## Communication Recovery after TBI

## Assessment Overview: Speech Pathology

Participant ID: 041WSAN

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 months** |  | **6 months** |  | **9 months** |  | **12 months** |  | **2 years** |  | **3 years** |  |
| Discourse  (TBIBank) | Y | Discourse  (TBIBank) | 1 | Discourse  (TBIBank) | 2 | Discourse  (TBIBank) | 3 | Discourse  (TBIBank) |  | Discourse  (TBIBank) |  |
| Verb Naming  (TBIBank) | **Y** | Verb Naming  (TBIBank) | 2 | Verb Naming  (TBIBank) | 4 | Verb Naming  (TBIBank) | 4 | Verb Naming  (TBIBank) |  | Verb Naming  (TBIBank) |  |
| \*FAVRES  Once in 12 mths | NR | \*FAVRES 1 & 2  3 & 4 | 3/9 | \*FAVRES | NR | FAVRES | 8 | FAVRES |  | FAVRES |  |
| Conversation (CP) | Y | Conversation (CP) | N | Conversation (CP) | 3 | Conversation (CP) | 7 | Conversation (CP) | NC | Conversation (CP) |  |
| LCQ(SO) | ? | LCQ(SO) | N | LCQ(SO) | Y | LCQ(SO) | Y | LCQ(SO) |  | LCQ(SO) |  |
| SPRS (SO) | ? | SPRS (SO) | N | SPRS (SO) | Y | SPRS (SO) | Y | SPRS (SO) |  | SPRS (SO) |  |
| LCQ (P) | Y | LCQ (P) | 4 | LCQ (P) | 5 | LCQ (P) | 2 | LCQ (P) |  | LCQ (P) |  |
| SPRS (P) | Y | SPRS (P) | 5 | SPRS (P) | 1 | SPRS (P) | 1 | SPRS (P) |  | SPRS (P) |  |
| Repetition  (TBIBank) | Y | Repetition  (TBIBank) | 6 | Repetition  (TBIBank) | 6 | Repetition  (TBIBank) | 5 | Repetition  (TBIBank) |  | Repetition  (TBIBank) |  |
| Frenchay-2 | Y | Frenchay-2 | 7 | Frenchay-2 | 7 | Frenchay-2 | 6 | Frenchay-2 |  | Frenchay-2 |  |
| Boston-2 | Y | Boston-2 | 8 | Boston-2 | 8 | Boston-2 | NR | Boston-2 | NR | Boston-2 |  |
| WAB-R | Y | 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 |
| Tasks with Y were completed by therapist within range of assessment period |
|  |
|  |
| 6 months |
| Carer related – Unable to attend appt |
|  |
|  |
| 9 months |
|  |
|  |
|  |
| 12 months |
|  |
|  |
|  |
| 2 years |
| Carer-unable to attend, work commitments |
|  |
|  |
| 3 years |
|  |
|  |
|  |