



National Simulation Health Service
Patient Admission Details

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

ADMISSION DETAILS

Date of Admission:

Admitting Details: 65 YEAR OLD MALE. ADMITTED TO INPATIENT REHABILITATION FROM ACUTE STROKE UNIT. HPC: LEFT HEMISPHERE STROKE 3/52. EXPRESSIVE APHASIA. CURRENTLY MEDICALLY STABLE. PT REQUIRES ONGOING MULTI-DISCIPLINARY INPUT - PT/OT/SP. REFERRED TO SW TO PLAN FAMILY MEETING.

PATIENT PERSONAL DETAILS

Title:	MR	Surname:	JONES	First Name:	THOMAS
Other Names:		Preferred Name:	TOM		
Address:	86 SIXTH AVENUE	SUBURB:	NEWTOWN		
Home Phone:	1000 3143	Mobile Phone:	0489 282 065	Work Phone:	1000 8577
Religion:	NIL				
Primary Language:	ENGLISH				
Occupation:	CHARTERED ACCOUNTANT (semi-retired)				
Medicare Number:	6076 82018 6	DVA Number:	N/A	Pension:	N/A
Private Health Fund:	BUPA	Membership Number:	23590415		

MEDICAL HISTORY

Medical Conditions: HTN

Current Medication: COVERSYL 100mg q.d.

Allergies: NIL KNOWN

CONTACTS

First Emergency Contact

Name:	FRAN JONES	Relationship to Patient:	WIFE		
Home Phone:	1000 3143	Mobile Phone:	0419 232 076	Work Phone:	N/A

Second Emergency Contact

Name:	CHRISTOPHER JONES	Relationship to Patient:	SON		
Home Phone:	N/A	Mobile Phone:	0499 714 960	Work Phone:	N/A

General Practitioner (GP)

Doctor Name:	DR JOHN WESTON	Practice:	NEWTOWN FAMILY MEDICAL CENTRE
Address:	1005 HOSPITAL ROAD	Suburb:	NEWTOWN
Work Phone:	1000 3629	Mobile Phone:	0442 868 675



**PROGRESS NOTES
REHABILITATION**

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

DATE & TIME	<p><i>Add signature, printed name, staff category, date and time to all entries.</i> MAKE ALL NOTES CONCISE AND RELEVANT Leave no gaps between entries</p>
DD/MM/YY	NURSING: 65 yo ♂ admitted from acute stroke ward this am. PMHx: HTN, L) hemisphere
0900hrs	stroke 2/52 ago. Rx: Coversyl 100mg q.d. Meds given as charted. Pt visited by wife this pm.
	Pt settled at time of report in room. -----(RN)-----
DD/MM/YY	SOCIAL WORK: Time spent with Tom and supportive wife Fran this pm. Discussed hobbies
1145hrs	& personal history. Tom is a semi-retired chartered accountant. He worked at the same
	company for 35 years and retired due to increased work related stress. Still occasionally
	consults for VIP/long standing clients of the firm. Tom has been married to Fran for 40 years.
	He and Fran have 3 children (2 daughters, 1 son – all married) & 6 grandchildren. He enjoys
	camping with family. Tom owns a caravan and does frequent trips with Fran and/or children
	and grandchildren. He also enjoys fishing and sports. He and his son attend local football
	matches. Fran described Tom as a social person - very friendly and always has time to chat to
	others. Tom is very proud of his family and their achievements. Fran & Tom reported
	feeling well supported by family and staff at present.
	PLAN: (1) Continue to support Tom & Fran while on rehab ward. Further discussion with
	Tom & Fran re support required at home on D/C. (2) Handover to Diversional Therapist
	re activities Tom may engage with. (3) Arrange family meeting with full MDT. -----(SW)
DD/MM/YY	PHYSIOTHERAPY: Referral for new admission received with thanks. Handover from acute
1430hrs	PT received. Initial assessment conducted. Ongoing R) UL limb weakness. Pt for assistance
	as required for sit-stand T/F PLAN: Commence rehab for high level balance and stairs --(PT)-
DD/MM/YY	NURSING: Pt cooperative with staff. Tolerating food and drink well. Meds given as
1900hrs	charted. Afebrile and settled at time of report. Fran (wife) ++ supportive and requesting to
	be involved in therapy. Advised to discuss therapy goals with PT, OT, SP. -----(RN) -----
DD/MM/YY	SPEECH PATHOLOGY: Formal assessment-----
1115hrs	Handover received from acute SP. HPC: 65 yo ♂. Admitted with L) hemisphere stroke.
	Found at home by wife when returned home from shopping, slumped and unresponsive in armchair. Transferred to NSHS ED by ambulance. CT head confirmed L) hemisphere stroke.



