



Brisbane Evidence-Based Language Test

Clinician: _____

Date: _____

Patient Name: _____

Address: _____

ID: _____

Foundation Test with Objects

Subtests:

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



Results Summary

SUBTEST SCORE	SCORE	COMMENTS	TOTAL
PERCEPTUAL			
1. Copying Gestures	/2		
2. Object to Object Matching	/2		
3. Demonstrating Object Use	/2		
4. Demonstrating Object Use from Pictures	/2		
5. Object to Picture Matching	/2		
6. Picture to Picture Matching (semantic links)	/5		/15

AUDITORY COMPREHENSION			
7. Yes / No Questions	/12		
8. Following Verbal Commands	/4		
9. Identifying pictures by description	/6		
10. Identifying objects by function	/2		/24

VERBAL EXPRESSION			
11. Automatic Speech	/1		
12. Sentence Completion	/2		
13. Personal / Orientation Questions	/4		
14. Repetition	/3		
15. Object Naming	/2		
16. Naming Actions	/2		
17. Picture Naming	/2		
18. *Naming objects from the room	/3		/19

READING			
19. Object to Word Matching	/2		
20. Single Word Reading	/2		/4

WRITING			
21. Drawing Completion	/1		
22. Simple Copying	/2		
23. Functional Writing – Name	/2		/5

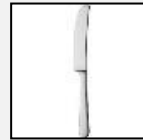
Total Foundation Level with Objects Brisbane EBLT Score			/67
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Adapted Brisbane EBLT Total Score			
Adapted score: excluding hospital ward items <i>If test is not administered at hospital bedside omit *Subtest 18 (which requires the naming of hospital ward objects) (note total possible test score is now 64)</i>			/64



Perceptual

Two of each of the following objects are required:
cup, pen, spoon and knife



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

1 COPYING GESTURES

'Copy what I'm doing.' [Wave at patient] **'Copy me.'** [If required gently assist patient to lift arm and wave] **'Let's try the next one.'** [Point to nose] **'Copy me.'**

Pointing to nose	Patient copies – points to nose	___/1	___/2
Opening mouth	Patient copies – opens mouth	___/1	

PLACE ONE CUP, PEN, SPOON and KNIFE IN FRONT OF PATIENT
(Second set of objects is kept out of patient's sight)

2 OBJECT TO OBJECT MATCHING

[Take out second KNIFE] **'Which object matches with this? I'll do the first one.'** [Hold second KNIFE next to first knife]. **'This one matches.'** [Remove second knife].

[Now, take out the second CUP and give to patient] **'Which one matches with this?'**

CUP	Matches it with first CUP	___/1	___/2
PEN	Matches it with first PEN	___/1	

ALL OBJECTS TAKEN OUT OF SIGHT - NOW GIVE ONE AT A TIME

3 DEMONSTRATING OBJECT USE

'Show me how you would use these objects. I'll do the first one.' [Pick up KNIFE and pretend to saw/cut].

'Now your turn' [Give patient → PEN]

PEN	Pretends to write	___/1	___/2
CUP	Pretends to drink	___/1	

4 GIVE STIMULUS SLIDE 1 DEMONSTRATING GESTURES (Object Use) FROM PICTURES

'Show me the action that goes with each picture. I'll do the first one.'

[Point to 'Hammer' and pretend to use a hammer] **'Now your turn.'** [Point to KEY]

If needed, physically assist patient to copy your action in practice task (hammer) to demonstrate task aim

Key	Pretends to turn key in lock	___/1	___/2
Toothbrush	Pretends to clean teeth	___/1	

5 GIVE STIMULUS SLIDE 2 OBJECT TO PICTURE MATCHING

'Match the object with the right picture. I'll do the first one.' [Get out KNIFE → point to the picture of the KNIFE or place the KNIFE on picture of the KNIFE]. **'It goes there.'** [Take the KNIFE away].

'Now your turn.' [Give patient the PEN]

PEN	Match PEN with picture of PEN	___/1	___/2
SPOON	Match SPOON with picture of SPOON	___/1	

PUT OBJECTS AWAY (required again later)

6 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.'**

Scoring: patient can either point or say name of target picture name in response

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

Presence of Impairment

 Hearing impairment (*mild / moderate / profound*)

 Presence of hearing aids Left Right

 Impacting on test performance? Yes No

7 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

8 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
SCORING: Score target modality only (ignore unrelated vocalisations). However, inclusion of unrelated gestural responses (purposeful actions) = mark incorrect. (e.g. 'Point to the ceiling' = patient pointed to ceiling <u>and</u> floor = incorrect).				__/4

9 GIVE STIMULUS SLIDE 4

IDENTIFYING PICTURES BY DESCRIPTION

'Point to the...'

Toilet Sign/Washroom Sign (N)	Points to Toilet Sign	__/1
Boat (N)	Points to Boat	__/1

'Now point to the one that...'

Slithers (V)	Points to Snake	__/1
Sails (V)	Points to Boat	__/1

'Now point to the one which...'

Is Poisonous (A)	Points to Snake	__/1
Is Thorny (A)	Points to Rose	__/1 __/6

10 IDENTIFYING OBJECTS BY FUNCTION			
'I would like you to point to some different body parts.'			
Point to where you would wear a hat	Head		__/1
Point to a place where someone would usually wear a ring	Finger		__/1 __/2
SCORING: Patient can indicate body part by showing it to you, waving it or pointing to it.			



