## Communication Recovery after TBI

## Assessment Overview: Speech Pathology

Participant ID: 058RAMI

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 months** |  | **6 months** |  | **9 months** |  | **12 months** |  | **2 years** |  | **3 years** |  |
| Discourse  (TBIBank) | 4 | Discourse  (TBIBank) | 1 | Discourse  (TBIBank) | 2 | Discourse  (TBIBank) |  | Discourse  (TBIBank) | 5 | Discourse  (TBIBank) |  |
| Verb Naming  (TBIBank) | **5** | Verb Naming  (TBIBank) | 2 | Verb Naming  (TBIBank) | 3 | Verb Naming  (TBIBank) |  | Verb Naming  (TBIBank) | 2 | Verb Naming  (TBIBank) |  |
| \*FAVRES  Once in 12 mths | NR | \*FAVRES | 6 | \*FAVRES | NR | FAVRES |  | FAVRES | 3&6 | FAVRES |  |
| Conversation (CP) | 1 | Conversation (CP) | 3 | Conversation (CP) | 1 | Conversation (CP) |  | Conversation (CP) | 4 | Conversation (CP) |  |
| LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) |  | LCQ(SO) | 6 | LCQ(SO) |  |
| SPRS (SO) | Y | SPRS (SO) | Y | SPRS (SO) | Y | SPRS (SO) |  | SPRS (SO) | 7 | SPRS (SO) |  |
| LCQ (P) | 3 | LCQ (P) | 5 | LCQ (P) | 6 | LCQ (P) |  | LCQ (P) | 8 | LCQ (P) |  |
| SPRS (P) | 2 | SPRS (P) | 4 | SPRS (P) | 7 | SPRS (P) |  | SPRS (P) | 9 | SPRS (P) |  |
| Repetition  (TBIBank) | 7 | Repetition  (TBIBank) | 7 | Repetition  (TBIBank) | 4 | Repetition  (TBIBank) |  | Repetition  (TBIBank) | 1 | Repetition  (TBIBank) |  |
| Frenchay-2 | 9 | Frenchay-2 | 8 | Frenchay-2 | 5 | Frenchay-2 |  | Frenchay-2 | NR | Frenchay-2 |  |
| Boston-2 | 6 | Boston-2 | NR | Boston-2 | NR | Boston-2 |  | Boston-2 | NR | Boston-2 |  |
| WAB-R | 8 | WAB-R | NR | WAB-R | NR | WAB-R |  | WAB-R | NR | WAB-R |  |
| **\***ABA  \*If indicated | NR | **\***ABA | NR | \*ABA | NR | \*ABA |  | \*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 |
|  |
|  |
|  |
| 6 months |
| Boston and WAB WNL at last review. |
|  |
|  |
| 9 months |
| Only completed frenchay subtests where results were below 7 at last RV |
|  |
|  |
| 12 months |
| Frenchay – Need to complete tongue subtests only |
|  |
| All completed as required, no issues. |
| 2 years |
| Completed as required  Needed to use copy for stimulus 3 in FAVRES as original missing- reduced quality of stimuli. |
|  |
|  |
| 3 years |
|  |
|  |
|  |