## Communication Recovery after TBI

## Assessment Overview: Speech Pathology

Participant ID: 052RPRA2

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 months** |  | **6 months** |  | **9 months** |  | **12 months** |  | **2 years** |  | **3 years** |  |
| Discourse  (TBIBank) | 3 | Discourse  (TBIBank) | 2 | Discourse  (TBIBank) | 2 | Discourse  (TBIBank) | 1 | Discourse  (TBIBank) | 3 | Discourse  (TBIBank) |  |
| Verb Naming  (TBIBank) | **4** | Verb Naming  (TBIBank) | 4 | Verb Naming  (TBIBank) | 3 | Verb Naming  (TBIBank) | 2 | Verb Naming  (TBIBank) | 4 | Verb Naming  (TBIBank) |  |
|  | NR | \*FAVRES | 3/7 | \*FAVRES | NR | FAVRES | 7 | FAVRES | 9 | FAVRES |  |
| Conversation (CP) | 1 | Conversation (CP) | 1 | Conversation (CP) | 1 | Conversation (CP) | 4 | Conversation (CP) | 5 | Conversation (CP) |  |
| LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) | 1 | LCQ(SO) |  |
| SPRS (SO) | 2 | SPRS (SO) | Y | SPRS (SO) | Y | SPRS (SO) | Y | SPRS (SO) | 2 | SPRS (SO) |  |
| LCQ (P) | Y | LCQ (P) | 6 | LCQ (P) | 6 | LCQ (P) | 5 | LCQ (P) | 7 | LCQ (P) |  |
| SPRS (P) | 5 | SPRS (P) | 5 | SPRS (P) | 5 | SPRS (P) | 6 | SPRS (P) | 8 | SPRS (P) |  |
| Repetition  (TBIBank) | 6 | Repetition  (TBIBank) | 8 | Repetition  (TBIBank) | 4 | Repetition  (TBIBank) | 3 | Repetition  (TBIBank) | 6 | Repetition  (TBIBank) |  |
| Frenchay-2 | 9 | Frenchay-2 | NR | Frenchay-2 | NR | Frenchay-2 | NR | Frenchay-2 | NR | Frenchay-2 |  |
| Boston-2 | 8 | Boston-2 | NR | Boston-2 | NR | Boston-2 | NR | Boston-2 | NR | Boston-2 |  |
| WAB-R | 7 | WAB-R | NR | WAB-R | NR | WAB-R | NR | WAB-R | NR | WAB-R |  |
| **\***ABA  \*If indicated | NR | **\***ABA | NR | \*ABA | NR | \*ABA | NR | \*ABA | NR | \*ABA |  |  |  | FAVRES |

Coding: ✓ = Completed by researcher ; 🗹 Completed by treating SP, — = Not required, x = Attempted, not completed, O = Partially completed

## Reasons/Comments

e.g. ↑ fatigue; ↓ participation; factors that may impact upon responses, Repeat; Name of administrator

|  |
| --- |
| 3 months |
| Verbose  ABA and FAVRES not required at this assessment. LCQ completed by therapist prior to assessment. |
| Gave $10 for travel |
|  |
| 6 months |
| Frenchay boston and WAB all WNL |
|  |
|  |
| 9 months |
|  |
|  |
|  |
| 12 months |
|  |
|  |
|  |
| 2 years |
| All required Ax completed. Comm. Partner experiencing health issues but agreed to participate. Several interruptions by son during testing |
|  |
|  |
| 3 years |
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