Verbal Expression

Subtest requires items found at the acute hospital bedside

Presence of Expressive Impairment	Impacting on performance:		
<input type="checkbox"/> Dysarthria (mild / mod / severe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Verbal dyspraxia (mild / mod / severe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Other condition (e.g. dysphonia) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

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

12 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"/> 'AT 'EM' (or)	__/1
	<input type="checkbox"/> 'AWAY' (or)	<input type="checkbox"/> 'COMING' (or)	
	<input type="checkbox"/> 'GO' (or)	<input type="checkbox"/> 'RUNNING'	
Knife and....	'FORK'		__/1 __/2

13 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 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 __/4

14 REPETITION			
'Repeat what I say...' (Score LANGUAGE component, not motor speech/other deficits)			
Book	Impossible	Uncharacteristically	__/3

OBJECTS REQUIRED

15 OBJECT NAMING			
[Get out a KNIFE] 'What is this called? I'll do the first one. This is a knife.'			
[Next, get out a CUP] 'What's this called?'			
CUP	Patient says 'CUP' or 'MUG'		__/1
SPOON	Patient says 'SPOON' or 'TEASPOON'		__/1 __/2

16 NAMING ACTIONS (VERBS)			
'What do you call this action?' [Pick up KNIFE and pretend to saw/cut] 'I am CUTTING.'			
[Next, pick up a CUP and pretend to drink] 'Tell me, what am I doing?'			
CUP – DRINKING	'Drinking' / 'Sipping' / 'Having a drink' (<i>'drink' = incorrect</i>)		__/1
PEN – WRITING	'Writing' (<i>'write' = incorrect</i>)		__/1 __/2
SCORING: Score verb response only (e.g. patient answers with grammatically incorrect phrase 'Writing a pen' = correct, as task aim = naming the verb ('writing')). Further example: 'Writing a feather' = correct (as verb is named correctly)			

17 GIVE STIMULUS SLIDE 5 PICTURE NAMING			
'Look at these pictures.' [Point to Car] 'What is this?'			
Car	Car/Motorcar/Automobile/Sedan (<i>if patient responds with 'vehicle' or 'motor-vehicle' – say 'Can you be more specific?'</i>)		__/1
Toilet	Toilet/Lavatory/WC (<i>if patient responds with 'Loo/Dunny/Toot' – say 'Can you give me another word for it?'</i>)		__/1 __/2

18 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
			__/3



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? (mild / mod / severe) <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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OBJECTS REQUIRED

19 GIVE STIMULUS SLIDE 6		OBJECT TO WORD MATCHING	
'Match the object with the right WORD. I'll do the first one.' [Take out KNIFE and match it with the word 'KNIFE'] 'Now your turn.' [Give patient the SPOON]			
SPOON	Match with word SPOON		__/1
CUP	Matches with word CUP		__/1
			__/2

20 GIVE STIMULUS SLIDE 7		SINGLE WORD READING	
'Read these words and then point to the body part. I'll do the first one. Watch me. If I point to this' [Point to word 'HAND'], 'You do this' [Point to your own HAND] 'Now your turn.' [Point to word 'EAR']			
EAR	Patient points to their ear		__/1
NOSE	Patient points to their nose		__/1
			__/2



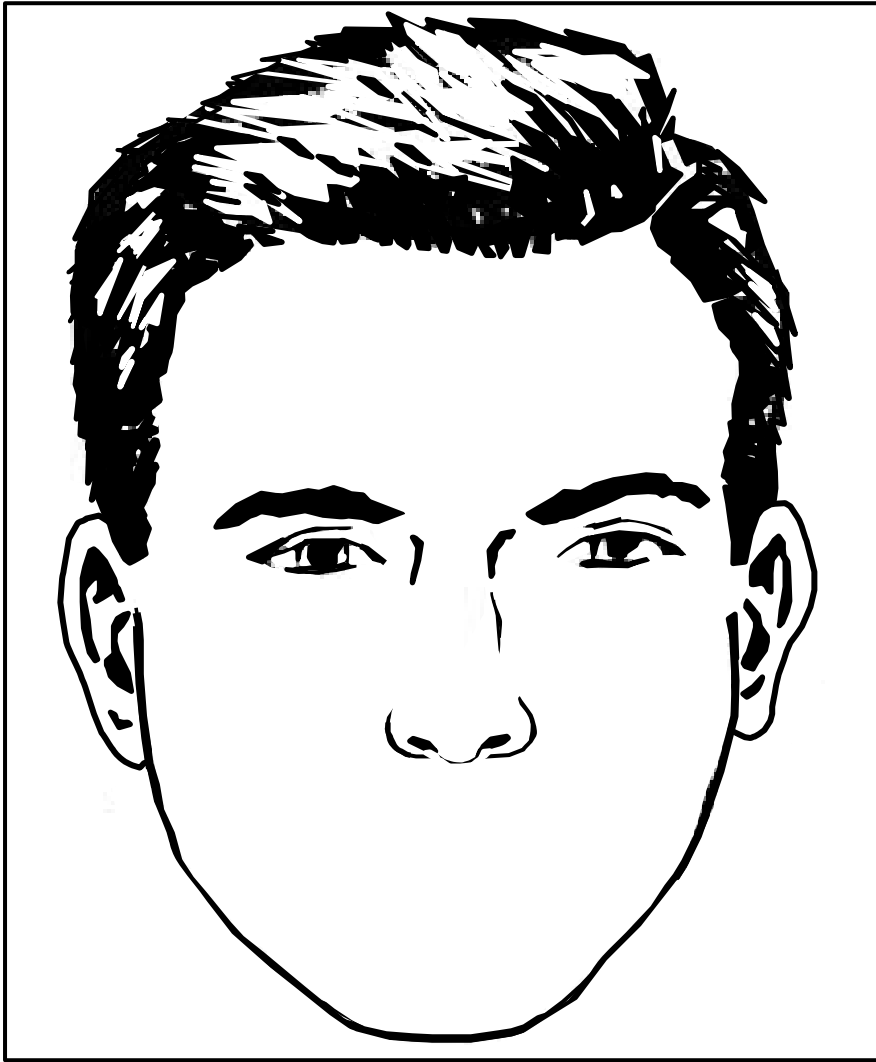
SCORING: Score *WRITTEN LANGUAGE* performance not upper limb motor performance. Patients may need to use their non-dominant hand.

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 (mild / mod / severe)
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

21 GIVE WRITTEN RESPONSE FORM		DRAWING COMPLETION	
'Look at this picture. Draw in the part that is missing.'			
Face (mouth)	Draws in mouth		__/1
<i>SCORING: Response should indicate a general horizontal/curved shape located in general region under nose. Single line is acceptable. Do not penalise for motor weakness. Score based on understanding of concept only (awareness the mouth is missing).</i>			

22 KEEP WRITTEN RESPONSE FORM		SIMPLE COPYING	
'Look at these.' [Point to '87' and 'man']. 'Copy them below.' <i>SCORING: must be legible and spelt correctly = correct score.</i>			
<i>Give patient time to respond, however if patient clearly does not comprehend task, score 87 as incorrect and provide patient with answer (write in '87' for patient). Then point to the second copying task (copying 'man') to initiate patient response.</i>			
87	87		__/1
man	man (lower case or capitals = correct)		__/1
			__/2

23 KEEP WRITTEN RESPONSE FORM		FUNCTIONAL WRITING	
'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



Copy these:

87 man

Write your full name:

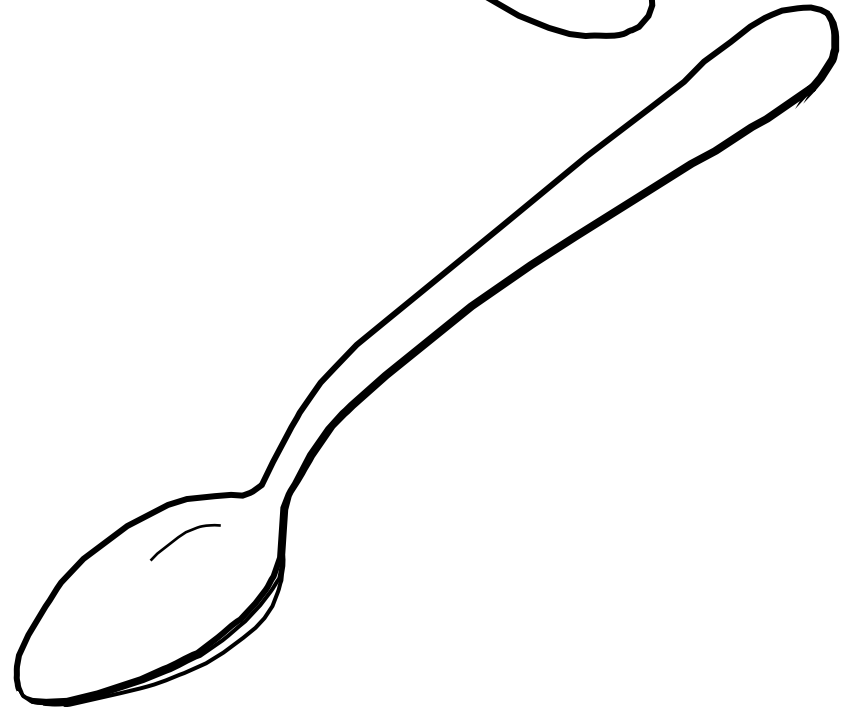
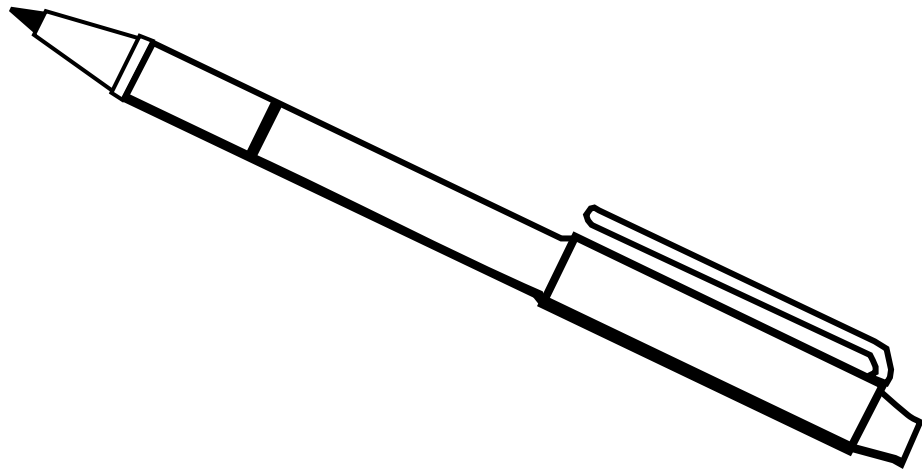
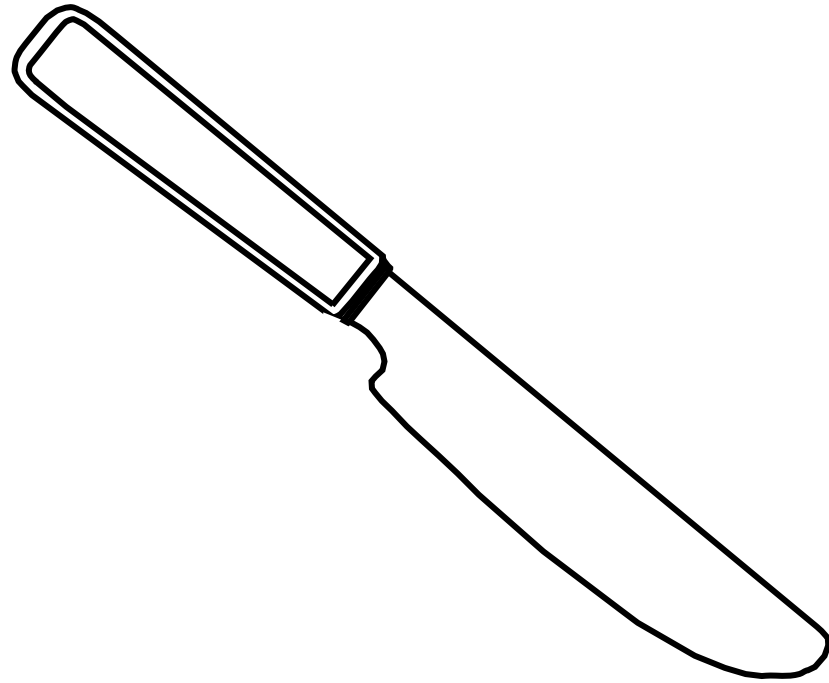
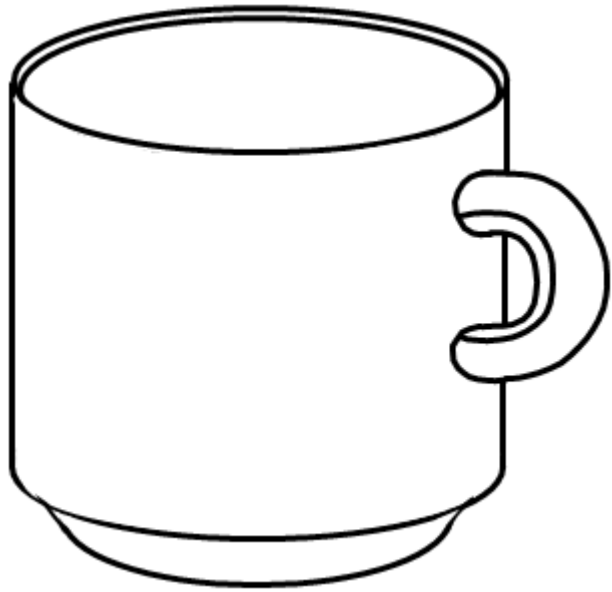


