeted in each research. However, some studies (Zygouris et al., 2014; Lamb et al., 2014; Zucchella et al., 2014; Hagler et al., 2014; Nolin et al., 2013; Tarnanas et al., 2013; Koenig and Krch, 2012) selected a single game including several phases and/or tasks. No evidence has been found to support one option versus the other, so additional research is needed.
- All studies present some methodological inconsistencies in some scenarios, as they rely on classic tests to capture information that is not further evaluated through the game(s) selected.
- The opposite situation has also been detected, that is, the use of games to evaluate areas that are not supported by data from any classical evaluation mechanism.

To sum up, after analysing the video games used, we found that the entire cognitive spectrum is not addressed, either through classical testing or video game playing. As a consequence, recent research denotes a lack of completeness and rigor.

In relation to the variables taken from game interaction (i.e., granularity), we identified many different approaches encompassed according to the following classification: high (i.e., a limited amount of higher level variables); average, and low (i.e., many lower-level variables). For example, some relevant variables are:

- High: scores, reliability, difficulty, etc.
- Medium: total number of movements, total number of levels completed, time to complete a task, etc.
- Low: answers, speed, precision, motor coordination level, total number of interactions, total number of completed actions, total number of errors, total number of omissions, distance covered with the mouse, etc.

As a general remark, we could infer that the best combination would be lower granularity and having more analysis elements available, always keeping a balance from the point of view of computational cost.

Considering the analysis model applied in the studies surveyed, most rely on statistical techniques to both reduce the sampling space and to facilitate correlation with respect to classic tests. Evidence of this is that these studies are limited to establish similarities or correlations with the results of those tests, allowing them to perform cognitive evaluations but being unable to detach from the classic model. This is the situation of most studies in this area (Lamb et al., 2014; Hagler et al., 2014; Baniqued et al., 2013; Carvalho et al., 2014;

Tong and Chignell, 2014; Tenorio Delgado et al., 2014; Zygouris et al., 2014; Zucchella et al., 2014; Atkins et al., 2014; Nolin et al., 2013; Thompson et al., 2012).

When we analysed the introduction of advanced predictive algorithms based on machine learning, artificial intelligence or neural networks, the number of relevant contributions in the literature is rather limited (Lamb et al., 2014; Jimison et al., 2008; Jimison et al., 2006). In these cases, the authors claim to have used these novel approaches, but no information is provided to be able to study and assess them.

With respect to the devices used to play video games to perform cognitive evaluation, we found that the most used graphical interface is the personal computer (Zygouris et al., 2014; Lamb et al., 2014; Tenorio Delgado et al., 2014; Zucchella et al., 2014; Hagler et al., 2014; Atkins et al., 2014; Nolin et al., 2013; Tarnanas et al., 2013; Baniqued et al., 2013; Aalbers et al., 2013; Koenig and Krch, 2012; Jimison et al., 2008; Jimison et al., 2006). However, the introduction of mobile and touch devices like tablet computers or smartphones is becoming more and more popular (Tong and Chignell, 2014; Tenorio Delgado et al., 2014; Thompson et al., 2012; Zygouris et al., 2014). No study provides detailed usability results focused on the device used, although some mention the digital literacy of participating users as a relevant aspect, as a low technological level may disturb the cognitive evaluation process in these cases leading to false positives.

Finally, we performed an analysis of the different processes conducted to validate the research performed in the works surveyed. In general, validation is based on real users that fit the target profile (e.g., male / female, students, seniors, etc.). Most studies take into account a number of variables when defining its population sample for validation. Typical variables considered are:

- Number of users.
- Age.
- Gender: all contributions have been validated by a greater number of women than men, but no reason or justification is provided for that. It should be noted that cognitive problems in older people are more prevalent in the female population, although primarily due to greater longevity rates, so in our opinion this population bias should not be translated to population sampling for cognitive evaluation. As pointed out above, no justification is provided about this.
- Socio-educational variables. As discussed in the introduction of this paper, these variables are

especially relevant as many classic tests depend on the educational level of the subject.

