



# Brisbane Evidence-Based Language Test

Clinician: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

ID: \_\_\_\_\_

## Foundation Test

### Subtests:

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

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# Results Summary

SUBTEST SCORE	SCORE	COMMENTS	TOTAL
<b>PERCEPTUAL</b>			
1. Copying Gestures	/2		
2. Demonstrating Object Use from Pictures	/2		
3. Picture to Picture Matching (semantic links)	/5		/9

<b>AUDITORY COMPREHENSION</b>			
4. Yes/No Questions	/12		
5. Following Verbal Commands	/4		
6. Identifying pictures by description	/6		
7. Identifying objects by function	/2		/24

<b>VERBAL EXPRESSION</b>			
8. Automatic Speech	/1		
9. Sentence Completion	/2		
10. Personal/Orientation Questions	/4		
11. Repetition	/3		
12. Picture Naming	/2		
13. *Naming objects from the room	/3		/15

<b>READING</b>			
14. Single Word Reading	/2		/2

<b>WRITING</b>			
15. Drawing Completion	/1		
16. Simple Copying	/2		
17. Functional Writing	/2		/5

<b>Total Foundation Level Brisbane EBLT Score</b>			<b>/55</b>
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<b>Adapted Brisbane EBLT Total Score</b>			
<b>Adapted score: excluding hospital ward items</b> <i>If test is not administered at hospital bedside omit *Subtest 13 (which requires the naming of hospital ward objects) (note total possible test score is now 52)</i>			<b>/52</b>



# Perceptual

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

<b>1 COPYING GESTURES</b>			
<b>'Copy what I'm doing.'</b> [Wave at patient] <b>'Copy me.'</b> [If required gently assist patient to lift arm and wave] <b>'Let's try the next one.'</b> [Point to nose] <b>'Copy me.'</b>			
Pointing to nose	Patient copies – points to nose		__/1
Opening mouth	Patient copies – opens mouth		__/1
			__/2

<b>2 GIVE STIMULUS SLIDE 1</b>		<b>DEMONSTRATING GESTURES (Object Use) FROM PICTURES</b>	
<b>'Show me the action that goes with each picture. I'll do the first one.'</b>			
[Point to 'Hammer' and pretend to use a hammer] <b>'Now your turn.'</b> [Point to KEY]			
<i>If needed, physically assist patient to copy your action in practice task (hammer) to demonstrate task aim</i>			
Key	Pretends to turn key in lock		__/1
Toothbrush	Pretends to clean teeth		__/1
			__/2

<b>3 GIVE STIMULUS SLIDE 2</b>		<b>PICTURE to PICTURE (Semantic Links)</b>	
<b>'Which of these bottom two pictures goes best with the middle one?' [Point to pictures]</b>			
<b>'I'll do the first one.'</b> [Point to GLOVES and HANDS]. <b>'These go together.'</b> <b>'Now your turn.'</b>			
<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

<b>'Now let's try pictures of actions'</b> [Verbs]			
Eating	Drinking (left)	Consuming/imbibing (verb)	__/1
Fencing	Boxing (right)	Combat sports (noun)	__/1
			__/2
			__/5

<b>Presence of Impairment</b>
<input type="checkbox"/> Hearing impairment ( <i>mild / moderate / profound</i> )
<input type="checkbox"/> Presence of hearing aids <input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Impacting on test performance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



# Auditory Comprehension

<b>4 YES/NO QUESTIONS</b>			
<b>'Answer these questions.'</b> <i>Patient can respond verbally via gesture or provide written response and still achieve correct score.</i>			
Is your name 'MARK' / 'JAMES'? ( <i>male patients</i> ) (or)	'NO'		__/1
Is your name 'EMMA' / 'KATE'? ( <i>female patients</i> )			
[CHOOSE INCORRECT PATIENT NAME]			
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
<b>TOTAL:</b>			__/12

**5 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

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**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

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**Point to me while shaking your head** (both actions must be completed together) \_\_/1 \_\_/2

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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 and floor = incorrect). \_\_/4