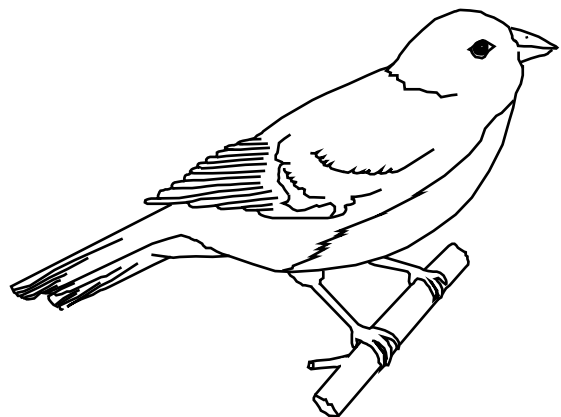
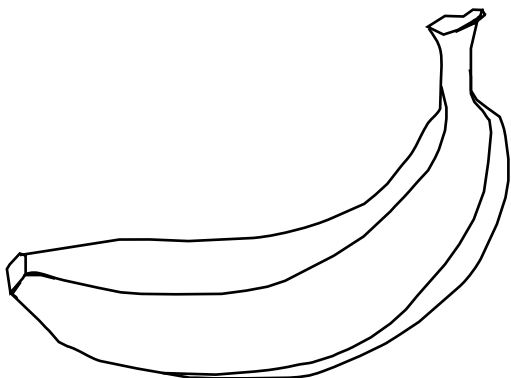
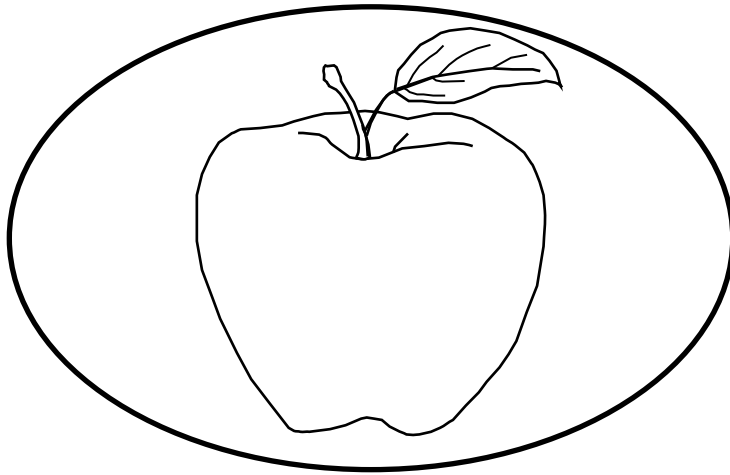
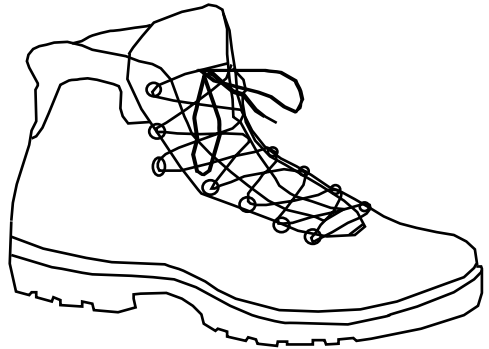
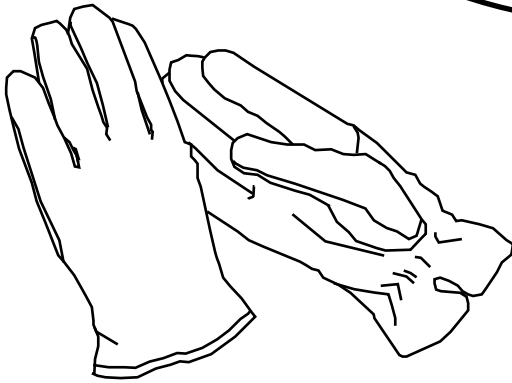
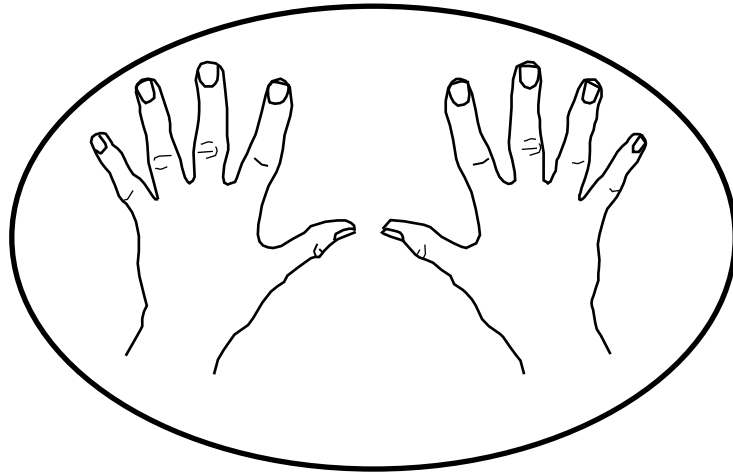
**Brisbane Evidence-Based
Language Test**

