



Brisbane Evidence-Based Language Test

Clinician: _____

Date: _____

Patient Name: _____

Address: _____

ID: _____

Standard Test

Subtests:

- Auditory Comprehension
- Verbal Expression
- Perceptual
- Reading
- Writing



Results Summary

SUBTEST SCORE	SCORE	COMMENTS	TOTAL
AUDITORY COMPREHENSION			
1. Yes/No Questions	/12		
2. Following Verbal Commands	/6		/18
VERBAL EXPRESSION			
3. Automatic Speech	/1		
4. Sentence Completion	/2		
5. Personal/Orientation Questions	/6		
6. Repetition	/4		
7. Picture Naming	/4		
8. *Naming objects from the room	/4		
9. Naming gestures	/2		
10. Picture Description	/16	(11) Self-reported difficulty? (Yes/No)	
12. Verbal Fluency – Animals	/45		
12. Verbal Fluency – Words starting with F	/35		/119
PERCEPTUAL			
13. Semantic Links	/5		/5
READING			
14. Written Word to Picture Matching	/6		
15. Following Written Commands	/4		
16. Reading Aloud	/1		
17. Functional Reading – Medicine Label	/3		/14
WRITING			
18. Functional Writing – Name	/2		
19. Functional Writing – Address	/3		
20. Writing to Dictation	/6		
21. Written Naming – Object	/1		
22. Written Naming – Gesture	/1		/13

Total Standard Level Brisbane EBLT Score	/169
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Adapted Brisbane EBLT Total Scores	
Adapted score: excluding hospital ward items <i>If test is not administered at hospital bedside omit *Subtest 8 (which requires the naming of hospital ward objects) (note total possible test score is now 165)</i>	/165
Adapted score: excluding reading/writing <i>If only the Auditory Comprehension and Verbal Expression sections have been completed (due to patient fatigue, time constraints or hemianopia, hemiparesis impacting reading/writing ability) calculate the total test score from these two areas only (note total possible score is now 137) (please note: any dysgraphia/dyslexia will not be identified)</i>	/137

Presence of Impairment

 Hearing impairment (*mild / moderate / profound*)

 Presence of hearing aids Left Right

Impacting on test performance? Yes No

1 YES/NO QUESTIONS			
'Answer these questions.' Patient can respond verbally via gesture or provide written response and still achieve correct score.			
Is your name 'MARK' / 'JAMES'? (male patients) (or) Is your name 'EMMA' / 'KATE'? (female patients) [CHOOSE INCORRECT PATIENT NAME]	'NO'		__/1
Is your name...? [INSERT CORRECT FIRST NAME]	'YES'		__/1
Are you a woman?	'YES' or 'NO'		__/1
Are you a man?	'YES' or 'NO'		__/1
Are we in Moscow? [INCORRECT]	'NO'		__/1
Are we in.....? [INSERT CORRECT CITY/TOWN]	'YES'		__/1 __/6
Is it night time?	'YES' or 'NO'		__/1
Is this a hospital?	'YES' or 'NO'		__/1
Are you in bed?	'YES' or 'NO'		__/1 __/3
Do fish swim?	'YES'		__/1
Is sugar salty?	'NO'		__/1
Does 6 come before 3?	'NO'		__/1 __/3
TOTAL:			__/12

2 FOLLOWING VERBAL COMMANDS	
'I'd like you to do what I say. If I say 'wave' you then...' [WAVE to demonstrate]. If required gently assist patient to lift arm and wave. 'Now your turn. I want you to...Smile.' (All components must be correct to achieve score)	
CAN REPEAT COMMAND AGAIN ONCE However ask patient to RE-START their response from beginning.	

1 Stage

Close your eyes			
			__/1
Point to the ceiling (Point = indication with finger/ arm/ hand)			
			__/1 __/2

'These commands now get longer. Please wait until I've finished before you respond.'

NOTE - Score patient normally even if patient starts responding before you finish speaking (do not penalise)

2 Stage

Touch your nose then point to the floor (can use the same or different hands, though must complete in this order)			
			__/1
Point to me while shaking your head (both actions <u>must</u> be completed together)			
			__/1 __/2

3 Stage

Point to your eyes, your nose and then your mouth (pointing to single eye for 'eyes' acceptable)			
			__/1
Scratch your head and then point to the ceiling with your eyes closed (eyes closed during whole task = mark correct)			
			__/1 __/2
SCORING: Score target modality only (ignore unrelated vocalisations). However, inclusion of unrelated <u>gestural</u> responses (purposeful actions) = mark incorrect. (e.g. 'Point to the ceiling' = patient pointed to ceiling <u>and</u> floor = incorrect).			__/6

Presence of Expressive Impairment

- Dysarthria (mild / mod / severe)
 Verbal dyspraxia (mild / mod / severe)
 Other condition (e.g. dysphonia) _____

Impacting on performance:

- Yes No Sometimes
 Yes No Sometimes
 Yes No Sometimes

3 AUTOMATIC SPEECH							
'Count from 1 to 10.' 'I'll start ... one, two, three...'							
4	5	6	7	8	9	10	___/1

4 SENTENCE COMPLETION			
'Finish what I say. Boys and ... [Pause] GIRLS.' 'Now your turn.' 'Up and ...'			
Up and....	<input type="checkbox"/> 'DOWN' (or) <input type="checkbox"/> 'AWAY' (or) <input type="checkbox"/> 'GO' (or)	<input type="checkbox"/> 'AT 'EM' (or) <input type="checkbox"/> 'COMING' (or) <input type="checkbox"/> 'RUNNING'	___/1
Knife and....	'FORK'		___/1 ___/2

5 PERSONAL/ ORIENTATION QUESTIONS			
Tell me, what is your name?	As listed in medical chart <i>First name scored only. Accept appropriate alternative e.g. 'Bob'</i>		___/1
What is your address? <i>(if patient has recently moved accept either new or old address)</i>	As listed in medical chart <i>Must include all basic elements of address as included in medical chart. Does not need: city or post/ZIP code.</i>		___/1
What is your date of birth?	D, M, Y (any order)		___/1
What month is it now?	Current month		___/1
Who is your next of kin, or your closest relative?	As listed in medical chart/as per family report		___/1
If you needed to call an ambulance (or paramedic) what number would you call?	Emergency number		___/1 ___/6

6 REPETITION			
'Repeat what I say...'			(Score LANGUAGE component, not motor speech/other deficits)
Book	Impossible	Uncharacteristically	___/3
The ship shone the light on the shore			(repetition must be perfect e.g. 'lights' = incorrect)
			___/1 ___/4

7 GIVE STIMULUS SLIDE 1		PICTURE NAMING	
'Look at these pictures.' [Point to Car] 'What is this?'			
Car	Car/Motorcar/Automobile/Sedan (if patient responds with 'vehicle' or 'motor-vehicle' say 'Can you be more specific?')		___/1
Toilet	Toilet/Lavatory/WC (if patient responds with 'Loo/Dunny/Toot' say 'Can you give me another word for it?')		___/1
Helicopter	Helicopter (if patient responds with 'chopper' say 'Can you give me another word for it?')		___/1
Skeleton	Skeleton		___/1 ___/4
SCORING: Semantically correct description given in addition to target word – do not penalise (e.g. 'Hospital bed' for bed) = correct. Semantically incorrect description given in addition to target word (e.g. 'double bed' for single bed) = incorrect.			

TAKE PICTURES AWAY NOTE: STETHOSCOPE NOW REQUIRED

8 NAMING OBJECTS FROM ROOM			
'Let's name some items in the room.' [Point to item in room → BED] 'What's this called?'			
Bed	'Bed' (if patient responds with 'mattress/sheet' indicate more generally to the entire bed)		__/1
Chair	'Chair'		__/1
Pillow	'Pillow' ('cushion' = incorrect)		__/1
Stethoscope	'Stethoscope'		__/1 __/4

9 NAMING GESTURES			
'Tell me what action I'm doing?' [Pretend to Wave] 'I am waving.'			
'Now your turn.' [Perform next action → Salute] 'What am I doing?'			
Salute (hand to forehead)	Saluting/ a salute		__/1
Pretend to sneeze. Say: 'achoo'	Sneezing/ a sneeze		__/1 __/2

10 GIVE STIMULUS SLIDE 2		PICTURE DESCRIPTION: COOKIE THEFT PICTURE <small>(Goodglass, Kaplan & Barresi, 2001)</small>	
[NOTE – COOKIE THEFT PICTURE IS NOT INCLUDED IN TEST FORM. CLINICIANS TO OBTAIN OWN COPY]			
'Look at this picture, it tells a story. Tell me what you see. Use full sentences. Please speak slowly and clearly.'			
<input type="checkbox"/> BOY/brother (he) (TWO CHILDREN)	<input type="checkbox"/> GIRL/sister (she)	<input type="checkbox"/> WOMAN/mother/lady (she)	<input type="checkbox"/> KITCHEN
<input type="checkbox"/> TRYING TO GET/ stealing	<input type="checkbox"/> WANTS COOKIE	<input type="checkbox"/> WASHING UP/ drying	<input type="checkbox"/> WATER/ SINK OVERFLOWING/ spilling water
<input type="checkbox"/> COOKIES FROM JAR/ cookie	<input type="checkbox"/> REACHING UP/getting	<input type="checkbox"/> DAYDREAMING/ ignoring	<input type="checkbox"/> TAP LEFT ON
<input type="checkbox"/> ON STOOL	<input type="checkbox"/> SAYING 'shh'/ smiling	<input type="checkbox"/> WINDOW	TOTAL __/16
<input type="checkbox"/> ABOUT TO FALL			
<small>SCORING: Tick the appropriate boxes the patient refers to. There is no need to transcribe the response. Scoring = single word responses = 1 score for each correct word. NOTE: He/ she must be used in a phrase/ sentence to obtain a score. (e.g. He's on the stool = score 2 ('he' = 1 and 'stool' = 1) (scoring system adapted from Yorkston & Beukelman, 1980)</small>			