**6 GIVE STIMULUS SLIDE 3 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...'**

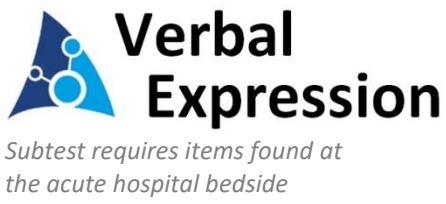
Is Poisonous (A)	Points to Snake	__/1
Is Thorny (A)	Points to Rose	__/1 __/6

**7 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.



<b>Presence of Expressive Impairment</b>	<b>Impacting on performance:</b>
<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

**8 AUTOMATIC SPEECH**

**'Count from 1 to 10.' 'I'll start ... one, two, three...'**

4	5	6	7	8	9	10	__/1

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

10 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

11 REPETITION			
<b>'Repeat what I say...'</b> <span style="float: right;"><i>(Score LANGUAGE component, not motor speech/other deficits)</i></span>			
Book	Impossible	Uncharacteristically	
			__/3

12 GIVE STIMULUS SLIDE 4 PICTURE NAMING			
<b>'Look at these pictures.'</b> [Point to Car] <b>'What is this?'</b>			
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

13 NAMING OBJECTS FROM ROOM			
<b>'Let's name some items in the room.'</b> [Point to item in room → BED] <b>'What's this called?'</b>			
Bed	'Bed' <i>(if patient responds with 'mattress/sheet' indicate more generally to the entire bed)</i>		__/1
Chair	'Chair'		__/1
Pillow	'Pillow' <i>('cushion' = incorrect)</i>		__/1
			__/3



## 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.

<b>Presence of Impairment</b>	<b>Impacting on Test Performance?</b>
<input type="checkbox"/> Presence of hemianopia? <i>(mild / mod / severe)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
<input type="checkbox"/> Presence of other visual impairment? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

14 GIVE STIMULUS SLIDE 5 SINGLE WORD READING			
<b>'Read these words and then point to the body part. I'll do the first one. Watch me. If I point to this'</b> [Point to word 'HAND'], <b>'You do this'</b> [Point to your own HAND] <b>'Now your turn.'</b> [Point to word 'EAR']			
EAR	Patient points to their ear		__/1
NOSE	Patient points to their nose		__/1
			__/2



## Writing

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

**Dominant writing hand:**  Left  Right

**Presence of hemiparesis impacting on writing ability?**  
 No  Yes *(mild / mod / severe)*

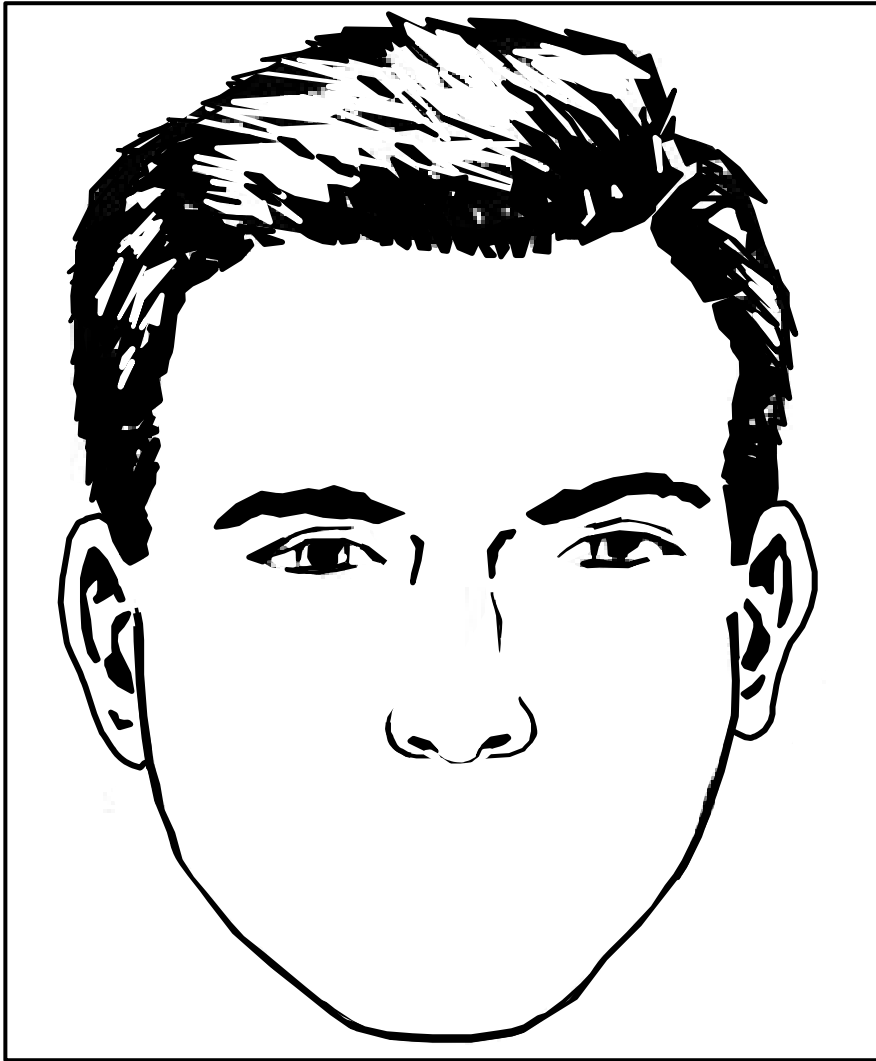
**Hand used for writing tasks:**  Left  Right  
 Unaffected dominant  Hemiparetic dominant  Non-dominant

**Legibility of writing:**  Legible  Partially Legible  Illegible  Unable

15 GIVE WRITTEN RESPONSE FORM			DRAWING COMPLETION
<b>'Look at this picture. Draw in the part that is missing.'</b>			
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>			

16		KEEP WRITTEN RESPONSE FORM	SIMPLE COPYING	
<b>'Look at these.'</b> [Point to '87' and 'man']. <b>'Copy them below.'</b> <span style="float: right;"><i>SCORING: must be legible and spelt correctly = correct score.</i></span>				
<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 <i>(lower case or capitals = correct)</i>		_/1	_/2

17		KEEP WRITTEN RESPONSE FORM	FUNCTIONAL WRITING	
<b>'Write your full name here.'</b> [Point to line below]				
Full name	<input type="checkbox"/> First Name		_/1	_/2
	<input type="checkbox"/> Second Name (surname)		_/1	



Copy these:

**87 man**

\_\_\_\_\_

\_\_\_\_\_

Write your full name:

\_\_\_\_\_







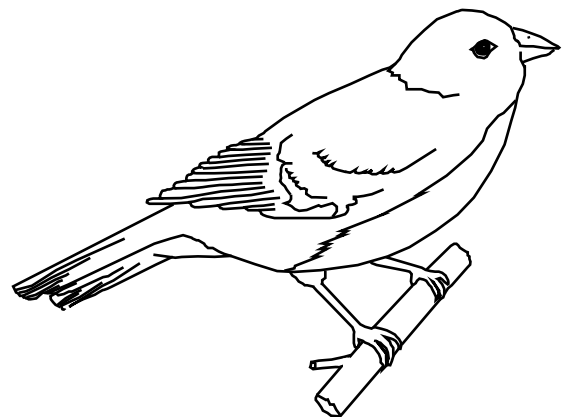
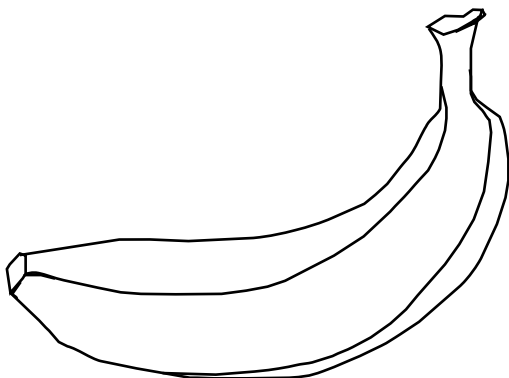
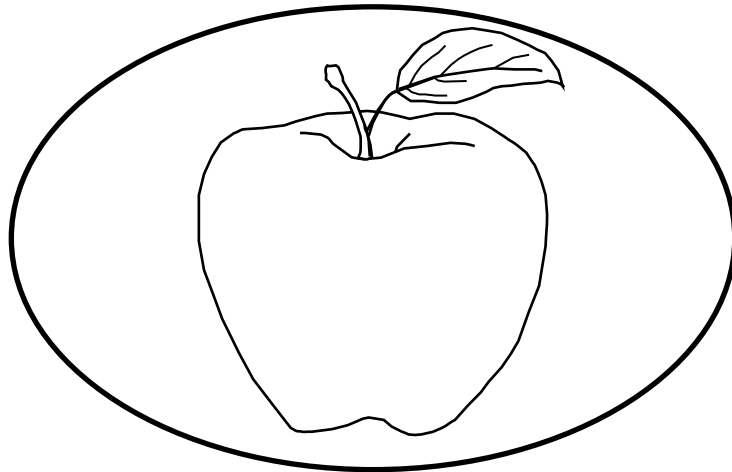
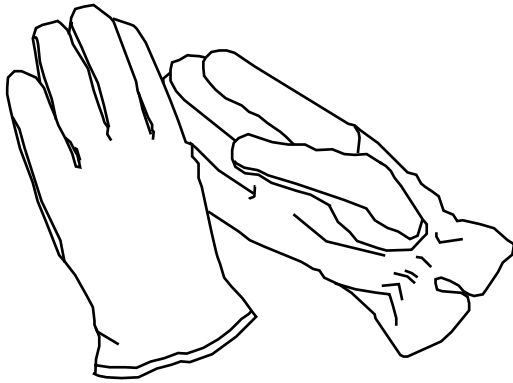
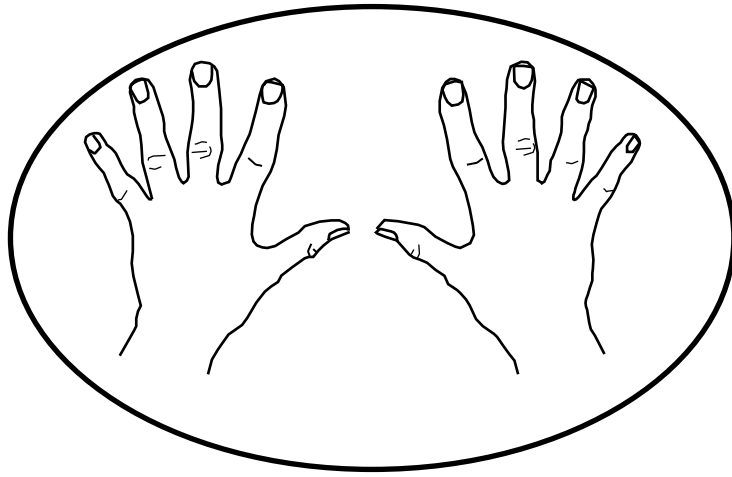
**Brisbane Evidence-Based  
Language Test**