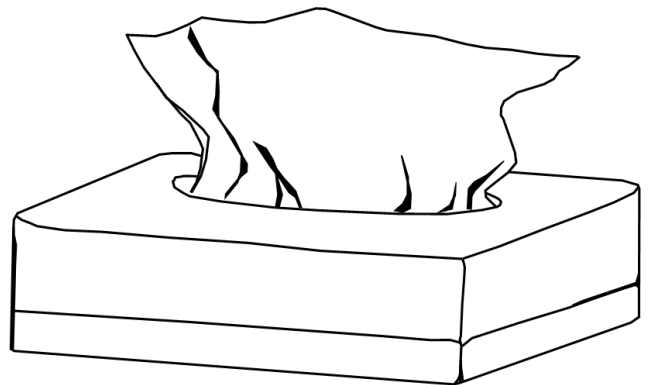
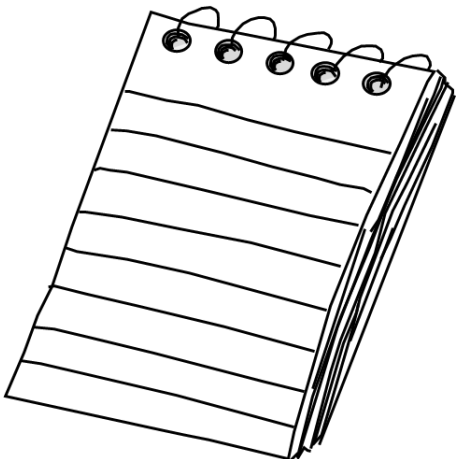
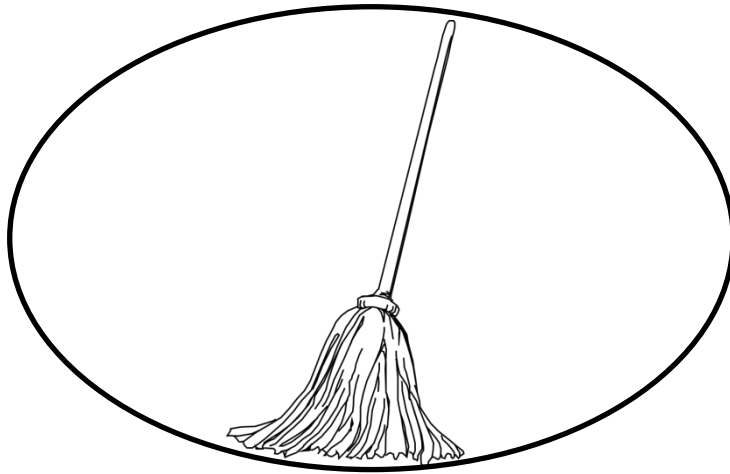
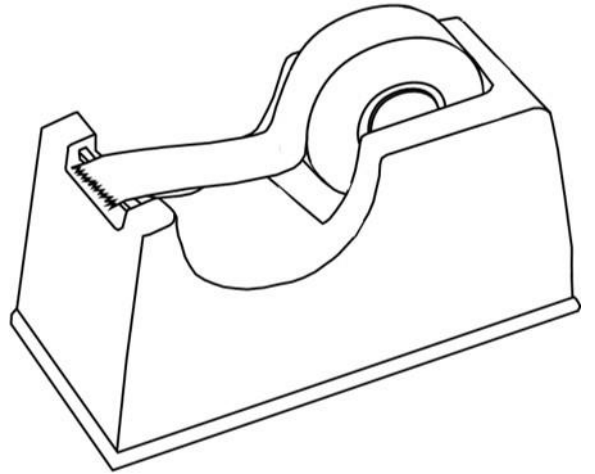
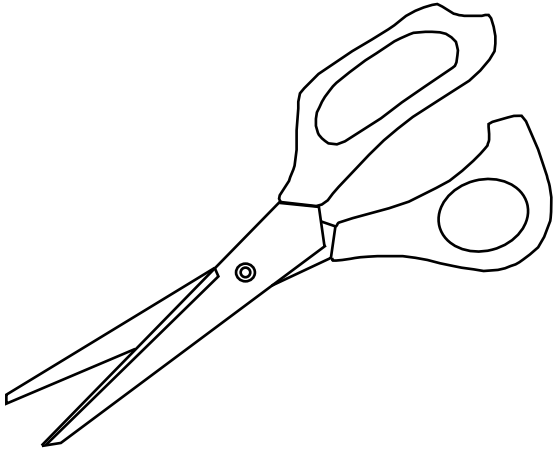
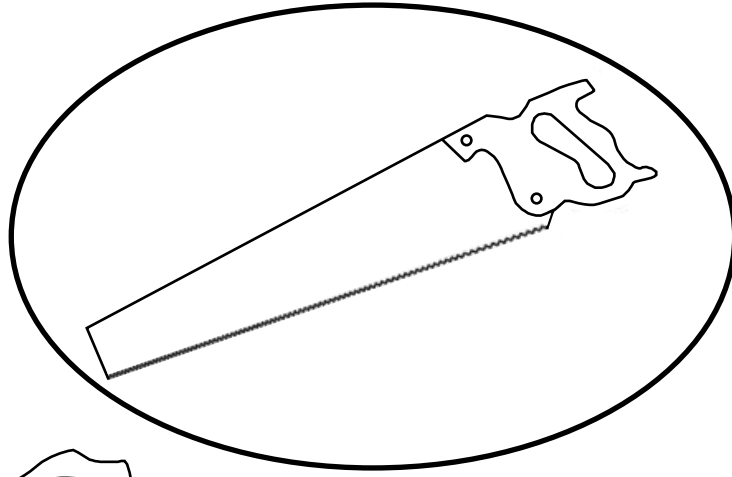
Stimulus Forms

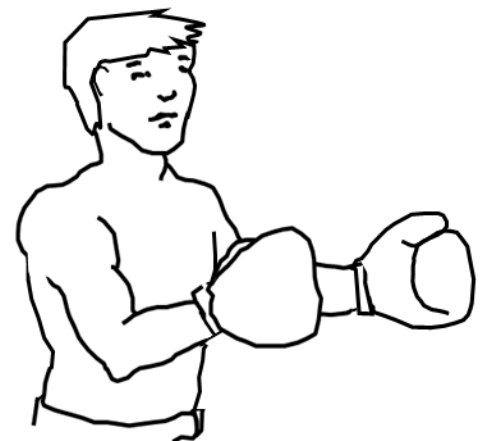
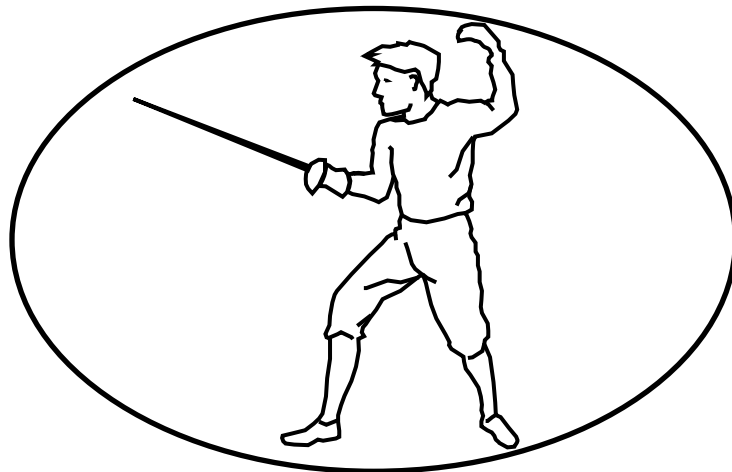
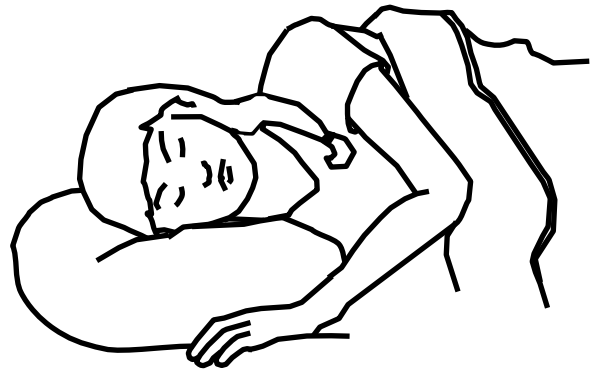
Foundation Test with Objects