11 SELF REPORT	
'Did you find that task difficult? Did you feel you had any difficulty thinking of the right words to describe the picture?' <input type="checkbox"/> 'YES, some difficulty' <input type="checkbox"/> 'NO, no problem' <input type="checkbox"/> 'UNSURE'	If 'YES', ask: 'Is that difficulty new since your stroke?' <input type="checkbox"/> 'YES' If 'YES', specify nature of difficulty: <input type="checkbox"/> 'NO' <input type="checkbox"/> 'UNSURE'

12 VERBAL FLUENCY	
'I want you to think of items that are similar.' <small>Score 1 point for each correct response.</small>	
Name as many different animals as you can in 1 minute	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> __/45 </div>
<small>'Animal' definition: Any multicellular organism including vertebrates (mammals, birds, reptiles, fish), molluscs (clams, oysters, snails) arthropods (insects) annelids (leeches), sponges and jellyfish (excl: bacteria, plants, algae, fungi, viruses). SCORING: Must be different animal species e.g. 'brown cow' and 'white cow' = 1 score. However, 'brown snake' and 'tree snake' = 2 different species = 2 scores. Award score for most specific category only e.g. 'dogs', 'spaniel', 'cocker spaniel' and 'springer spaniel' score most specific responses only: 'cocker spaniel' and 'springer spaniel' = 2 scores.</small>	

Name as many words starting with the letter 'F' as you can in 1 minute	
	___/35
<i>SCORING F WORDS: Must be real English words. 'Fast', 'faster' and 'fastest' = 3 scores. Proper nouns acceptable. Hyphenated words or multiple-word responses e.g. 'fire engine' = score first word only. E.g. 'fire engine' and 'fire hydrant' score 'fire' only = 1 score.</i>	



Perceptual

Presence of cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of impairment: _____
Premorbid Cognitive impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Cognitive impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Impacting on test performance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	

13 GIVE STIMULUS SLIDE 3	PICTURE to PICTURE (Semantic Links)			
'Which of these bottom two pictures goes best with the middle one?' [Point to pictures] 'I'll do the first one.' [Point to GLOVES and HANDS]. 'These go together.' 'Now your turn.'				
<i>Scoring: patient can either point or say name of target picture name in response</i>				
Apple	Banana (left)		Fruit (noun)	___/1
Saw	Scissors (left)		Cutting tools (adjective)	___/1
Mop	Tissue (right)		Cleaning (verb)	___/1 ___/3
'Now let's try pictures of actions.' [Verbs]				
Eating	Drinking (left)		Consuming/imbibing (verb)	___/1
Fencing	Boxing (right)		Combat sports (noun)	___/1 ___/2
				___/5



Reading

SCORING INSTRUCTIONS: Score *READING language* performance. Do not penalise for any visual or perceptual deficits (e.g. hemianopia). If required provide patient with an enlarged version of test items.

Presence of Impairment <input type="checkbox"/> Presence of hemianopia? (<i>mild / mod / severe</i>) <input type="checkbox"/> Presence of other visual impairment? _____	Impacting on Test Performance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
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14 GIVE STIMULUS SLIDE 4	WRITTEN WORD TO PICTURE MATCHING			
'Read each of these words aloud and then point to the right picture.' [Point to the first word 'CAT']				
1	Cat (N)	Cat		___/1
2	Hospital (N)	Hospital Sign (cross)		___/1
Verbs				
3	Burns (V)	Fire		___/1
4	Sparkling (V)	Diamond		___/1
Adjectives				
5	Hot (A)	Fire		___/1
6	Furry (A)	Cat		___/1 ___/6
<i>SCORING: NOUNS: patients MUST point to picture to answer. VERBS/ADJECTIVES: patients may verbally respond (e.g. 'fire'). Do NOT penalise for any errors reading aloud (simply make note of the response). Task assesses reading comprehension only.</i>				

15	GIVE STIMULUS SLIDE 5	FOLLOWING WRITTEN COMMANDS
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'Read this and do what it says' 'I'll do the first one.' [Point to word 'Wave' and wave to demonstrate].
 [If required gently assist patient to lift arm and wave] **'Now your turn.'** [Point to 'Point to the floor'].

Patient is able to complete task as they read along the text. Can read silently or aloud. Score target modality only.

1 stage

Point to the floor		
		__/1

2 stage

Raise your arm while you close your eyes <i>(raising both arms = mark as correct)</i>		
		__/3
<i>SCORING Incorrect responses: Omissions = 0; Substitutions = 0; Additional actions = penalise - 1 per additional action. (e.g. 'Point to the floor' = patient points to ceiling <u>and</u> floor. Total score = 0 (point to floor =1; additional action = -1. Total = 0). Min = 0.</i>		

16	KEEP STIMULUS SLIDE 5	READING ALOUD
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[Point to the sentence 'My father had...'] **'Read this aloud.'** *(Score language performance, not other deficits e.g. speech)*

My father had only one shoe

		__/1
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Mark patient's first response. Response must be perfect to achieve score. Score incorrect if any additional/incorrect sounds or words.

17	GIVE STIMULUS SLIDE 6	FUNCTIONAL READING : MEDICINE LABEL
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'Here is a medicine label.' [Point to LABEL]. **'I am going to ask you some questions about it.'**
 [Point to each question and READ ALOUD to patient] **'How many tablets per day?'**

NOTE - Questions are provided in BOTH written and verbal form. Patient may use pen/paper and write response OR verbally answer.