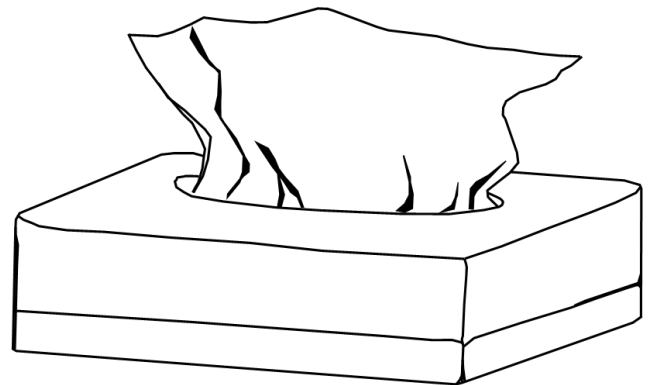
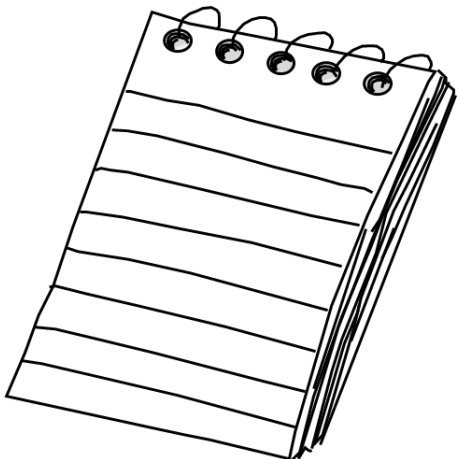
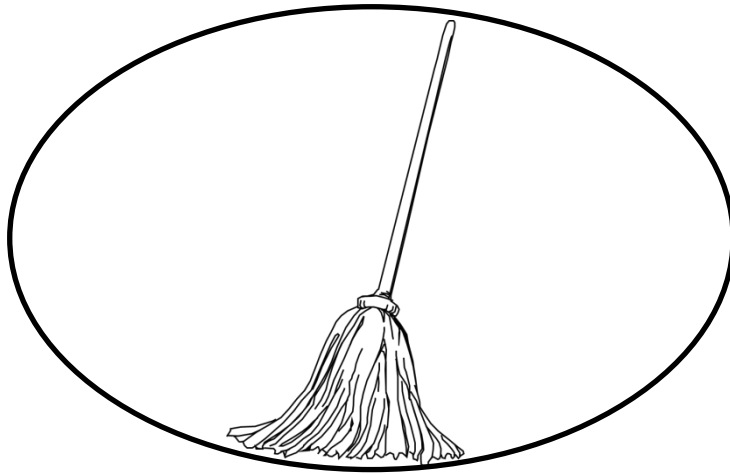
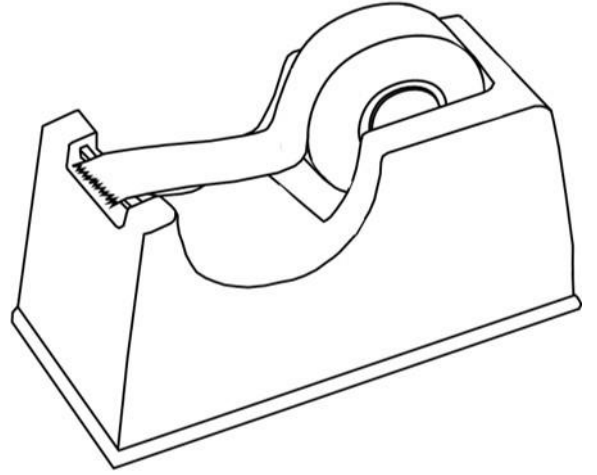
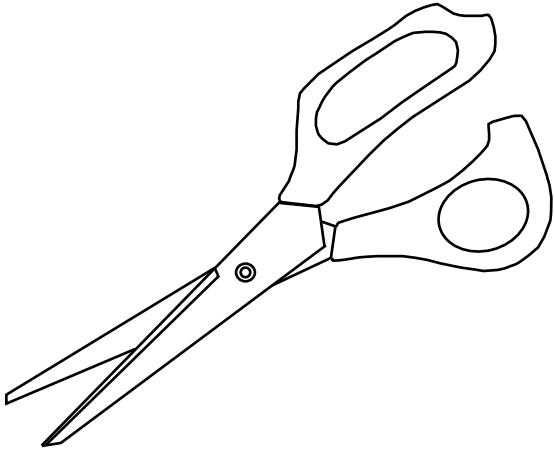
