

DYSARTHRIA PROFILE – FORM FOR SCORING

NAME ..... D. of B. .... MEDICAL DIAGNOSIS ..... DATE OF TESTING .....

	Normal	Good	Fair	Poor	Nil	TASK
I. RESPIRATION						1. Ability to sustain /s/ on exhalation
						2. Ability to 'crescendo' on /s/
						3. Ability to 'diminuendo' on /s/
						4. Ability to repeat series of /s/
						5. Ability to synchronise respiration with phonation
II. PHONATION						1. Ability to initiate /a:/
						2. Ability to sustain /a:/
						3. Ability to say /a:/ very loudly
						4. Ability to 'crescendo' on /a:/
						5. Ability to 'diminuendo' on /a:/
						6. Ability to repeat series of /a:/
						7. Ability to raise pitch on /a:/
						8. Ability to lower pitch on /a:/
						9. Ability to glide up scale on /a:/
						10. Ability to glide down scale on /a:/
						11. Ability to maintain adequate volume in speech
						12. Quality of voice

Descriptive information (Underline where relevant)	
I.	(a) Respiration at rest is: <u>NORMAL, SHALLOW</u> (b) Speed of respiration at rest is: <u>NORMAL, RAPID, SLOW</u> (c) Respiration during speech is: <u>NORMAL, SHALLOW</u> (d) Speed of respiration during speech is: <u>NORMAL, RAPID, SLOW</u> (e) Patient speaks on: <u>EXHALATION, INHALATION, RESIDUAL AIR</u> (f) Respiration occurs: <u>WITHOUT STRIDOR, WITH STRIDOR</u>
II.	(a) Pitch of voice for speech is: <u>NORMAL, TOO HIGH, TOO LOW</u> (b) Pitch breaks: <u>DO NOT OCCUR, DO OCCUR</u> (c) Intonation for speech is: <u>NORMAL, MONOTONOUS, INAPPROPRIATE</u> (d) Tone of voice is: <u>NORMAL, HYPERNASAL, HYPONASAL</u> (e) Voice quality is: <u>NORMAL, HOARSE, BREEZY, WEAK, STRIDENT, INTERMITTENT</u>

	Normal	Good	Fair	Poor	Nil	TASK	
III. FACIAL MUSCULATURE						1. Symmetry of facial expression at rest	F A C E
						2. Ability to change expression to smile	
						3. Ability to purse lips	L I P S
						4. Ability to stretch lips	
						5. Ability to maintain lip closure at rest	
						6. Ability to achieve lip closure during speech	
						7. Ability to open and close mouth	J A W
						8. Ability to move mandible to right	
						9. Ability to move mandible to left	
						10. Ability to protrude tongue	T O N G U E
						11. Ability to retract tongue	
						12. Ability to move tongue to right	
						13. Ability to move tongue to left	
						14. Ability to pass tongue over teeth	
						15. Ability to move tongue tip into right cheek	
						16. Ability to move tongue tip into left cheek	
						17. Ability to raise tongue tip in mouth	
						18. Ability to raise tongue tip outside mouth	
						19. Ability to elevate soft palate on /a:/	
						20. Ability to elevate soft palate on series of /a:/	

DESCRIPTIVE INFORMATION
<p>III. (a) At rest face: DROOPS ON RIGHT SIDE, DROOPS ON LEFT SIDE, MOVES INVOLUNTARILY.</p> <p>(b) During smile face: DROOPS ON RIGHT SIDE, DROOPS ON LEFT SIDE, MOVES INVOLUNTARILY.</p> <p>(c) Tone of lips appears: NORMAL, INCREASED, DECREASED.</p> <p>(d) At rest tongue appears: NORMAL, LARGE, SMALL, FLOPPY, BUNCHED, WASTED, TREMULOUS, FASCICULATING, FURRED, WITH FOOD RESIDUE, DEVIATING TO RIGHT, DEVIATING TO LEFT.</p> <p>(e) Tone of tongue appears: NORMAL, INCREASED, DECREASED.</p> <p>(f) At rest soft palate is: NORMAL, DEVIATES TO RIGHT, DEVIATES TO LEFT.</p> <p>(g) During phonation soft palate is: NORMAL, DEVIATES TO RIGHT, DEVIATES TO LEFT.</p>