**PROGRESS NOTES
REHABILITATION**

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

DATE & TIME	<p><i>Add signature, printed name, staff category, date and time to all entries.</i> MAKE ALL NOTES CONCISE AND RELEVANT Leave no gaps between entries</p>
SP CONT	<p>Admitted to ASU for 2/52. Transferred to inpatient rehab. Note MDT input above.</p>
	<p>O/E: Pt cooperative. Consented to Ax. Aware of communication difficulties - frustration</p>
	<p>evident. Keen to commence rehab.</p>
	<p>RESULTS: WAB-R completed: Y/N - 54/60; auditory word recognition:</p>
	<p>59/60; sequential commands: 60/80 – reversal errors; repetition 91/100 (nil verbal apraxia</p>
	<p>observed); object naming: 50/60 – noted ++ increased word finding difficulties (WFDs) in</p>
	<p>conversation than naming task. Significant difficulties with verbal fluency. Sentence</p>
	<p>completion: 10/10. Responsive speech: 10/10. AQ: 76.1. Full response form filed under</p>
	<p>“Assessments”. IMPRESSIONS: Pt presenting with expressive aphasia characterised by WFDs,</p>
	<p>semantic and phonemic paraphasias. Receptive language appears intact for basic needs.</p>
	<p>Nil dysarthria. Voice WNL for age. Recommended to commence language therapy targeting</p>
	<p>improved semantic access and word retrieval. PLAN: (1) SP to meet with Tom to</p>
	<p>discuss results and plan goals for therapy. (2) Liaise with MDT -----(SP) -----</p>
DD/MM/YY	<p>NURSING: Pt attending regular sessions with PT, OT, SP. Visited by wife Fran each day. Pt</p>
1845hrs	<p>tolerating food & drink and managing ADLs with assistance. Meds given as charted. ----(RN)--</p>
DD/MM/YY	<p>OCCUPATIONAL THERAPY: Attempted to conduct initial assessment. Pt not available</p>
0930hrs	<p>ATOR. Review of notes: R) UL weakness. ADLs requiring supervision and partial N/S</p>
	<p>assistance. PLAN: (1) Obtain handover from acute OT (2) Conduct formal assessment when</p>
	<p>pt available. ----(OT)-----</p>



Western
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Record Form Part 1

	Year	Month	Day
Date of Test			
Date of Birth			
Chronological Age			

Name: Tom Jones ID Number: 17012

Sex: M F Age: 65 Address: 86 Sixth Avenue Newtown

Phone Number: _____ Years of Education: _____ Native Language: _____

Present/Former Occupation: Chartered Accountant (semi-retired)

Examiner's Name: _____

Referral Source: _____

Date of Onset: _____

Hemiparesis:	Side of Hemiparesis:	Severity of Hemiparesis:	Hemianopia (loss of visual field):	Neglect:	Handedness:
<input type="checkbox"/> Yes	<input type="checkbox"/> Right	<input type="checkbox"/> Mild	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Right
<input type="checkbox"/> No	<input type="checkbox"/> Left	<input type="checkbox"/> Moderate	<input type="checkbox"/> Right	<input type="checkbox"/> Right	<input type="checkbox"/> Left
		<input type="checkbox"/> Severe	<input type="checkbox"/> Left	<input type="checkbox"/> Left	<input type="checkbox"/> Ambidextrous

Site of lesion (or attach report): _____

Site of lesion established by: CT Scan MRI Other (specify): _____

Contact Person(s): _____ Phone Number: _____

Address: _____

Notes:

General Recording and Scoring Directions

1. Unless otherwise indicated, score 1 point for a correct response and 0 points for an incorrect response.
2. Write NR if the patient does not respond and score as 0.
3. Unless otherwise indicated, the maximum point value for each item is in parentheses in the lower, right-hand corner of the score column.
4. If the patient's response is different from the target, write it verbatim in the space provided.