Place and duration of video game sessions.

In some cases, cross-sectional population studies were performed instead of longitudinal ones (Zygouris et al., 2014; Zucchella et al., 2014; Nolin et al., 2013; Tarnanas et al., 2013; Jimison et al., 2006). In these cases, the system proposed is validated with healthy users and users suffering from dementia or other mild conditions as a mechanism to train and refine the cognitive evaluation system under study.

3 THESIS STATEMENT

After the thorough revision of the state of the art on existing mechanisms for cognitive evaluation discussed above, we found a candidate research gap based on the absence of relevant literature providing reliable knowledge about the cognitive evaluation of individuals through a collection of generic video games and machine learning techniques.

Therefore, we intend to tackle the following research challenge or working hypothesis: is it possible to create a device to estimate the cognitive status of a person, from their interaction with casual games, using machine learning techniques?

To address this hypothesis we will relay on the following knowledge elements:

- Gamification: cognitive evaluation will be performed through the interaction with video games, and more specifically popular, unspecific video games like Tetris, puzzles, word quizzes, etc.
- Machine Learning: cognitive evaluation will make use of multi-variable regression techniques to infer cognitive capabilities from video game interactions.
- Information and communication tools: cognitive evaluation will use accessible devices and software, in a way that these technological tools will not hinder interaction, and therefore distort evaluation results.
- Ecological validity: cognitive evaluation will be continuing and non-intrusive.

4 OBJECTIVES

To address the working hypothesis raised in the previous section, we have identified the following objectives whose achievement will allow us to cover the scope of this research:

A) General Objective:

- To develop an artefact or system to perform non-intrusive cognitive evaluation through casual video games, machine learning techniques and information tools.
- B) Specific Objectives:
 - O1. To identify and select a suite of digital applications or video games to be developed or adapted according to accessibility criteria.
 - O2. To define a cognitive profile model reflecting the cognitive areas to be evaluated, that is, to define the cognitive spectrum.
 - O3. To identify the classic neuro-psychological tests for cognitive scanning that will be used to obtain validated back-up data on the cognitive spectrum.
 - O4. To perform scanning tests on a statistically significant number of subjects.
 - O5. To design and implement an accessible prototype integrating the selected video games to perform cognitive evaluation.
 - O6. To perform the validation of the artefact or system designed with real users matching the profile under study.
 - O7. To design and implement a prediction model to infer the cognitive level and profile of individuals from their interaction with video games only. This algorithm will be trained with the results obtained from video game interaction and from classic tests performed to the users in the control group. Thus algorithm will be based on machine learning techniques.
 - O8. To validate the results obtained by peer researchers, through their publication in scientific journals and contributing to relevant conferences in the field.

5 METHODOLOGY

In order to carry out the research presented in this article, we have opted to follow the next methodology described through Figure 1:

Firstly, we will define the entire cognitive spectrum, so that it will be identified clearly cognitive areas that make it up (e.g. memory, attention, verbal fluency, visuospatial ability, etc).

Secondly, a cross-sectional population group will be selected, over which it is going to conduct the study. We have opted for a cross-sectional or prevalence study (Barnett et al., 2012; Rosenbaum, 2002; Kelsey, 1996), instead of longitudinal one, because we want design and validate a device to perform the cognitive evaluation of its users in a given moment, so it should have training data to discriminate between healthy people and people with a deficit in their areas cognitive.

Then, to this group except one (i.e. one-left-out methodology (Kearns and Ron, 1999; Cawley and Talbot, 2003)), will spend classical mechanisms or tests, for being these tools that currently offer a validated outcome about cognitive state of a person. This same control group will interact with video games that cover the entire cognitive spectrum, in the same line as the classic tests selected should do, too.

Once we have validated data from the tests and data sets resulting from the interaction of the games, these are used as input variables for the designed algorithm based on machine learning techniques. As a result of this training period, the algorithm will extract coefficients able to correlate the measured variables of video games with cognitive areas evaluated.

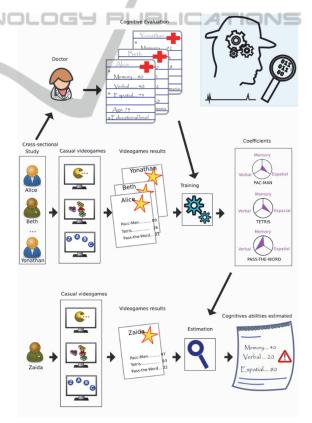


Figure 1: Methodology Cross-sectional & one-left-out.

For example as shown in Figure 1, the "pass-theword" videogame will have greater weight coefficients with working memory and verbal fluency that spatial ability. After a suitable period of training, the algorithm will be able to estimate the cognitive abilities of a person (i.e. Zaida in Figure 1) only with his/her interaction with video games. For this, algorithm will use the obtained coefficients in the training phase and multivariable regression advanced techniques.

6 EXPECTED OUTCOME

In relation to possible impact that the proposed research will provide, we can highlight the following:

Under a scientific and/or technological perspective, this research will generate knowledge in the use of video games in order to detect cognitive impairment, especially when games are used for continuous and non-intrusive monitoring of cognitive abilities. It is at that point where the use of conventional-games—unlike other approaches using games created specifically for evaluating cognitive offer promising possibilities, as they were designed for the sole purpose of being entertained.

In addition, we will gain the necessary knowledge of machine learning, especially its application in detection and estimation of patterns, thus it will be possible to infer the cognitive state of a person from their interaction with "casual video games". Therefore, it is within the scope of the use of machine learning where this research hopes to have a greater scientific impact, both nationally and internationally.

From a social and/or individual level, this research will have a positive impact in the different groups of end-users of it:

- Primary users. People object of cognitive assessment (e.g. elders, students, etc.) will be the main beneficiaries of this research, since it will enable to them a transparent, non-intrusive and continuous cognitive screening, so that it could detect early signs of cognitive problems.
- Secondary users. Family members, educators and the circle next to people under evaluation, will also benefit from this research. This will enable to receive evaluations and alerts, if problems are detected in any cognitive domain. Therefore, the pressure of these users will decrease because they will have a cognitive assessment tool that it helps them to detect anomalies without falling over them all responsibility for issuing early warnings.
- Tertiary users. Those in charge of the social, health and education policies, will also benefit from this research, to provide a non-intrusive, sustainable and effective mechanism for cognitive assessment of people. That is, it allows them to

incorporate more agile technology solutions that traditional mechanisms (e.g. scales or neurological & classic tests), which usually apply a posteriori, after the detection of cognitive problems' signs.

Finally, in economic terms this research will contribute to the sustainable maintenance of health and education systems, since early detection of possible cognitive problems, enables to increase the success of crash interventions. In this way, we could address the problem before it goes to most severe stages (e.g. attention deficit disorder, depression, delirium, dementia, etc.) and therefore, it would require greater professional assistance, with the consequent economic expenditure for public funds.

7 STAGE OF THE RESEARCH

To conclude the discussion of this article, we are going to indicate the current state of this research.

To date we have conducted a detailed study of the state of the art regarding this matter. As a result thereof, it has allowed us to propose a methodology or taxonomy that includes the needed requirements to address a research and/or development about of effective systems of cognitive assessment.

This classification (c.f. Table 2 in Appendix) includes the following sections:

- T1) Classic tests categorized by cognitive areas, which should cover the entire cognitive spectrum.
- T2) Best design paradigm: using existing games or games designed from the ground up.
- T3) Casual video games, which should cover the entire spectrum cognitive.
- T4) Most appropriate variables to collect the most representative data sets.
- T5) Most appropriate tools of data analysis (e.g. statistical, machine learning, neural networks, etc.).
- T6) Most appropriate devices or interfaces to access to games.
- T7) Methodology to allow to define the user profile and most appropriate N for validation.

At the present time, we have begun to define a cognitive profile, indicating the cognitive areas that should be evaluated, namely, in order to define the entire cognitive spectrum. At the same time, we are going to proceed to identify and select a battery of digital applications or casual video games, covering also the entire cognitive spectrum. Finally this research is expected to close along the 2016.

REFERENCES

- Aalbers, T. et al., 2013. Puzzling With Online Games (BAM-COG): Reliability, Validity, and Feasibility of an Online Self-Monitor for Cognitive Performance in Aging Adults. *Journal of medical Internet research*, 15(12). Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC38689 77/.
- Allegri, R., Harris, P. & Drake, M., 2000. La evaluaci {ó}n neuropsicol {ó}gica en la enfermedad de Alzheimer. *Rev Neurol Arg*, 25(supl 1), pp.11–15.
- Ardila, A. et al., 2000. Age-related cognitive decline during normal aging: the complex effect of education. *Archives of clinical neuropsychology*, 15(6), pp.495– 513.
- Ardila, A. et al., 2007. The impact of culture on neuropsychological test performance. *International* handbook of cross-cultural neuropsychology, pp.23– 44.
- Ashford, J.W. et al., 2007. Should older adults be screened for dementia? It is important to screen for evidence of dementia! *Alzheimer's & Dementia*, 3(2), pp.75–80.
- Atkins, S.M. et al., 2014. Measuring working memory is all fun and games: A four-dimensional spatial game predicts cognitive task performance. Experimental Psychology (formerly Zeitschrift für Experimentelle Psychologie). Available at: http://psycontent.metapress.com/content/v8813723327 73455/?referencesMode=Show.
- Baniqued, P.L. et al., 2013. Selling points: What cognitive abilities are tapped by casual video games? *Acta psychologica*, 142(1), pp.74–86. Available at: http://www.pubmedcentral.nih.gov/articlerender.fcgi?a rtid=3679476&tool=pmcentrez&rendertype=abstract [Accessed September 1, 2014].
- Barnett, K. et al., 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*, 380(9836), pp.37–43.
- Brink, T.L. et al., 1982. The geriatric depression scale. Measuring health: A guide to rating scales and questionnaires, pp.259–263.
- Carvalho, A. et al., 2014. Physical activity and cognitive function in individuals over 60 years of age: a systematic review. *Clinical interventions in aging*, 9, p.661.
- Cawley, G.C. & Talbot, N.L.C., 2003. Efficient leave-oneout cross-validation of kernel Fisher discriminant classifiers. *Pattern Recognition*, 36(11), pp.2585–2592.
- Chaytor, N. & Schmitter-Edgecombe, M., 2003. The ecological validity of neuropsychological tests: A review of the literature on everyday cognitive skills. *Neuropsychology review*, 13(4), pp.181–197.
- Cockrell, J.R. & Folstein, M.F., 1987. Mini-Mental State Examination (MMSE). *Psychopharmacology bulletin*, 24(4), pp.689–692.
- Dehaene, S. & Changeux, J.-P., 1997. A hierarchical neuronal network for planning behavior. *Proceedings*

of the National Academy of Sciences, 94(24), pp.13293–13298.

