Cognitive Monitoring Program
New Designated Tool Frequently Asked Questions

FAQs for Commanders

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1. What is the Department of War's new designated cognitive assessment tool and what is its purpose?

Cognitron is the Department of War's new designated cognitive assessment tool. It is replacing the Automated Neuropsychological Assessment Metrics (ANAM). Service members complete a set of tasks measuring memory, attention, and processing speed on any digital device with internet connectivity. It establishes a personal baseline and, through periodic re-testing, may help the Military Health System detect potential cognitive change early. This ensures timely care and helps maintain overall mission readiness. Cognitron is not a diagnostic test, an IQ test, or a fitness-for-duty determination.

2. What is the Warfighter Cognition Test Online?

The Warfighter Cognition Test Online is the new online platform for cognitive testing. This platform supports the newly designated cognitive assessment tool and could be used in the future even if the tool changes.

3. Why is the Department transitioning away from ANAM, and will ANAM go away immediately?

The Warfighter Cognition Test Online and Cognitron modernize the department's cognitive monitoring capabilities. It's self-administered so no proctors, imaged laptops, or testing facilities are required. Results feed directly into the Individual Longitudinal Exposure Record (ILER) and the Joint Legacy Viewer every 4 hours improving accessibility. Test completion and validity status are transmitted to military service readiness systems every 24 hours. This test is taken on any government or personal device in 15-20 minutes. It has automated checks to flag invalid results and rotates in new task versions to reduce practice effects. The transition from ANAM will be phased, and your service will publish the timeline details.

4. When will service members begin using Cognitron and how will they be notified?

The roll-out is being phased in based on implementation guidance signed by the Under Secretary for Personnel and Readiness and subsequent military service policy. Cognitron will be completed by all service members using the platform.

5. What is my role as a Commander?

Your role is to enable and support testing by emphasizing its importance to your unit's readiness. It's helpful if you emphasize that you will not be receiving the results. You should help service members complete tests on schedule, and encourage the conditions that produce reliable results:

- Adequate sleep the night before
- Full effort, in a quiet setting free of distractions
- Adequate hydration and no fasting
- Limit caffeine and avoid alcohol within 24 hours prior to testing
- Light or no physical training prior to taking the test
- Reporting of anything that could affect results (recent surgery, injury, or medications with cognitive side effects)

If a cognitive change is found on periodic testing, you can support the service member's access to care and adjust duties to match the provider's care plan.

6. Will Commanders see results or be notified of concerns?

Commanders do not receive individual scores or clinical details. If a provider identifies a concern, they may send a templated note asking the command to temporarily pause further testing while the issue is addressed, without disclosing protected health information. At times, service members may be asked to retake the test to capture a valid baseline. This doesn't necessarily mean a concern was identified. Rather, it may mean that the service member may need another opportunity to test in a quiet environment.

7. What do I need to know to interpret results?

Commanders do not interpret results — that is the provider's job. Commanders will not see test results but will be provided completion information via their readiness information systems. If a service member is recommended to retest, commanders may be asked to assist in notifying them to retake the test.

8. What counts as a clinical concern, and what if TBI is suspected?

The provider, not the command, decides what warrants review by weighing the overall ("composite") score and individual modules together with the service member's history and symptoms. If a service member is suspected of having a TBI (e.g., after a blast, fall, or crash), they should be seen promptly by a provider who will use the appropriate tools, such as the MACE 2, and evidence-based concussion protocols. Cognitron may also be used as part of clinical care if a service member is diagnosed with a concussion.

9. What research supports this tool?

Cognitron has been validated against standard supervised neuropsychological tests and shown to be sensitive to cognitive change across multiple populations.

10. What resources are needed to administer it?

Because the test is self-administered on any digital device with stable internet connectivity, the resource needs have been significantly diminished. Resources now center on provider time to review invalid or flagged test results, interpret reports, and enter referrals when indicated. Providers will need ILER and/or Joint Legacy Viewer access to retrieve reports. At times, service members may need observation in a quiet environment to capture a valid baseline.

11. Who should I contact with questions?

For technical or access issues, contact the DHA Global Service Center at https://gsc.health.mil or 800-600-9332. For clinical questions, contact your supporting military medical treatment facility, the Warfighter Brain Health Hub (health.mil/brain), or the Cognitive Monitoring Program office (dha.ncr.medical-affairs.mbx.cognitive-monitoring-program@health.mil).