'How many tablets per day?'	<input type="checkbox"/> '3' (or) 'Three'		__/1
'Do you take this tablet on an empty stomach?'	<input type="checkbox"/> No /No, with food		__/1
'It is 3pm in the afternoon. When should the next tablet be taken?'	Any of the following: <input type="checkbox"/> Dinner/tea time/next meal <input type="checkbox"/> In the evening <input type="checkbox"/> Gives appropriate time (e.g. 5, 6, 7 or 8 pm)		__/1
			__/3



SCORING: Score WRITTEN LANGUAGE performance not upper limb motor performance. Patients may need to use their non-dominant hand.

Dominant writing hand:	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Presence of hemiparesis impacting on writing ability?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>mild / mod / severe</i>)	
Hand used for writing tasks:	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> Unaffected dominant	<input type="checkbox"/> Hemiparetic dominant <input type="checkbox"/> Non-dominant
Legibility of writing:	<input type="checkbox"/> Legible	<input type="checkbox"/> Partially Legible <input type="checkbox"/> Illegible <input type="checkbox"/> Unable

18	GIVE WRITTEN RESPONSE FORM	FUNCTIONAL WRITING
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'Write your full name here.' [Point to line below]

Full name	<input type="checkbox"/> First Name		__/1
	<input type="checkbox"/> Second Name (surname)		__/1
			__/2

19	FUNCTIONAL WRITING
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'Please fill in the form.' *(patient required to select correct gender box and fill out their address)*

Gender	Selects correct box		__/1
Address <i>Post code/ZIP code not required</i>	As listed in medical chart: <i>(items as appropriate, address may not have both number and street)</i>		
	<input type="checkbox"/> House/flat/apartment number		__/1
	<input type="checkbox"/> Street		__/1
City/Town:	<input type="checkbox"/> Suburb/district/area/region		__/1
			__/3

Note: If patient has recently moved house, accept either the new or old address. SCORING: Total score of 'Address' item = 1 for single or both components as applicable (house/flat/apartment no. and/or street) (some people may not have a house number).

20 WRITING TO DICTATION			
'Write down what I say...'			
Write the number '4'	4		__/1
Write the word 'young'	Young (or) young		__/1
Write the sentence 'The dog is brown' <i>Scoring: Response must be written correctly and in correct position e.g. 'The brown is dog' = 2 scores (1 score = 'The', 1 score = 'is')</i>	The (or) the		__/1
	dog		__/1
	is		__/1
	brown		__/1
			__/6

21 WRITTEN OBJECT NAMING			
'I am going to point to something. Write down what it's called.' [Point to your own index finger]			
'What is this? Write it down.' If patient verbally replies, say: 'Write it down.'			
Index finger	finger/index finger/forefinger		__/1
<i>(Index finger = first finger next to thumb)</i>			

22 WRITTEN GESTURE NAMING			
'Watch what I am doing, and then write it down.'			
Clapping (clap multiple times)	Clapping /clapping/clapped/clap your hands <i>(clap = incorrect)</i>		__/1

Write your full name: _____

Fill in the form:

Gender: **Male** **Female**

Address: _____

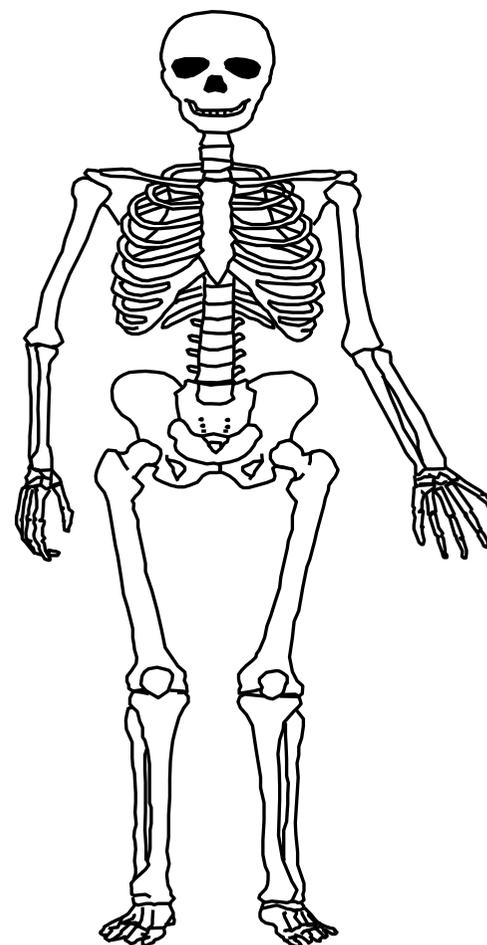
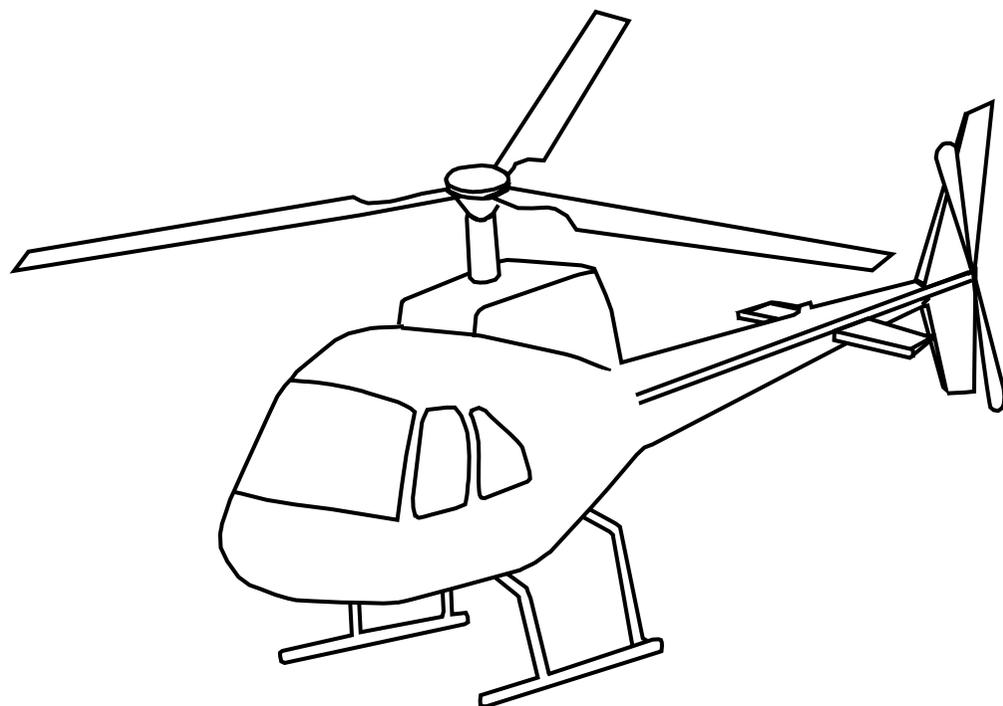
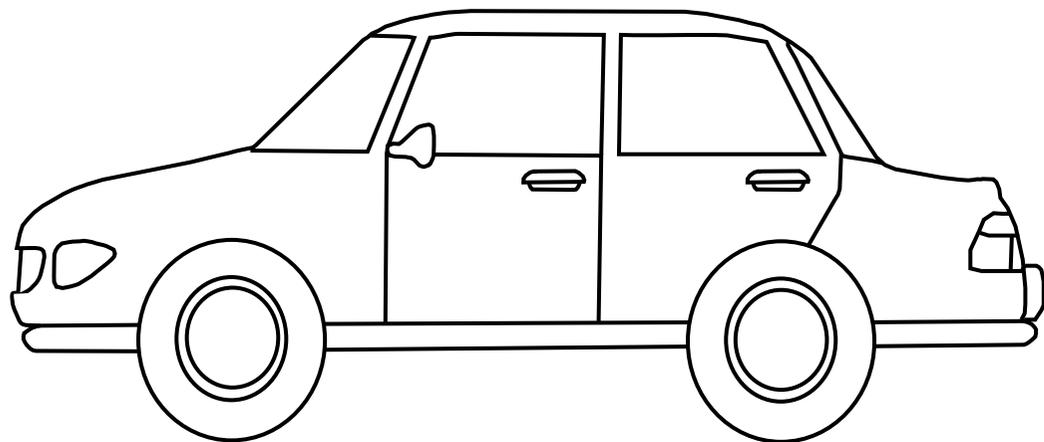
City/Town: _____



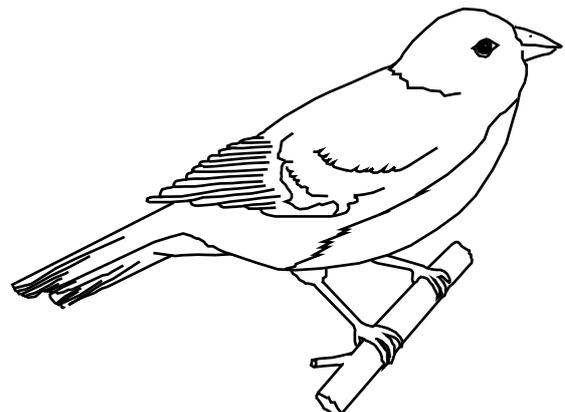
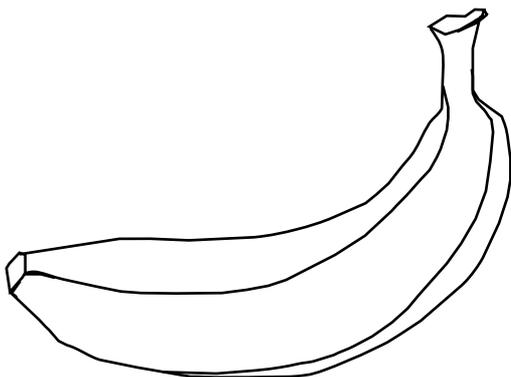
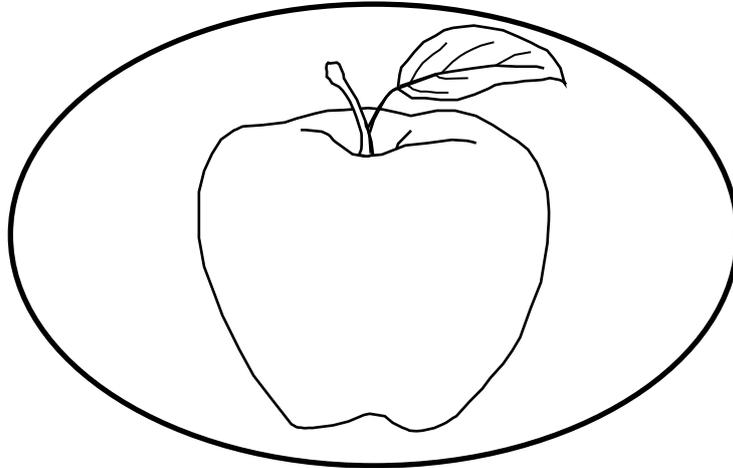
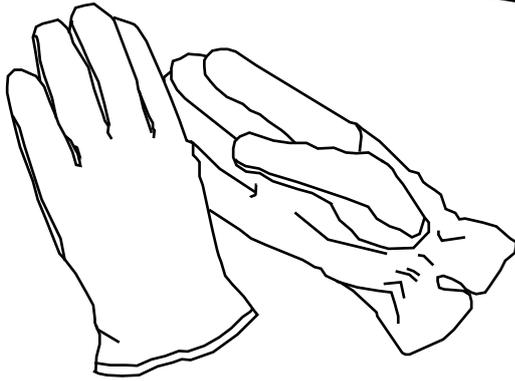
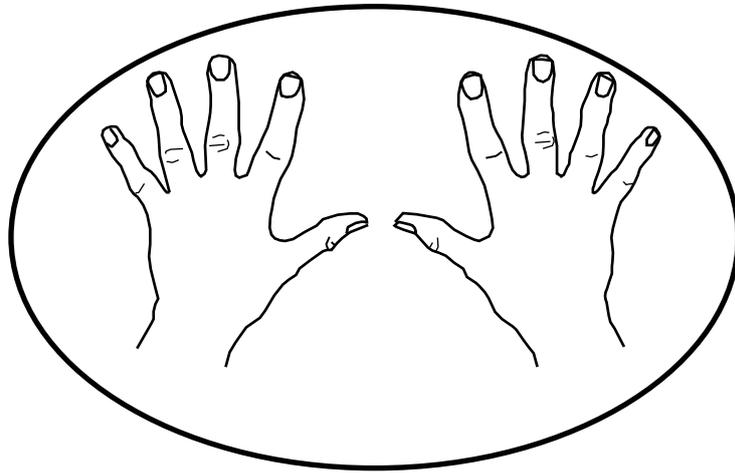
**Brisbane Evidence-Based
Language Test**