- F. Bermejo, Pareja J. Porta-Etessam, J. Díaz Guzmán, P.M.-M., 2008. Más de CIEN ESCALAS en NEUROLOGÍA,
- Gourovitch, M.L. et al., 2000. A comparison of rCBF patterns during letter and semantic fluency. *Neuropsychology*, 14(3), p.353.
- Groth-Marnat, G.E., 2000. Neuropsychological assessment in clinical practice: A guide to test interpretation and integration., John Wiley & Sons Inc.
- Hagler, S., Jimison, H.B. & Pavel, M., 2014. Assessing executive function using a computer game: Computational modeling of cognitive processes. *IEEE Journal of Biomedical and Health Informatics*, 18(4), pp.1442–1452. Available at: http://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnum ber=6732879.
- Hatcher, J., Snowling, M.J. & Griffiths, Y.M., 2002. Cognitive assessment of dyslexic students in higher education. *British Journal of Educational Psychology*, 72(1), pp.119–133.
- Herrmann, M.J. et al., 2005. Optical topography with nearinfrared spectroscopy during a verbal-fluency task. *Journal of Psychophysiology*, 19(2), pp.100–105.
- Hodges, J.R., 2007. Cognitive assessment for clinicians, Oxford University Press.
- Holtzman, D.M., Morris, J.C. & Goate, A.M., 2011. Alzheimer's disease: the challenge of the second century. *Science translational medicine*, 3(77), pp.77sr1–77sr1.
- Howieson, D.B. & Lezak, M.D., 2010. The neuropsychological evaluation. *Essentials of Neuropsychiatry and Behavioral Neurosciences*, pp.29–46.
- Jimison, H., Pavel, M. & Le, T., 2008. Home-based cognitive monitoring using embedded measures of verbal fluency in a computer word game. In Engineering in Medicine and Biology Society, 2008. EMBS 2008. 30th Annual International Conference of the IEEE. pp. 3312–3315. Available at: http://www.scopus.com/inward/record.url?eid=2-s2.0-61849185753&partnerID=40&md5=d64b42435084eb 11eaa24a9a8be838cf.
- Jimison, H.B. et al., 2006. A framework for cognitive monitoring using computer game interactions. In Medinfo 2007: Proceedings of the 12th World Congress on Health (Medical) Informatics; Building Sustainable Health Systems. p. 1073.
- Kaye, J. et al., 2014. Unobtrusive measurement of daily computer use to detect mild cognitive impairment. *Alzheimer's & dementia : the journal of the Alzheimer's Association*, 10(1), pp.10–7. Available at: http://www.ncbi.nlm.nih.gov/pubmed/23688576 [Accessed January 5, 2015].
- Kearns, M. & Ron, D., 1999. Algorithmic stability and sanity-check bounds for leave-one-out cross-validation. *Neural Computation*, 11(6), pp.1427–1453.
- Kelsey, J.L., 1996. *Methods in observational epidemiology*, Oxford University Press.

- Koenig, S. & Krch, D., 2012. User-centered development of a virtual reality cognitive assessment. In *Proceedings* of International Conference on Disability, Virtual Reality and Associated Technologies. pp. 10–12. Available at: http://www.icdvrat.reading.ac.uk/2012/papers/ICDVR AT2012_S08N2_Koenig_etal.pdf [Accessed November 22, 2014].
- Lamb, R.L. et al., 2014. Cognitive diagnostic like approaches using neural-network analysis of serious educational videogames. *Computers & Education*, 70, pp.92–104. Available at: http://linkinghub.elsevier.com/retrieve/pii/S03601315 13002303 [Accessed November 10, 2014].
- Letteri, C.A., 1980. Cognitive profile: Basic determinant of academic achievement. *The Journal of Educational Research*, 73(4), pp.195–199.
- Nolin, P. et al., 2013. Virtual Reality as a New Approach to Assess Cognitive Decline in the Elderly. Academic Journal of Interdisciplinary Studies, 2(8), p.612.
- of Neurology, A.A. & others, 1996. Assessment: Neuropsychological testing of adults. Considerations for neurologists. *Neurology*, 47(2), pp.592–599.
- Pazzi, S. et al., 2014. A Serious Games platform for early diagnosis of mild cognitive impairments. In *Games for Health 2014*. Springer, pp. 110–113.
- Pearl, J., 2014. Comment: Understanding Simpson's Paradox. *The American Statistician*, 68(1), pp.8–13.
- Reitan, R.M. & Wolfson, D., 2009. The Halstead--Reitan Neuropsychological Test Battery for Adults— Theoretical, Methodological, and Validational Bases. *Neuropsychological assessment of neuropsychiatric and neuromedical disorders*, 1.

Rosenbaum, P.R., 2002. Observational studies, Springer.

- Rosselli, M. et al., 2009. Gender differences and cognitive correlates of mathematical skills in school-aged children. *Child Neuropsychology*, 15(3), pp.216–231.
- Scale-Third, W.D.W.M., 1997. Edition (WMS-III). San Antonio, TX: The Psychological Corporation.
- Spreen, O., 1998. A compendium of neuropsychological tests: Administration, norms, and commentary, Oxford University Press.
- Sternberg, D.A. et al., 2013. The largest human cognitive performance dataset reveals insights into the effects of lifestyle factors and aging. *Frontiers in human neuroscience*, 7.
- Strauss, E., Sherman, E.M.S. & Spreen, O., 2006. A compendium of neuropsychological tests: Administration, norms, and commentary, Oxford University Press.
- Stroop, J.R., 1935. Studies of interference in serial verbal reactions. *Journal of experimental psychology*, 18(6), p.643.
- Swihart, A.A. et al., 1989. The Token Test: Validity and diagnostic power in Alzheimer's disease. *Developmental Neuropsychology*, 5(1), pp.69–78.
- Tarnanas, I. et al., 2013. Ecological validity of virtual reality daily living activities screening for early dementia: longitudinal study. *JMIR Serious Games*, 1(1), p.e1.

- Teasdale, G. & Jennett, B., 1974. Assessment of coma and impaired consciousness: a practical scale. *The Lancet*, 304(7872), pp.81–84.
- Tenorio Delgado, M. et al., 2014. TENI: A comprehensive battery for cognitive assessment based on games and technology. *Child Neuropsychology*, (ahead-of-print), pp.1–16.
- Thompson, O. et al., 2012. Examining the neurocognitive validity of commercially available, smartphone-based puzzle games. *Psychology*, 3, p.525.
- Tombaugh, T.N., 2004. Trail Making Test A and B: normative data stratified by age and education. *Archives of clinical neuropsychology*, 19(2), pp.203– 214.
- Tong, T. & Chignell, M., 2014. Developing a serious game for cognitive assessment: choosing settings and measuring performance. In *Proceedings of the Second International Symposium of Chinese CHI*. pp. 70–79.
- Wallentin, M., 2009. Putative sex differences in verbal abilities and language cortex: A critical review. *Brain* and language, 108(3), pp.175–183.
- Watkins, M.W., 2000. Cognitive profile analysis: A shared professional myth.
- Wechsler, D., 1997. WAIS-III, Wechsler Adult Intelligence Scale: Administration and Scoring Manual, Psychological Corporation.
- Xu, G. et al., 2002. Screening for mild cognitive impairment (MCI) utilizing combined mini-mentalcognitive capacity examinations for identifying dementia prodromes. *International journal of geriatric psychiatry*, 17(11), pp.1027–1033.
- Zucchella, C. et al., 2014. Serious games for screening predementia conditions: From virtuality to reality? a pilot project. *Functional Neurology*, 29(3), pp.153–158. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC42647 81/.
- Zygouris, S. et al., 2014. Can a Virtual Reality Cognitive Training Application Fulfill a Dual Role? Using the Virtual Supermarket Cognitive Training Application as a Screening Tool for Mild Cognitive Impairment. *Journal of Alzheimer's Disease.*

APPENDIX

Table 1: Categorization of the areas that make the cognitive spectrum of a person (e.g. Allegri et al. (2000), Groth-Marnat (2000), Hodges (2007) y of Neurology and Others (1996)).

Cognitive area	Cognitive sub-area
General	General
Intellectual performance	Intelligence
Attention	Attention
	Spatial distribution of
	attention
Memory	Global
	Verbal episodic memory
	Visual episodic memory
	Working memory
	Semantic memory
	Procedural memory
Language	Language
Visuospatial abilities	Visuospatial ability
Executive functions	Mental flexibility
Reasoning and abstraction	Reasoning and abstraction

Table 2: Categorization or taxonomy designed to analyse the state of the art of this research. Own development.

Ti	Field or assessment criteria
T1	Ground truth/Classic Tests
T2	Design paradigm (e.g. 1. Using existing games or 2. Games designed from the ground up)
Т3	Video games/Cognitive areas
T4	Granularity (e.g. HIGH, MEDIUM or LOW)
T5	Data Analytics (e.g. statistical, machine learning, neural networks, etc.)
T6	Device or user interface
T7	Pilot and N (i.e. end users)
T8	Results

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