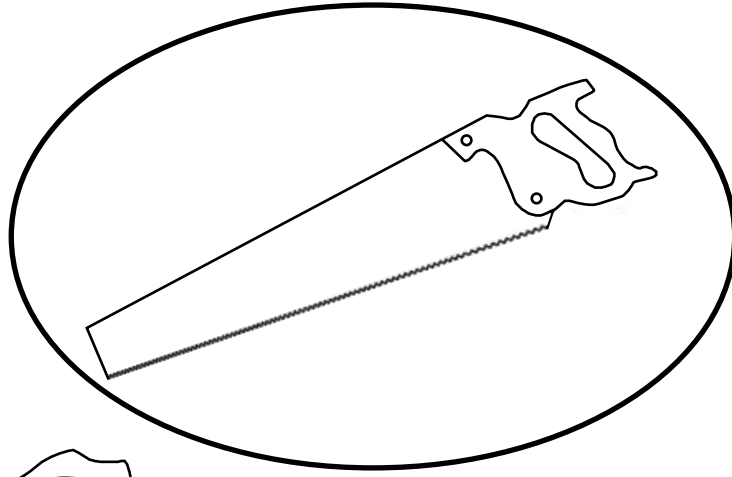
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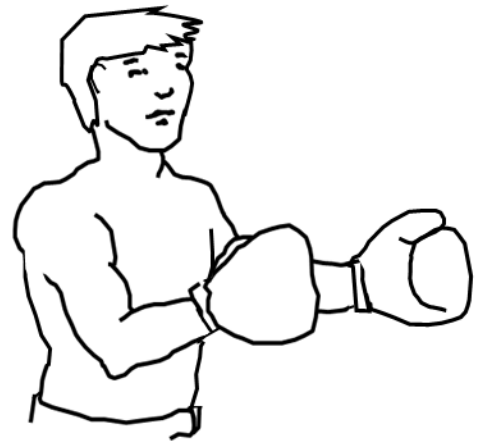
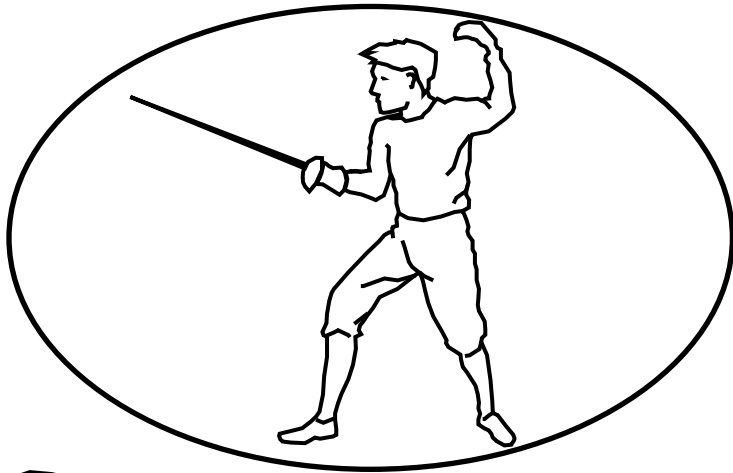