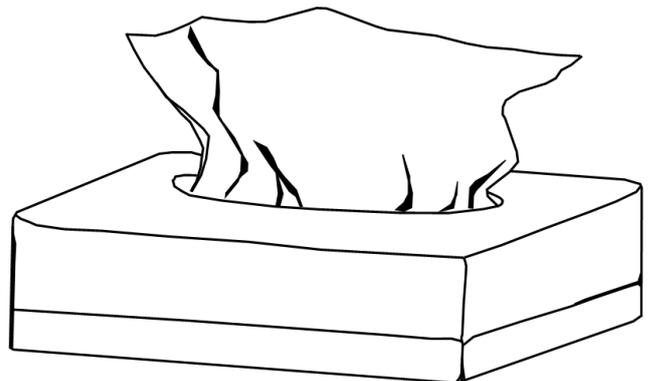
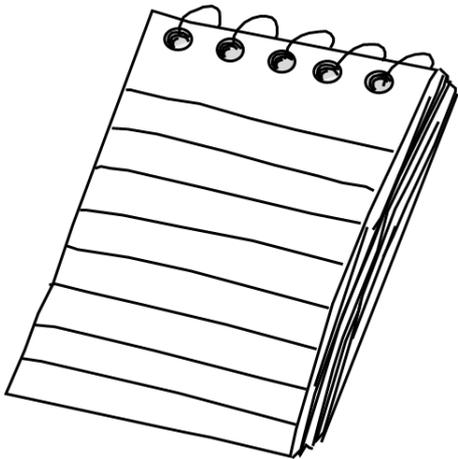
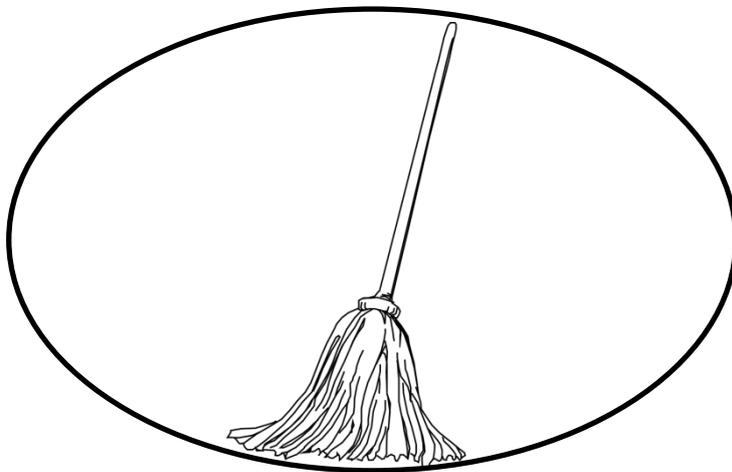
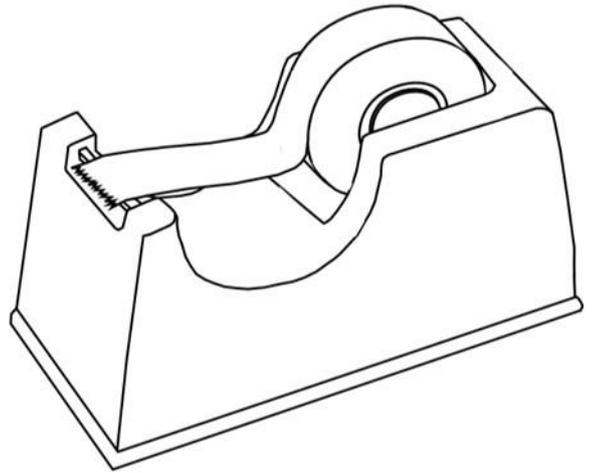
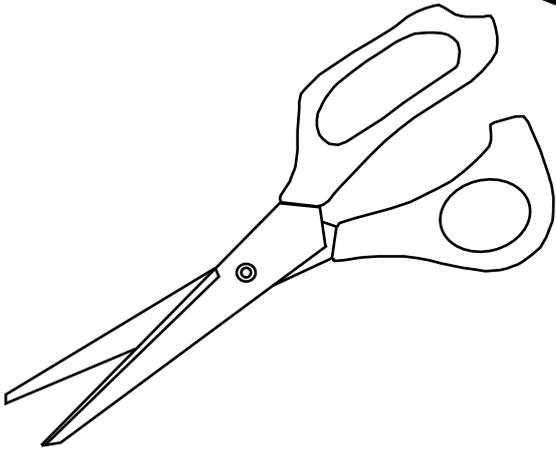
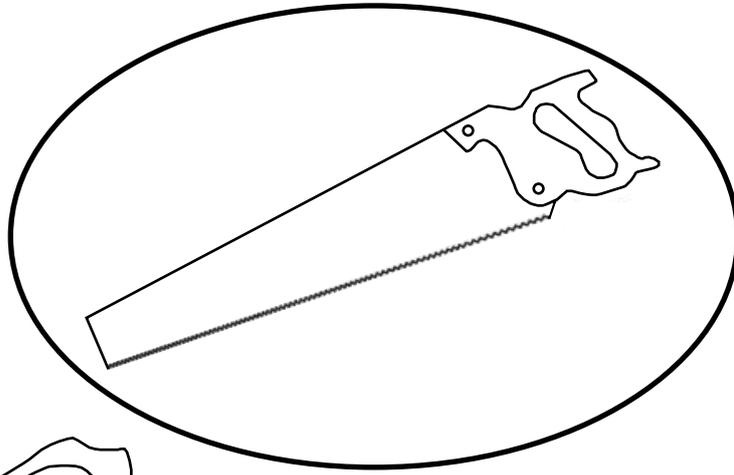
Stimulus Forms

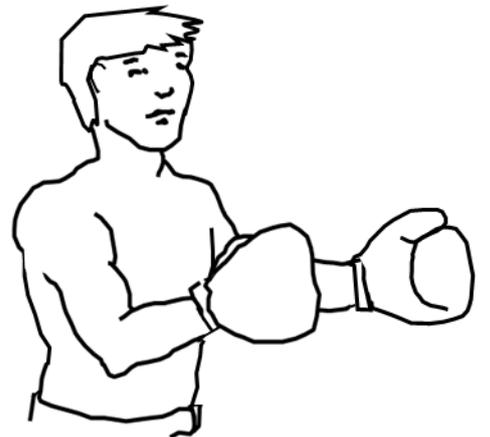
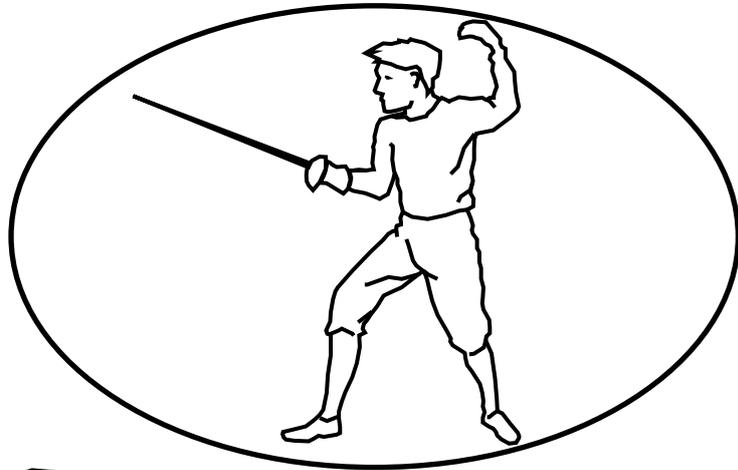
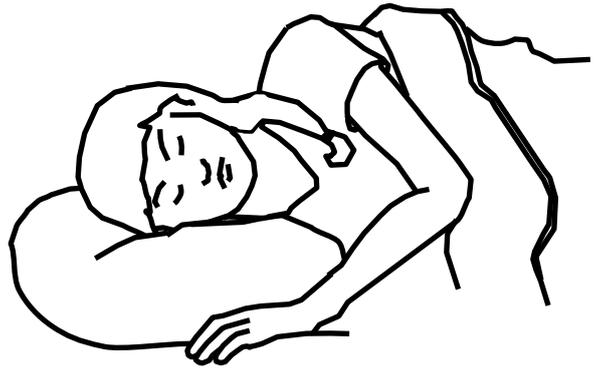
Standard Test