	Normal	Good	Fair	Poor	Nil	TASK	
IV. DIADYCHOKINESIS						1. Ability to open & close mouth rapidly	WITHOUT PHONATION
						2. Ability to protrude & retract lips rapidly	
						3. Ability to protrude & retract tongue rapidly	
						4. Ability to elevate & lower tongue tip rapidly	
						5. Ability to move tongue rapidly from side to side	
						6. Ability to repeat 'oo-ee' rapidly	WITH PHONATION
						7. Ability to repeat 'pa-pa' rapidly	
						8. Ability to repeat 'ta-ta...' rapidly	
						9. Ability to repeat 'ka-ka' rapidly	
						10. Ability to repeat 'ka-la' rapidly	
						11. Ability to repeat 'p-t-k' rapidly	
V. REFLEXES						1. Ability to chew	
						2. Ability to swallow solid food	
						3. Ability to swallow liquids	
						4. Ability to prevent drooling at rest	
						5. Ability to prevent drooling during eating	
						6. Ability to prevent drooling during speech	
						7. Ability to cough/clear throat	

DESCRIPTIVE INFORMATION	
IV.	No. in 5 secs
1. Open/close mouth	
2. Protrude/retract lips	
3. Protrude/retract tongue	
4. Elevate/lower tongue	
5. Lateral tongue	
6. 'oo ee..'	
7. 'pa...'	
8. 'ta...'	
9. 'ka...'	
10. 'ka-la...'	
11. 'p-t-k...'	

	Normal	Good	Fair	Poor	Nil	TASK
VI. ARTICULATION						1. Ability to repeat initial consonants
						2. Accuracy of vowel sounds
						3. Ability to repeat consonant clusters
						4. Ability to repeat polysyllabic words
						5. Ability to repeat phrases
VII. INTELLIGIBILITY						1. Intelligibility of reading to therapist
						2. Intelligibility of reading to relative/friend
						3. Intelligibility of reading to stranger
						4. Intelligibility of speech to therapist
						5. Intelligibility of speech to relative/friend
						6. Intelligibility of speech to stranger
VIII. PROSODY/RATE						1. Ability to maintain appropriate rate
						2. Ability to increase rate
						3. Ability to maintain appropriate rhythm
						4. Ability to use appropriate intonation
						5. Ability to imitate different stress patterns

DESCRIPTIVE INFORMATION					
VI. 1	3	4	5		
pie		plate		calendar	
boy		bread		peppermint	
tar		tree		caterpillar	
day		clock		monotonous	
car		queen		examination	
go		grape		autobiography	
four		flower		TOTAL	6
via		frog			
thaw		three			
the		spoon			
sea		smoke			
zoo		star			
shoe		sky			
chew		slide		Open the door	
jar		splash		Come in and sit down	
lie		straw		Would you like a cup of tea?	
roe		scream		Do you take sugar?	
we		finger		TOTAL	4
how		birthday			
you		lamps			
me		TOTAL	20		
no		TOTAL	22		
VIII. (a) Rate of speech is: NORMAL, TOO SLOW, TOO FAST, FESTINATES, SLOWS DOWN. (b) Rhythm of speech is: NORMAL, SYLLABIC, STACCATO, WITH PROLONGATIONS, WITH INSUFFICIENT STRESSING.					

· b w ! w

## DYSARTHRIA PROFILE – SUMMARY

PATIENTS NAME .....

Hospital No. .... D. of B. .... Medical Diagnosis .....

Physical Condition ..... Date of onset of Dysarthria .....

Date of Testing ..... Name of Tester .....

Summary of Type and Severity of Dysarthria .....

.....

Dates of retest .....