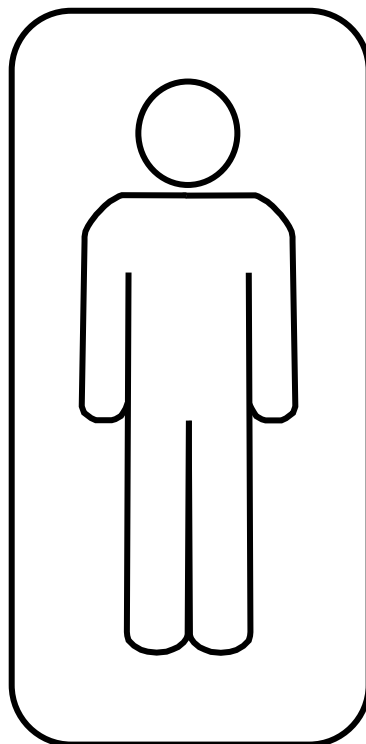
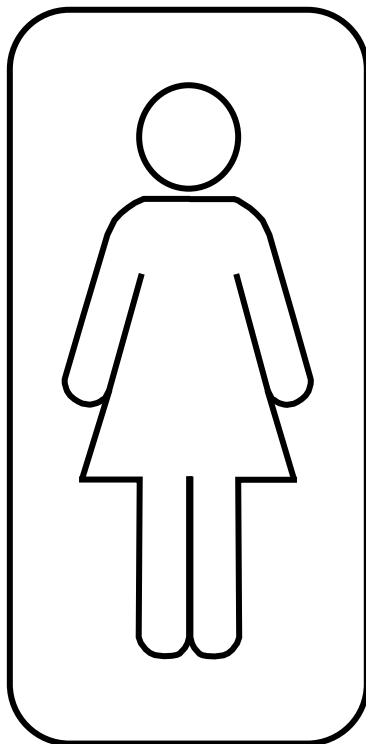
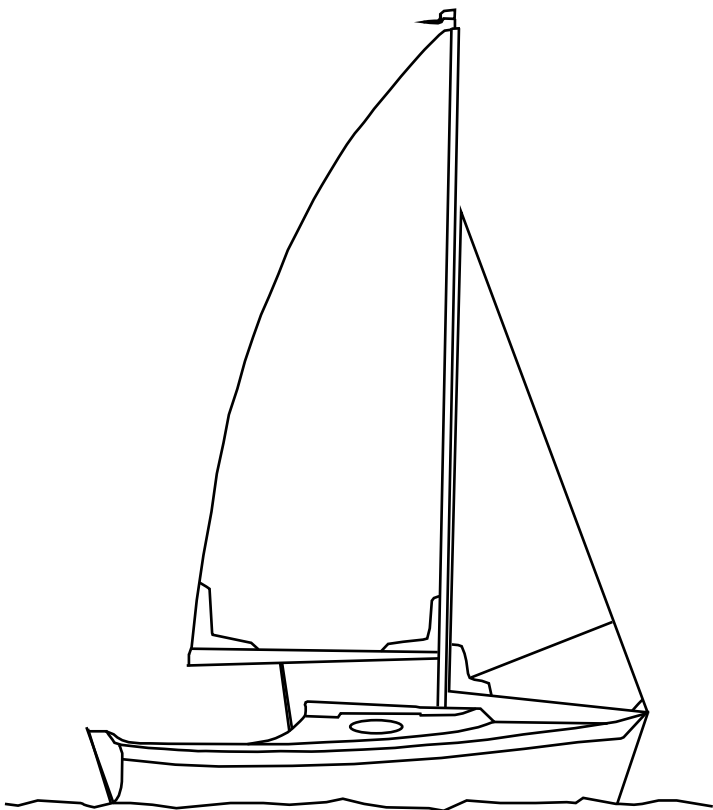
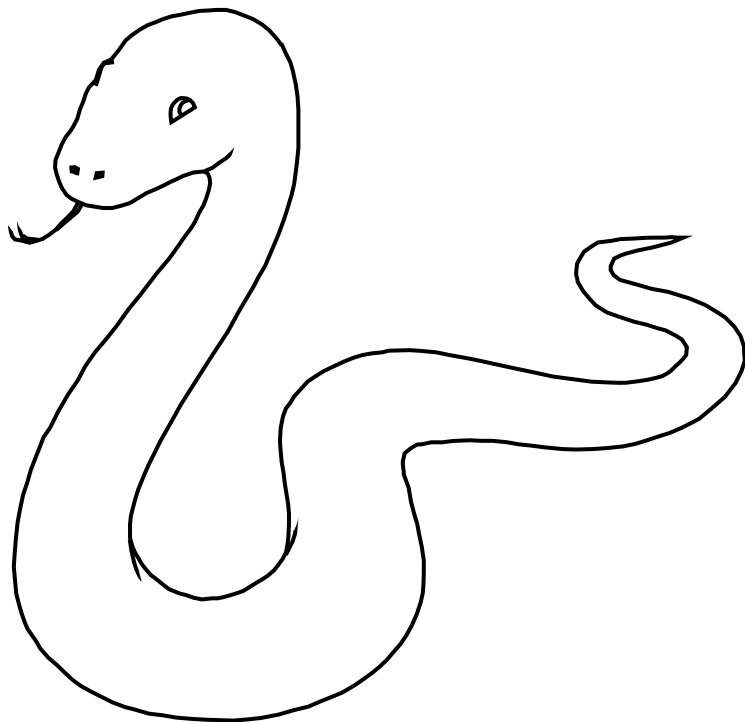
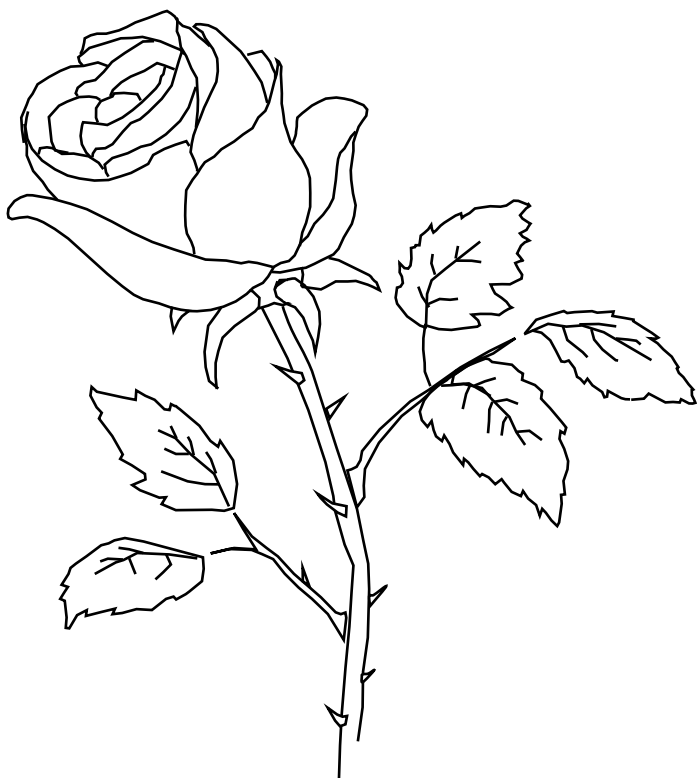