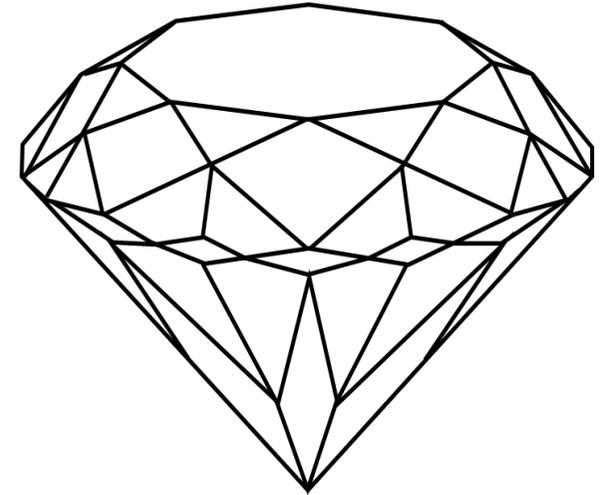
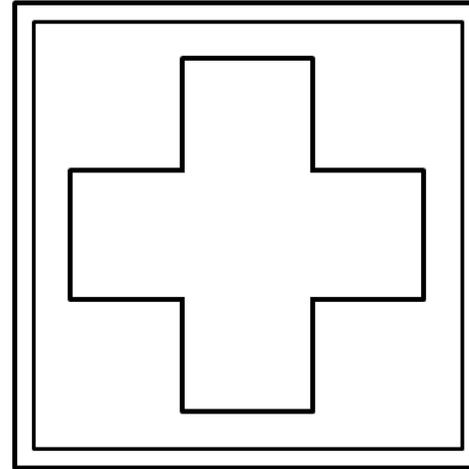
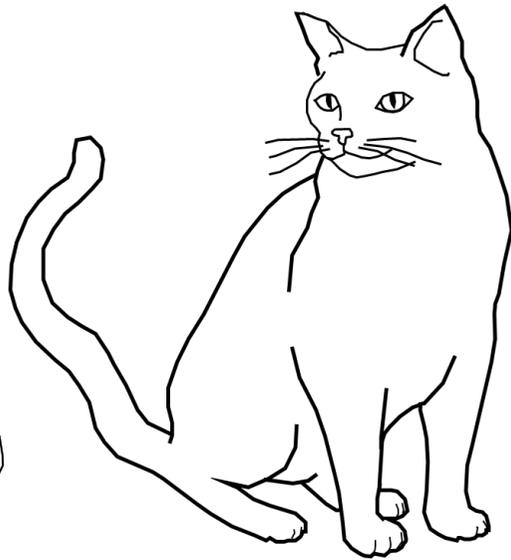
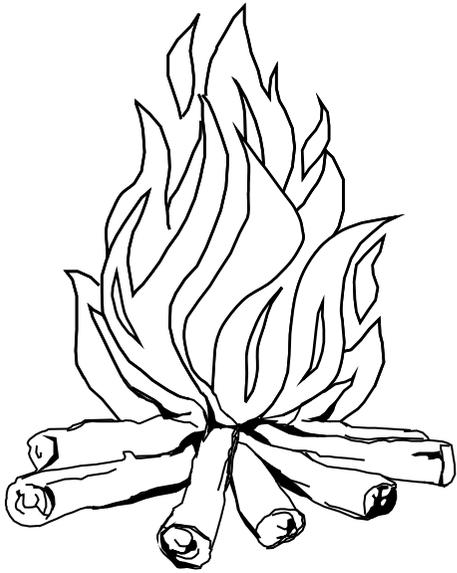


[COOKIE THEFT STIMULUS ITEM REQUIRED]









Cat

Hospital

Burns

Sparkling

Hot

Furry

Wave

Point to the floor

**Raise your arm while you close
your eyes**

Read this aloud:

My father had only one shoe.

Read this medicine label:

40 ZENTRASTATIN [Stimalamer] 650	
KEEP OUT OF REACH OF CHILDREN	
TAKE WITH MEALS	
1 TABLET	
3 TIMES PER DAY	
AVOID ALCOHOL	
Dr D. McAllister (77) 438900022	 Langham's 570 Upper Richmond Street, Newstead 4000
	

- **How many tablets per day?**
- **Do you take the tablet on an empty stomach?**
- **It is 3pm in the afternoon. When should the next tablet be taken?**