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Spontaneous Speech

A. Conversational Questions *Materials:* Audio- or Video-tape Recorder (Optional)

Directions: Read the stimulus as written or substitute similar questions as appropriate (e.g., "What *was* your occupation?"). If you substitute a question, write it next to the question replaced.

Repetition: Repeat the question if the patient requests or does not appear to understand.

Recording Responses: Write the patient's response verbatim in the Response column. Place a checkmark (✓) in the Correct or Incorrect columns as appropriate.

Optional: Audiotape or videotape the patient's responses for later review.

Item	Response	Correct	Incorrect
1. How are you today?	Very well thank you	✓	
2. Have you been here before?	I live here	✓	
3. What is your first and last name? (For incomplete responses, probe for first or last name.)	First Name Last Name	✓	
4. What is your full address? (For incomplete responses, probe for the street, city, or state. No ZIP code is needed.)	Number & Street City State (Country)	✓	
5. What is your occupation?		✓	
6. Why are you here (in the hospital)? or What seems to be the trouble?	To be interviewed by you	✓	

B. Picture Description

Materials: Stimulus Book

Directions: Turn to page 1 in the Stimulus Book, and say, **Tell me what is happening in this picture.** If the patient lists single words, say, **Try to talk in sentences.** Ask for a more complete response if he or she produces only a few words. Encourage the patient to pay attention to all aspects of the picture. Move the picture toward the patient's intact visual field if necessary.

Recording Responses: Write the patient's response verbatim.

Refer to attached transcript

Picture Description Transcript

SP = Speech Pathologist
Tom = Patient

SP Tell me what is happening in this picture

Tom Oh Gee Whiz. (pause) Ah. What's happening?

SP Yes please.

Tom Well. There's a child flow, ah, got a kite. Right. ahm.

Tom Some, Somebody here's sit, ah, (pause) standing on a, ah, what do you call it (pause) ahh (pause)

Tom Ahh. Walkway or something or oth, what do you call it. Little bridge.

Tom Ahh. (pause) just trying to get it. I know what..

SP That's ok. You're doing fine. Just take your time.

Tom That's ah (pause) trees. Ah. House. Ah.

Tom That's like a flag (pause) Dog (pause).

Tom Ah Looks like a woman (target = girl) and it could be a dog that she's holding. Oh no, she's playing with the, ah, a building sum, a sandcastle thing.

Tom There's a yacht. And, ah, then you've got this guy, whose reading, while she's getting the, ah lunch ready.

Tom Um, that's about it.... At a picnic.

SP Wonderful

Tom Looks like a picnic, in general.

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Scoring Information Content of Spontaneous Speech Tasks A and B

Directions: Circle the point value corresponding to the statement that best describes the information content of the patient's speech on Tasks A and B. Count recognizable phonemic paraphasias as correct.

- 0 = No information.
- 1 = Incomplete responses only (e.g., first name or last name only).
- 2 = Correct response to any 1 item in Task A.
- 3 = Correct responses to any 2 items in Task A.
- 4 = Correct responses to any 3 items in Task A.
- 5 = Correct responses to any 3 of the items in Task A plus some response to the picture in Task B.
- 6 = Correct responses to any 4 of the items in Task A plus some response to the picture in Task B.
- 7 = Correct responses to any 4 of the items in Task A and a mention of at least 6 things in the picture in Task B.
- 8 = Correct responses to any 5 of the items in Task A and an incomplete description of the picture in Task B.
- 9 = Correct responses to all items in Task A and an almost complete description of the picture in Task B; at least 10 people, objects, or actions should be named. Circumlocution may be present.
- 10 = Correct responses to all of the items in Task A and a reasonably complete description of the picture in Task B. Sentences of normal length and complexity, referring to most of the items and activities.

Information Content Score

8

Scoring Fluency, Grammatical Competence, and Paraphasias of Spontaneous Speech Tasks A and B

Directions: Review the point values and corresponding statements. Circle the point value that best represents the fluency, grammatical competence, and occurrence of paraphasias in the patient's speech during Tasks A and B.

- 0 = No words or short, meaningless utterances.
- 1 = Recurrent, brief, stereotypic utterances with varied intonation; the emphasis or prosody may convey some meaning.
- 2 = Single words, often paraphasias, effortful and hesitant.
- 3 = Longer, recurrent stereotypic or automatic utterances without information, or mumbling.
- 4 = Halting, telegraphic speech; mostly single words; paraphasias; occasional prepositional phrases; severe word-finding difficulty. No more than two complete sentences with the exception of automatic sentences (e.g., "Oh I don't know."); characteristic of agrammatic, nonfluent aphasia.
- 5 = Often telegraphic but more fluent speech with some grammatical organization; marked word-finding difficulty. Paraphasias may be prominent; few, but more than two propositional sentences.
- 6 = More propositional sentences with normal syntactic patterns; may have paraphasias; significant word-finding difficulty and hesitations may be present.
- 7 = Phonemic jargon with semblance to English syntax and rhythm with varied phonemes and neologisms. May talk excessively; must be fluent; characteristic of severe Wernicke's aphasia.
- 8 = Circumlocutory, fluent speech; moderate word-finding difficulty; with or without paraphasias; may have semantic jargon. The sentences are often complete but may be irrelevant.
- 9 = Mostly complete, relevant sentences; occasional hesitations and/or paraphasias; some word-finding difficulty; near normal, but still perceptibly aphasic.
- 10 = Sentences of normal length and complexity, without definite slowing, halting, or paraphasias.

Fluency, Grammatical Competence, and Paraphasias Score

5

Auditory Verbal Comprehension

A. Yes/No Questions

Materials: None

Directions: Say, I'm going to ask you some questions. Answer Yes or No. If the patient cannot respond consistently verbally or gesturally, train the patient to close his or her eyes to indicate Yes responses. Because aphasics often elaborate and circumlocute, it is particularly important to remind and reinforce the patient to respond Yes or No as requested.

Repetition: Repeat the directions and the question if the patient gives an ambiguous or confabulatory response.

Scoring: Indicate the type of response given by checking (✓) the box in the appropriate column. Score 3 points for each correct response and 0 points for each incorrect (ambiguous or confabulatory) response. If the patient self-corrects, score the last response he or she gives.

Item	Target Response	Type of Response				Score	
		Verbal	Gestural	Eye Blink	NR	Correct	Incorrect
1. Is your name Smith?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
2. Is your name Brown?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
3. Is your name _____? (Patient's last name)	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
4. Do you live in _____? (Nearby city/town where patient does not live)	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
5. Do you live in _____? (Patient's city/town of residence)	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
6. Do you live in _____? (Another nearby city/town where patient does not live)	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
7. Are you a man/woman?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
8. Are you a doctor?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
9. Am I a man/woman?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
10. Are the lights on in this room?	Yes	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	(0)
11. Is the door closed?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
12. Is this a hotel?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
13. Is this _____? (Actual location)	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
14. Are you wearing red pajamas?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
15. Will paper burn in fire?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
16. Does March come before June?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
17. Do you eat a banana before you peel it?	No	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	(0)
18. Does it snow in July?	(No) "not really, No"	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
19. Is a horse larger than a dog?	(Yes)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0
20. Do you cut the grass with an ax?	(No)	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	0

Yes/No Questions Score 54 (Max = 60)

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B. Auditory Word Recognition *Materials:* Stimulus Book, cup, matches, pencil, flower, comb, screwdriver

Directions: Refer to the specific directions for each set of items (e.g., Items 1–6; Items 7–36).

Repetition: Repeat each item one time if the patient requests or does not respond.

Scoring: Score correct responses as 1 point and incorrect responses as 0 points. If the patient points to more than one choice, score as 0, unless it is clear that the patient is self-correcting.

For Items 1–6, place objects in a random cluster, making sure they are within the patient’s intact visual field if hemianopia is present. Say, **Point to the ____**, or **Show me the ____**.

Real Objects	Score
1. Cup	1
2. Matches	1
3. Pencil	1
4. Flower	1
5. Comb	1
6. Screwdriver	1

For Items 7–36, begin with page 2 in the Stimulus Book. Say, **Point to the ____**, or **Show me the ____**.

Pictured Objects	Score
7. Matches	1
8. Cup	1
9. Comb	1
10. Screwdriver	1
11. Pencil	1
12. Flower	1
Forms	Score
13. Square	1
14. Triangle	1
15. Circle	1
16. Arrow	1
17. Cross	1
18. Cylinder	1
Letters	Score
19. J	1
20. F	1
21. B	1
22. K	1
23. M	1
24. D	1
Numbers	Score
25. 5	1
26. 61	1
27. 500	1
28. 1867	1
29. 32	1
30. 5000	1

Colors	Score
31. Blue	1
32. Brown	1
33. Red	1
34. Green	1
35. Yellow	1
36. Black	1

For Items 37–42, if an object is not in the room, substitute a comparable item and note the substituted item. Say, **Point to the ____**, or **Show me the ____**.

Furniture	Score
37. Window	1
38. Chair	0
39. Desk/Bed Table	1
40. Light	1
41. Door	1
42. Ceiling	1

Body Parts	Score
43. Ear	1
44. Nose	1
45. Eye	1
46. Chest	1
47. Neck	1
48. Chin	1

Fingers	Score
49. Thumb	1
50. Ring Finger	1
51. Index Finger	1
52. Little Finger	1
53. Middle Finger	1

For Items 54–60, the patient must get both the side (right or left) *and* body part correct to receive credit.

Right-Left on Body	Score
54. Right Ear	1
55. Right Shoulder	1
56. Left Knee	1
57. Left Ankle	1
58. Right Wrist	1
59. Left Elbow	1
60. Right Cheek	1

Auditory Word Recognition Score 59 (Max = 60)

Note. Add the scores for Letters Items 19–24 and transfer the score (Max = 6) to the Letter Discrimination score box on page 5 of Record Form Part 2.

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C. Sequential Commands

Materials: Pen, comb, book

Directions: Say, **I am going to ask you to do some things.** Read each item.

Repetition: Repeat each item in its entirety one time if the patient requests or appears confused.

Scoring: Score the maximum point value if the patient correctly executes the entire command. If not, score each underlined segment of a multi-part command separately according to the number above the segment.

Item	Score
1. <u>2</u> Raise <u>2</u> your hand.	2 (2)
2. <u>2</u> Shut <u>2</u> your eyes.	2 (2)
3. <u>2</u> Point <u>2</u> to the chair.	2 (2)
4. <u>2</u> Point <u>2</u> to the window, then to the <u>2</u> door.	4 (4)

Arrange the pen, comb, and book (from left to right) on the table in front of the patient. Point to each and say, **See the pen, the comb, and the book? I will ask you to point to them and do things with them. Are you ready?** Proceed to Item 5. If the patient does not understand Item 5 say, **If I ask you to point to the pen with the comb, you would do this...** (demonstrate). Repeat Item 5.

5. <u>2</u> Point <u>2</u> to the pen and the <u>2</u> book. <i>Picked up pen + pointed with it to book</i>	2 (4)
6. <u>4</u> Point <u>4</u> with the pen <u>4</u> to the book.	8 (8)
7. <u>4</u> Point <u>4</u> to the pen <u>4</u> with the book. <i>Pointed to book with pen</i>	0 (8)
8. <u>4</u> Point <u>4</u> to the comb <u>4</u> with the pen.	8 (8)
9. <u>4</u> With <u>4</u> the book <u>4</u> point to the comb.	8 (8)
10. <u>4</u> Put <u>4</u> the pen <u>6</u> on top of the <u>4</u> book, then give it to me.	14 (14)
11. <u>5</u> Put <u>5</u> the comb <u>5</u> on the <u>5</u> other side <u>5</u> of the pen <u>5</u> and <u>5</u> turn over the <u>5</u> book.	10 (20)

Put comb on other side of book and opened the book

Sequential Commands Score 60 (Max = 80)

Repetition

Materials: None

Directions: Say, Repeat these words. Say _____. Present the words in the order listed.

Repetition: Repeat each item one time if the patient requests or does not appear to hear the stimulus.

Scoring: Score the maximum point value if the patient correctly repeats the target word or phrase. Score 2 points for each recognizable word. Deduct 1 point for each phonemic paraphasia (e.g., shindow for window) and each error in word sequence. Give credit for responses that differ due to dysarthria (e.g., slurring), dialectal variations (e.g., winder/window), or word contractions (e.g., "He isn't coming back.>").

Verbal Apraxia Rating: Rate phonemic substitutions, stuttering, repetition, segmentation, dysprosody and other features of verbal apraxia as absent, mild, moderate, or severe.