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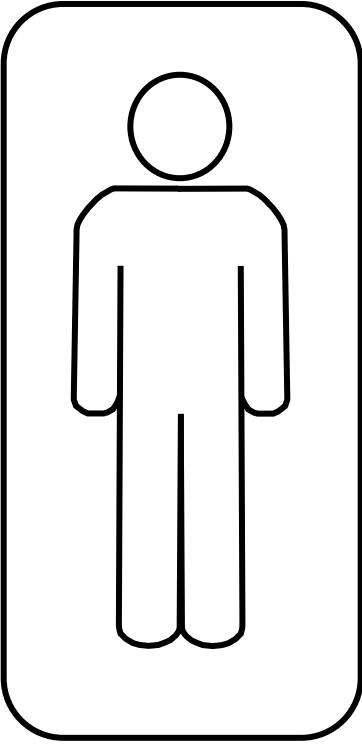
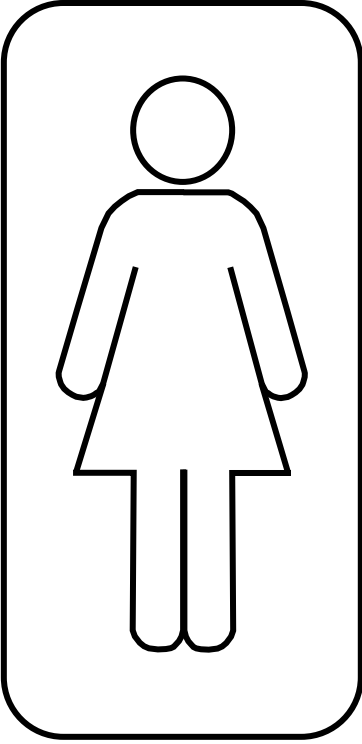
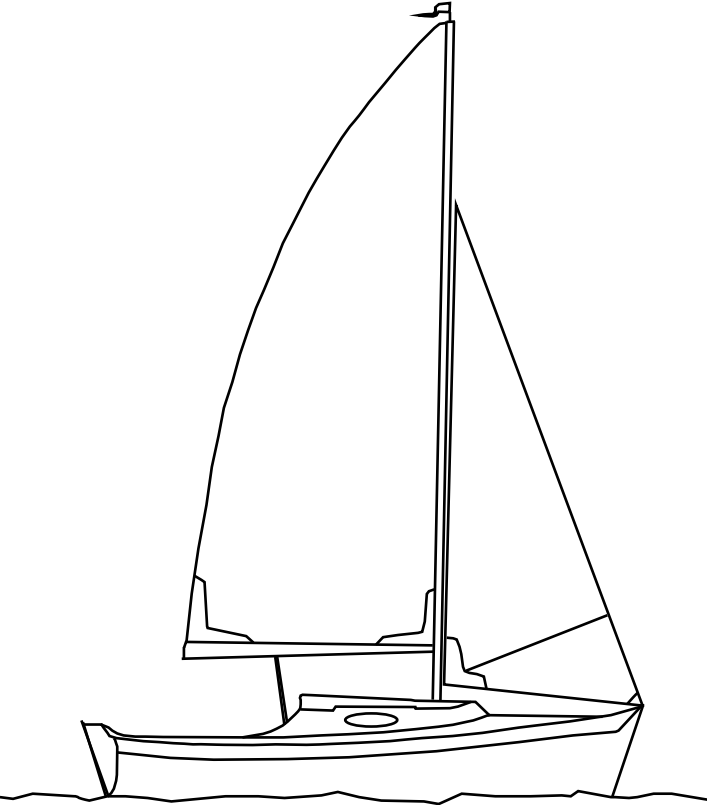