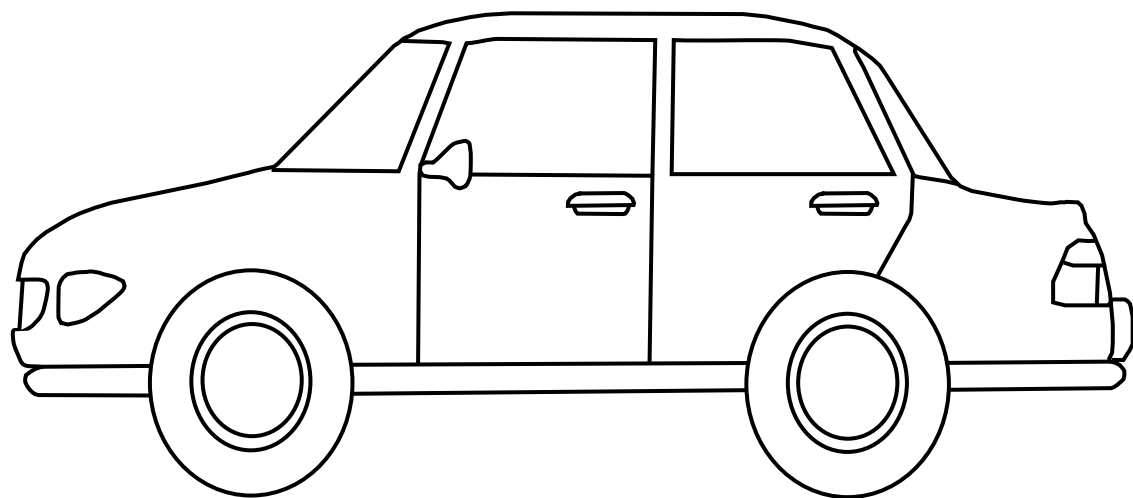












Knife

Pen

Cup

Spoon

Hand

Ear

Nose