Item	Score
1. ⁽²⁾ bed	2 (2)
2. ⁽²⁾ nose	2 (2)
3. ⁽²⁾ pipe	2 (2)
4. ⁽²⁾ window	2 (2)
5. ⁽²⁾ banana	2 (2)
6. ⁽²⁾ ⁽²⁾ snowball	4 (4)
7. ⁽²⁾ ⁽²⁾ forty-five	4 (4)
8. ⁽²⁾ ⁽²⁾ ⁽²⁾ ninety-five percent	6 (6)
9. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ sixty-two and a half	10 (10)
10. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ The pastry cook was satisfied.	10 (10)
11. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ The telephone is ringing.	8 (8)
12. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ He is not coming back.	10 (10)
13. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ delicious freshly baked bread	8 (8)
14. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ no ifs, ands, or buts	9 (10)
15. ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ ⁽²⁾ Pack my box with five dozen jugs of liquid detergent.	12 (20)

jug with five liquid detergents

Repetition Total 91 (Max = 100)

Verbal Apraxia Rating:			
<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Naming and Word Finding

A. Object Naming

Materials: Book, ball, knife, cup, safety pin, hammer, toothbrush, eraser, (pad)lock, pencil, screwdriver, key, paper clip, watch, comb, rubber band, spoon, tape, fork, matches

Directions: Present the objects in the order listed. Say, **What is this?** or **What is the name of this object?** If the patient does not respond or responds incorrectly, ask him or her to hold the object (tactile cue) and to tell you what it is. If the patient still does not respond or responds incorrectly, present the first phoneme of the word (phonemic cue), or, if it is a compound word, the first half of the word (semantic cue).

Time Limit: Allow 20 seconds maximum for each item.

Scoring: Score 3 points if the object is named correctly or with a minor articulatory error (e.g., dysarthric slurring) and no cue is needed. Score 2 points if the object name is recognizable, but with a phonemic paraphasia (e.g., "fife" for "knife") and no cue is needed. If a tactile, phonemic, or semantic cue is needed, circle the T, the P, or the S in the Tactile, Phonemic, or Semantic column and score as 1 point. Score an incorrect or no response after cueing as 0 points.

Item	Other Response	Type of Cue (if needed)			Score			
		Tactile	Phonemic	Semantic				
1. Book		T	P	S	3	2	1	0
2. Ball		T	P	S	3	2	1	0
3. Knife	plastic knife	T	P	S	3	2	1	0
4. Cup		T	P	S	3	2	1	0
5. Safety Pin	a comb	T	P	S	3	2	1	0
6. Hammer		T	P	S	3	2	1	0
7. Toothbrush		T	P	S	3	2	1	0
8. Eraser	rubber	T	P	S	3	2	1	0
9. (Pad)lock		T	P	S	3	2	1	0
10. Pencil		T	P	S	3	2	1	0
11. Screwdriver		T	P	S	3	2	1	0
12. Key		T	P	S	3	2	1	0
13. Paper Clip	paper holder	T	P	S	3	2	1	0
14. Watch		T	P	S	3	2	1	0
15. Comb		T	P	S	3	2	1	0
16. Rubber Band		T	P	S	3	2	1	0
17. Spoon		T	P	S	3	2	1	0
18. Tape	sticky tape holder	T	P	S	3	2	1	0
19. Fork		T	P	S	3	2	1	0
20. Matches	matches or matchbox	T	P	S	3	2	1	0

Object Naming Score 50 (Max = 60)

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B. Word Fluency

Materials: None

Directions: Say, **Name as many animals as you can in one minute.** If the patient is hesitant, cue him or her by saying, **Think of a domestic animal like the horse, or a wild animal like the tiger.** After 30 seconds, prompt the patient to continue if necessary.

Scoring: Score 1 point for each unique animal named (except for *horse* or *tiger* if given as an example), even if distorted by phonemic paraphasias.

Recording Responses: Write the patient's responses verbatim on the lines provided below.

elephant, camel, giraffe, elephant, camel

* patient using the alphabet to help prompt names

Word Fluency Score 3 (Max = 20)

C. Sentence Completion

Materials: None

Directions: Say, **Complete what I say.** For example, **ice is . . .** (cold). Present the test items.

Scoring: Score 2 points if the target response or a reasonable alternative response is given (e.g., Sugar is . . . fattening). Score 1 point for a phonemic paraphasia or off-target alternative responses (e.g., Grass is . . . brown). Score 0 points for an unreasonable response (e.g., Grass is . . . cold).