		Normal	Good	Fair	Poor	Nil	TASK	
I.	RESPIRATION						1. Sustain /s/ on exhalation	
							2. 'Crescendo' on /s/	
							3. 'Diminuendo' on /s/	
							4. Repeat series of /s/	
							5. Synchronise respiration/phonation	
II.	PHONATION						1. Initiate /a:/	
							2. Sustain /a:/	
							3. Say /a:/ loudly	
							4. 'Crescendo' on /a:/	
							5. 'Diminuendo' on /a:/	
							6. Repeat series of /a:/	
							7. Raise pitch on /a:/	
							8. Lower pitch on /a:/	
							9. Glide up scale on /a:/	
							10. Glide down scale on /a:/	
							11. Maintain adequate volume in speech	
							12. Quality of voice	
III.	FACIAL MUSCULATURE						1. Symmetry of face at rest	FACE
							2. Change expression to smile	
							3. Purse lips	LIPS
							4. Stretch lips	
							5. Maintain lip closure at rest	JAW
							6. Achieve lip closure during speech	
							7. Open/close mouth	TONGUE
							8. Move mandible to right	
							9. Move mandible to left	S.P.
							10. Protrude tongue	
							11. Retract tongue	
							12. Move tongue to right	
							13. Move tongue to left	
							14. Pass tongue over teeth	
							15. Move tongue tip into right cheek	
							16. Move tongue tip into left cheek	
							17. Raise tongue tip in mouth	
							18. Raise tongue tip outside mouth	
							19. Elevate soft palate on /a:/	
							20. Elevate soft palate on series of /a:/	

	Normal	Good	Fair	Poor	Nil	TASK
IV.	DIADOCHOKINESIS					1. Open/Close mouth rapidly
						2. Protrude/Retract lips rapidly
						3. Protrude/Retract tongue rapidly
						4. Elevate /Lower tongue tip rapidly
						5. Move tongue side/side rapidly
						6. Repeat 'oo-ee' rapidly
						7. Repeat 'pa...' rapidly
						8. Repeat 'ta...' rapidly
						9. Repeat 'ka...' rapidly
						10. Repeat 'kala...' rapidly
						11. Repeat 'p.t.k...' rapidly
V.	REFLEXES					1. Chewing
						2. Swallow solid food
						3. Swallow liquids
						4. Prevent drooling at rest
						5. Prevent drooling during eating
						6. Prevent drooling during speech
						7. Cough/clear throat
VI.	ARTICULATION					1. Repeat initial consonants
						2. Accuracy of vowel sounds
						3. Repeat consonant clusters
						4. Repeat polysyllabic words
						5. Repeat phrases
VII.	INTELLIGIBILITY					1. Intelligibility of reading to therapist
						2. Intelligibility of reading to rel/friend
						3. Intelligibility of reading to stranger
						4. <i>Intelligibility of speech to therapist</i>
						5. Intelligibility of speech to rel/friend
						6. Intelligibility of speech to stranger
VIII.	PROSODY/ RATE					1. Maintain appropriate rate
						2. Increase rate
						3. Maintain appropriate rhythm
						4. Use appropriate intonation
						5. Imitate different stress patterns

FIRST NAME/S \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_

**SCORING FORM  
 SPEECH THERAPY**



NAME OF THERAPIST \_\_\_\_\_  
 CLIENT NUMBER \_\_\_\_\_  
 DATE OF ASSESSMENT \_\_\_\_\_

NORMAL FUNCTION ↑ a	REFLEX	RESP.	LIPS	JAW	PALATE	LARYNGEAL	TONGUE	INTELL.
	b							
c								
d								
NO FUNCTION ↓ e								

Cough  
 Swallow  
 Drobbles/Drool  
 At Rest  
 In Speech  
 At Rest  
 Spread  
 Seal  
 Alternate  
 In Speech  
 At Rest  
 In Speech  
 Fluids  
 Maintenance  
 In Speech  
 Time  
 Pitch  
 Volume  
 In Speech  
 At Rest  
 Protrusion  
 Elevation  
 Lateral  
 Alternate  
 In Speech  
 Words  
 Sentences  
 Conversation

**INFLUENCING FACTORS**  
 Cross if contributing to speech disorder

HEARING \_\_\_\_\_  
 SIGHT \_\_\_\_\_  
 TEETH \_\_\_\_\_  
 LANGUAGE \_\_\_\_\_  
 MOOD \_\_\_\_\_  
 POSTURE \_\_\_\_\_

**SUMMARY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER FACTORS**

RATE (Words/Min) \_\_\_\_\_  
 SENSATION  
 UPPER LIP R \_\_\_\_\_  
 UPPER LIP L \_\_\_\_\_  
 TONGUE TIP \_\_\_\_\_

**RECOMMENDATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBJECTIVE REPORT ON SENSATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNED**