

Western Aphasia Battery (WAB)

WESTERN APHASIA BATTERY (WAB)

Name: _____

Gender: _____

Male Female

Contact information: _____ Date of assessment: _____ dd / mm / yyyy

SPONTANEOUS SPEECH

Information content: _____ Fluency: _____

Total: _____

COMPREHENSION

Yes / no questions: _____ Auditory word recognition: _____

Sequential commands: _____ Total: _____

Divided by 20 for AQ: _____ Divided by 10 for CQ: _____

REPETITION

Data: _____ Total: _____

Divided by 10: _____

NAMING

Object naming: _____ Word fluency: _____

Sentence completion: _____ Responsive speech: _____

Total: _____ Divided by 10: _____

APHASIA QUOTIENT

Add totals and multiply by 2 for AQ: _____

READING AND WRITING

Reading: _____ Writing: _____

Total: _____ Divided by 10: _____

PRAXIS

Data: _____ Total: _____

Divided by 6: _____

CONSTRUCTION

Drawing: _____ Block design: _____

Calculation: _____ Raven's score: _____

Total: _____ Divided by 10: _____

Add totals: _____