Outcome Measure	**The Emotion Recognition Test**
Sensitivity to Change	Not known
Population	Adult
How to obtain	Contact r.kessels@donders.ru.nl
Domain	Social Cognition
Type of Measure	Objective test
Time to administer	**Long & short forms take 20 and 10 minutes respectively.**
Description	The Emotion Recognition Task (Roy P.C. Kessels, Montagne, Hendriks, Perrett, & de Haan, 2014) is a computer-generated paradigm for measuring the recognition of six basic facial emotional expressions: anger, disgust, fear, happiness, sadness, and surprise. During this test, 96 colour video clips of actors posing emotions are presented. These are of increasing length (1-3 seconds) are presented, starting with a neutral face that changes into a facial expression (six expressions: happy, surprised, sad, fearful, disgusted, angry) of different intensities (40%, 60%, 80%, 100%: four exemplars of each). At the completion of each image, the participant is asked to select the emotional category from six possible labels. Data is entered on screen and a report generated. This (short) version of the test takes approximately 10 minutes to administer. A longer version with 10 levels of intensity takes 20 minutes.
Properties	**Reliability:** There are few published studies of the psychometric properties of the ERT. Based on published data of N=54 (people with brain injury and health controls (Rosenberg, Dethier, Kessels, Frederick Westbrook, & McDonald, 2015), coefficient alpha was estimated for scores on each emotion as follows: anger = .90; disgust = .87; fear = .84, happiness = .67; sadness = .77; surprise = .60. **Construct validity:** There is little reported evidence for convergent validity of the ERT. However, re-analysis of published data (TBI and healthy controls combined, N = 32) (Rosenberg et al., 2015) suggests that the ERT correlates strongly with TASIT Part 1 Emotion Recognition test (r =.78) **Concurrent validity:** The ERT correlates with informants' view of difficulties with communication after TBI (Rigon, Turkstra, Mutlu, & Duff, 2018). **Discriminant validity:** The ERT has proven sensitive to a wide range of clinical populations such as traumatic brain injury (Byom, Duff, Mutlu, & Turkstra, 2019; Rigon et al., 2018; Rosenberg et al., 2015; Rosenberg, McDonald, Dethier, Kessels, & Westbrook, 2014); schizophrenia (Scholten, Aleman, Montagne, & Kahn, 2005), autism spectrum disorder (Evers, Steyaert, Noens, & Wagemans, 2015; Law Smith, Montagne, Perrett, Gill, & Gallagher, 2010), obsessive-compulsive disorder (Montagne et al., 2008), bipolar disorder (Gray et al., 2006), post-traumatic stress disorder (Poljac, Montagne, & de Haan, 2011), depersonalisation disorder (Montagne, Sierra, et al., 2007), Korsakoff's amnesia (Montagne, Kessels, Wester, & de Haan, 2006), amygdalectomy (Ammerlaan, Hendriks, Colon, & Kessels, 2008), Huntington's disease (Montagne, Kessels, Kammers, et al., 2006), frontotemporal dementia (R. P. C. Kessels et al., 2007), social anxiety disorder (Montagne, Schutters, et al., 2006), Noonan syndrome (Roelofs et al., 2015) and stroke (Montagne, Nys, et al., 2007). ERT correlates with age and education in adults **Normative data:** Regression-based norms are available from a sample of 373 healthy participants from Australia, the Netherlands, Ireland and Germany, aged 8-75 (Roy P.C. Kessels et al., 2014). Normative data can also be derived from many of the clinical comparison studies, e.g. (Rigon et al., 2018), N =42; (Evers et al., 2015), N=50; (Roelofs et al., 2015), N = 40
Advantages	• Freely available www.metrisquare.net

	• Translated into multiple languages
Disadvantages	• Psychometric data is currently limited

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