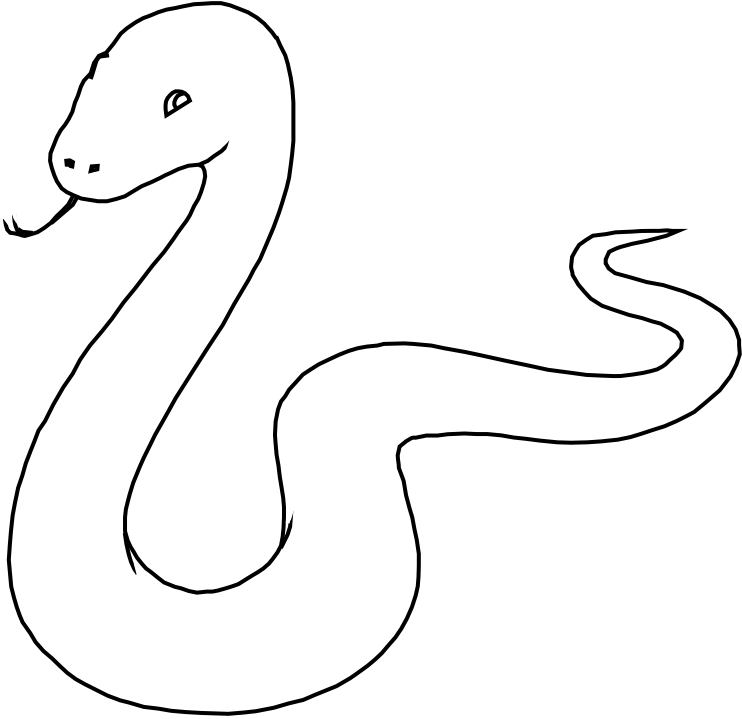
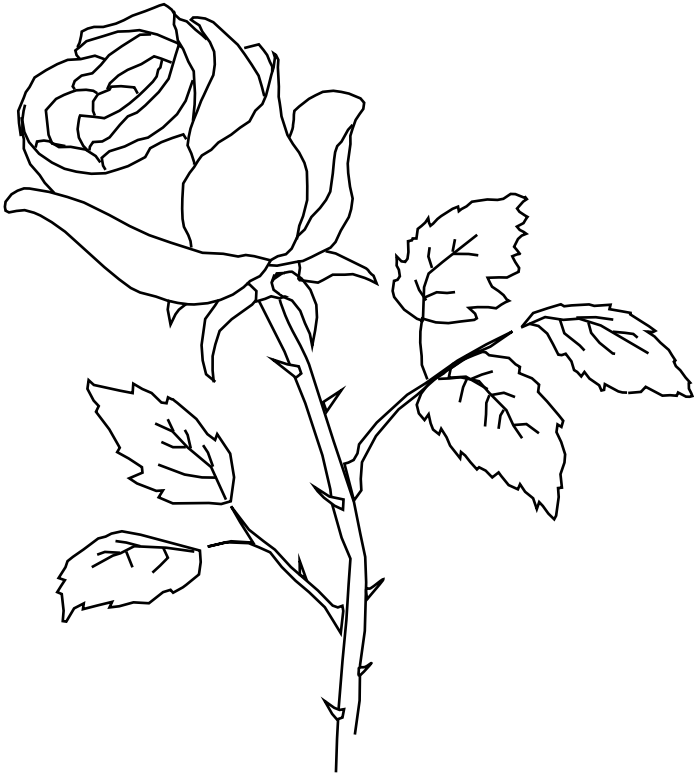
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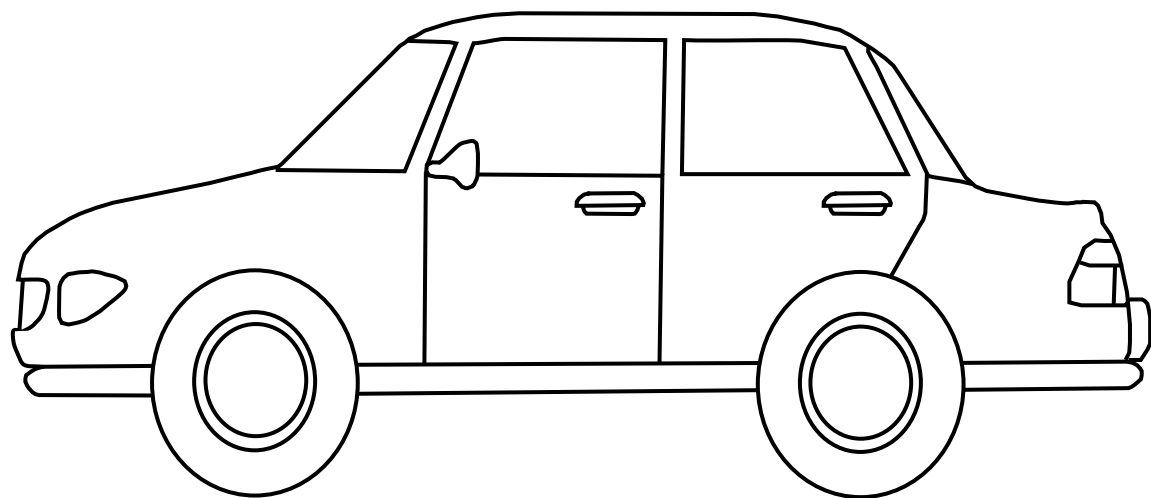












Hand

Ear

Nose