SC = self corrected

Item	Target Response	Other Response	Score		
1. The grass is ____.	green		2	1	0
2. Sugar is ____.	sweet/white		2	1	0
3. Roses are red, violets are ____.	blue		2	1	0
4. They fought like cats and ____.	dogs		2	1	0
5. Christmas is in the month of ____.	December	July SC → December	2	1	0

Sentence Completion Score 10 (Max = 10)

D. Responsive Speech

Materials: None

Directions: Say, **Answer the following questions.** Present the items.

Scoring: Score 2 points if the target response or a reasonable alternative response is given (e.g., Nurses work in a . . . clinic). Score 1 point for a phonemic paraphasia or off-target alternative responses (e.g., Nurses work in an . . . office). Score 0 points for an unreasonable response (e.g., Nurses work in a . . . store).

Item	Target Response	Other Response	Score		
1. What do you write with?	pen/pencil	I write with my right hand	2	1	0
2. What color is snow?	white		2	1	0
3. How many days are in a week?	seven		2	1	0
4. Where do nurses work?	hospital		2	1	0
5. Where can you get stamps?	post office/store		2	1	0

Responsive Speech Score 10 (Max = 10)



Score Summary Worksheet

Western Aphasia Battery™
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Spontaneous Speech Patient's Score

Information Content 8 (10) p.3

Fluency, Grammatical Competence, and Paraphasias 5 (10) p.3

Spontaneous Speech Total 13 (20)

13 (20) **Spontaneous Speech Score** (Use to calculate AQ, LQ, and CQ)

Auditory Verbal Comprehension

A. Yes/No Questions 54 (60) p.4

B. Auditory Word Recognition 59 (60) p.5

C. Sequential Commands 60 (80) p.6

Auditory Verbal Comprehension Total 173 (200)

÷ 20

8.65 (10) **Auditory Verbal Comprehension Score** (Use to calculate AQ)

÷ 10

(20) **Auditory Verbal Comprehension Score** (Use to calculate LQ and CQ)

Repetition

Repetition Total 91 (100) p.7

÷ 10

9.1 (10) **Repetition Score** (Use to calculate AQ, LQ, and CQ)

Naming and Word Finding

A. Object Naming 50 (60) p.8

B. Word Fluency 3 (20) p.9

C. Sentence Completion 10 (10) p.9

D. Responsive Speech 10 (10) p.9

Naming and Word Finding Total 73 (100)

÷ 10

7.3 (10) **Naming and Word Finding Score** (Use to calculate AQ, LQ, and CQ)

Aphasia Quotient (AQ)

13 (20) **Spontaneous Speech Score**

8.65 (10) **Auditory Verbal Comprehension Score for AQ**

9.1 (10) **Repetition Score**

7.3 (10) **Naming and Word Finding Score**

38.05 (50)

× 2

76.1 (100) **Aphasia Quotient (AQ)**

WAB-R Aphasia Classification Criteria

Numbers in the Fluency column represent the Fluency, Grammatical Competence, and Paraphasias score. Numbers in the Auditory Verbal Comprehension, Repetition, and Naming and Word Finding columns represent section scores used to determine the Aphasia Quotient.

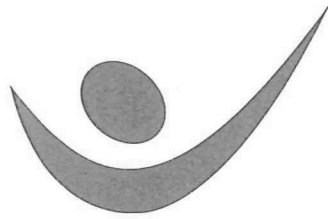
Directions: Compare the patient's four scores with the row of scores associated with each aphasia type to determine the WAB-R Aphasia Classification.

Aphasia Type	Scores			
	Fluency	Auditory Verbal Comprehension	Repetition	Naming & Word Finding
Global	<5	0-3.9	0-4.9	<7
Broca's	<5	4-10	0-7.9	<9
Isolation	<5	0-3.9	5-10	<7
Transcortical Motor	<5	4-10	8-10	<9
Wernicke's	>4	0-6.9	0-7.9	<10
Transcortical Sensory	>4	0-6.9	8-10	<10
Conduction	>4	7-10	0-6.9	<10
Anomic	>4	7-10	7-10	<10

Adapted with permission from Kertesz & Poole, 1974, *The Canadian Journal of Neurological Science*, 1(1), 7-16.

AQ = Aphasia Quotient LQ = Language Quotient CQ = Cortical Quotient

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