Information on Standardized Assessment Tools Used in Stroke Rehabilitation

Tools in alphabetical order by category

Nebraska Stroke Task Force:
Rehabilitation Committee
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Standardized Assessments for Activities of Daily Living	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Modified Barthel Index	10 activities of daily living	All Not responsive in mild stroke	Higher score=better function. Max sore=100; Rating based on the amount of assistance required to complete each activity like the FIM	20-60 minutes	Free for non-commercial use http://www.rehabmeasures.org/ and stroke internet center
Chedoke Arm and Hand Activity Inventory (CAHAI) Three shortened versions of the CAHAI exist with either 7, 8, or 9 items	Functional assessment of the upper extremity in persons with stroke; 13 functional tasks involving both upper extremities (e.g., open jar, zip, carry bag up stairs, pour glass of water, etc.)	All	Items are scored on a 7-point scale, similar to the FIM with higher scores= better function	Approximately 20-25 minutes	Free Download manual at www.cahai.ca
Care Tool (Section GG)	Assesses self-care and mobility	Acute Rehab, SNF, LTCH, HH	Activities are scored based on a 6-level rating scale. Scores range from 1-6, based on the amount of physical assistance provided. Activities may be completed with or without the use of assistive devices. Score of 6: Independent Score of 5: Setup or clean-up assistance Score of 4: Supervision or touching assistance Score of 3: Partial/moderate assistance Score of 2: Substantial/maximal assistance Score of 1: Dependent	Varies depending on patient's performance and number of tasks completed.	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/GG-Self-Care-and-Mobility-Activities-Decision-Tree.pdf https://pac.training/courses/GG_course3/#/lessons/3jf5MUSnxgTbA_AFlbQJyT1nMTzPfA8n

			If the activity is not attempted, code the reason. Four codes applicable to incomplete activity: patient/resident refused, not applicable, not attempted due to environmental limitations, and not attempted due to medical condition or safety concerns.		
Stroke Impact Scale (SIS)	A self-report on the a person's quality of life after a stroke, including strength, hand function, ADL's, mobility, communication, emotion, memory, thinking and participation.	Has been studied at 1, 3, and 6 months post-stroke	Scores range from 0 to 100, each item is rated in a 5-point Likert scale **Score of 0**: "Experienced No Recovery" **Score of 100:** Fully Recovered" Approximately 10 to 15 points appear to represent reasonable definitions of clinically meaningful change."	Approximately 15-20 minutes	Proprietary. Access to the SIS can be found at: http://www.kumc.edu/school-of-medicine/preventive-medicine-and-public-health/research-and-community-engagement/stroke-impact-scale.html Instructions for administration of the SIS 3.0 is available online at http://www2.kumc.edu/coa/SIS/Stroke-Impact-Scale.htm. http://www.rehabmeasures.org
Standardized Assessments of Balance or Mobility	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Berg Balance Scale (BBS)	A 14-item objective measure designed to assess static balance and fall risk in adult populations	Highly recommended for Subacute and Chronic Recommended for acute	14 items, 56 total points MCID = 8 points <45 = high risk of falling <40 = 100% risk of falling	15-20 minutes	Free http://www.rehabmeasures.org
Functional Gait Assessment (FGA)	Assesses balance during various walking tasks	Acute Subacute	Modified the Dynamic Gait Index to improve reliability and decrease the ceiling effect. 10-item test, each item is scored on an ordinal scale from 0-3 0: Severe impairment 1: Moderate impairment 2: Mild impairment	5-20 minutes	Free http://www.rehabmeasures.org

			3: Normal ambulation Highest score is 30 <22/30 = fall risk for community dwelling older adults		
6 Minute Walk Test (6MWT)	Assesses distance walked over 6 minutes as a submaximal test of aerobic capacity/ endurance	All	Score is the distance a patient walks in 6 minutes. Patient is allowed as many standing rest breaks as needed (timer keeps going) and an assistive device may be used. MCID: 50 meters for geriatrics and stroke	< 10 minutes	Free http://www.rehabmeasures.org/
10 Meter Walk Test (10MWT)	Assesses walking speed in meters per second over a short duration	All	Individual is instructed to walk a set distance (10 meters), time is measured while individual walks 10 meters. Gait speed is measured by the predetermined distance/time to walk that distance (e.g., 5m/sec) <0.4 m/s more likely to be household ambulators 0.4-0.8 m/s limited community ambulators >0.8 m/s were community ambulators (Fritz and Lusardi, 2009)	< 5 minutes	Free www.rehabmeasures.org
Five Times Sit to Stand (5xSTS)	Assesses lower extremity strength and/or identifies movement strategies a patient uses to complete transitional movements	All	Patient performs 5 consecutive sit to/from stand transfers > 12 seconds = increased fall risk	< 5 minutes	Free www.rehabmeasures.org
Activities-	Self report measure	All	Items rated on scale 0-100;	5-10 minutes	Proprietary

Specific Balance Confidence Scale (ABC Scale)	of balance confidence in performing various activities without losing balance or experiencing a sense of unsteadiness		score of 0 indicates no confidence; score of 100 indicates complete confidence Overall score calculated by adding item scores then dividing by total number of items Score <67% indicates risk for falling		http://www.rehabmeasures.org/
Timed Up and Go (TUG)	Assesses mobility, balance, walking ability, and fall risk in older adults (65+)	All	Increased fall risk in older adults if >14 seconds to complete TUG.	< 3 minutes	Free www.rehabmeasures.org
Postural Assessment Scale for Stroke (PASS)	Assesses and monitors balance and postural control following stroke.	Acute and subacute	12 items of increasing difficulty which measure balance in lying, sitting and standing; max score of 36; most responsive to change before day 90 post stroke. Score >12.5 points is predictive of a patient more likely to be ambulatory at discharge	10 minutes	Free http://strokengine.ca/assess/
Trunk Impairment Scale (TIS)	Measures motor impairment of the trunk after stroke through evaluation of static and dynamic sitting balance as well as co-coordination of trunk movement	All	3 subscales: statics sitting, balance, dynamic sitting balance and coordination 17 items, scores range from 0-23. Non-ambulatory patients had a median score of 8 Ambulatory patients had a median score of 14	20 minutes	Free www.rehabmeasures.org
Standardized Assessments of Cognition	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**

Allen Cognitive Level Screen (ACLS)	Measures functional cognition in individuals with impairments in cognitive processing.	Used with all acuities but not as common in acute settings; more subacute & chronic. Used often in psychiatric setting.	3 items, minimum score 3 maximum score 5.8 Cut score: 4.5 4.5 indicates dementia 5.1 indicates mild cognitive impairment	20 minutes	Proprietary www.allen-cognitivenetwork.org
Executive Function Performance Test (EFPT)	Measures executive functions, task independence, and assistance needed for task completion through four basic tasks that are essential for self-maintenance and independent living: simple cooking, telephone use, medication management, and bill payment.	All	Results indicate if client can complete task without help, with help, or not at all.	30-45 minutes	Free http://www.rehabmeasures.org
Kettle Test	Assesses cognitive functional performance	Acute	Scores based on 13 indices of performance involving preparing two hot drinks. Each item scored on a 4-point scale based on the following criteria: 0- Intact performance 1- Slow and/or trial and error 2- Received general cues 3a- Received specific cuing 3b- Incomplete or deficient performance 4- Received physical demonstration or assistance Maximum score 52; higher scores indicate more severe problems in performance.	10-30 minutes	Free http://www.rehabmeasures.org
			Easy to score.	Approximately	Proprietary

Cognitive Linguistic Quick Test (CLQT)	Assess 5 cognitive domains-attention, memory, executive function, language and visuospatial skills	All	Each domain is scored and shows the patient as Within Normal Limits or having Mild, Moderate, or Severe deficits. The severity ratings from the domains are added for a Total Composite Severity Rating. Age group (18-69, 70-89) is taken into consideration. The Clock Drawing task is given a separate severity score. This rating can be used as a quick check of progress or decline.	15-30 minutes	http://images.pearsonclinical.com/images/Assets/clqt/clqt.pdf
Montreal Cognitive Assessment (MoCA)	Rapid screen of cognitive abilities designed to detect mild cognitive dysfunction	All	16 items and 11 categories to assess multiple cognitive domains (e.g., visuospatial and executive functions, naming, memory, attention, language, abstraction and orientation. Total possible score= 30 > 26 normal < 26 mild impairment	10 minutes	Free To ensure consistency and accuracy, training and certification has been mandatory since September 1, 2019. A disclaimer must be signed by non-certified. http://www.mocatest.org/
Repeatable Battery for the Assessment of Neuropsychological Status Update (RBANS Update)	Measures cognitive decline or improvement. Covers 5 domains: Immediate Memory, Visuospatial/Constructional, Language, Attention, and Delayed Memory. Alternate forms available to decreased practice effect with re-testing.	All	Each domain is scored and describes skills as Very Superior, Superior, High Average, Average, Low Average, Borderline, and Extremely Low. The sum of these index scores is calculated.	Approximately 30 minutes	Proprietary. https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Cognition-%26-Neuro/Repeatable-Battery-for-the-Assessment-of-Neuropsychological-Status-Update/p/100000726.html?tab=product-details
St. Louis University Mental Status	Detect mild cognitive impairment	All	High school education or greater: 27-30 Normal	Approximately 10 minutes	Free. View video for training. https://www.slu.edu/medicine/int

Exam (SLUMS)			21-26 Mild Neurocognitive Disorder 1-20 Dementia Less than high school education: 25-30 Normal 20-24 Mild Neurocognitive Disorder 1-19 Dementia		ernal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php
Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES)	Assesses verbal reasoning, complex comprehension, discourse and executive functioning during performance on a set of challenging functional tasks.	All	Four functional tasks are assessed: 1) Plan an Event 2) Schedule a Work Day 3) Decide on a Gift 4) Build a Case to Solve a Common Problem Scoring considers the time, accuracy and justification of reasoning responses; providing accuracy, rationale, and time percentiles & standard scores.	Approximately 60 minutes; 15 minutes per task. Individual times may vary.	Proprietary CCD Publishing Guelph Ontario Canada Founder of FAVRES Functional Assessment of Verbal Reasoning and Executive Strategies
Standardized Assessments of Depression	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Patient Health Questionnaire (PHQ-2)	Inquires about the frequency of depressed mood and anhedonia over the past two weeks. Purpose is to screen for depression.	All	PHQ-2 score ranges from 0-6. A score of 3 is the optimal cut point when using the PHQ-2 to screen for depression. • Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.	< 1 minute	Free https://cde.drugabuse.gov/instrument/fc216f70-be8e-ac44-e040-bb89ad433387
Patient Health Questionnaire (PHQ-9)	Assesses the presence and severity of depressive symptoms	All	9 items are based on frequency of occurrence the past 2 week: 0 = not at all 1 = several days 2 = more than half the days	1-3 minutes	Free http://www.rehabmeasures.org

			3 = nearly every day Max score 27 Score ≥ 10 = mild major depression Score ≥ 15 = moderate major depression Score ≥ 20 = severe major depression		
Beck Depression Inventory (BDI)	Quantifies severity of depression (5-10 minutes to administer)	All	Self-report depression inventory administered verbally or self-administered Items on 4 point scale (range from 0-3); total score ranging from 0-63 Scores >10 generally meet threshold for diagnosis of depression	5-10 minutes	Proprietary Cost: $115 for complete kit (includes a manual and 25 record forms) No training required
Standardized Assessments of Fine Motor or Arm Activity	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Nine Hole Peg Test (9-HPT)	Measures finger dexterity	All	Time taken to complete test (recorded in seconds) MDC for CVA: 32.8 sec MDC for PD 2.6 sec in dominant hand, 1.3 sec in non-dominant hand	1-3 minutes	Proprietary http://www.rehabmeasures.org/
Box & Block Test (BBT)	Assesses unilateral gross motor dexterity	Acute and chronic	MDC: 5.5 blocks per minute Higher scores indicate better gross manual dexterity	2-5 minutes	Proprietary http://www.wisdomking.com/product/box-block-test http://www.rehabmeasures.org/
Chedoke Arm and Hand Activity Inventory (CAHAI) Three	Functional assessment of the upper extremity in persons with stroke; 13 functional tasks involving both upper	All	Items are scored on a 7-point scale, similar to the FIM with higher scores= better function	Approximately 20-25 minutes	Free Download manual at www.cahai.ca

shortened versions of the CAHAI exist with either 7, 8, or 9 items	extremities (e.g., open jar, zip, carry bag up stairs, pour glass of water, etc.)				
Action Research Arm Test (ARAT)	Assess upper limb functioning	All	19 item measure divided into 4 sub-tests (grasp, grip, pinch and gross arm movement); performance of each item on a 4-point ordinal scale; maximum score= 57 points MCID= 5.7 points	5-15 minutes	Proprietary ARAT kit can be purchased at: http://www.saliarehab.com/arat.html
Fugl-Meyer Assessment of Motor Recovery after Stroke (FMA) Modified (abbreviated) versions have been developed	Evaluates and measures recovery in post-stroke hemplegic patients	All	Items are scored on a 3-point scale. Score of 0 indicates cannot perform, score of 1 indicates performs partially, score of 2 indicates performs fully. Maximum score = 226 points. Items assess five domains: motor function, sensory function, balance, joint ROM, and joint pain. MCID= 10 points for both upper and lower extremity	Approximately 30 minutes; shortened versions < 10 minutes	https://www.sralab.org/rehabilitation-measures/fugl-meyer-assessment-motor-recovery-after-stroke
Standardized Assessments of Motor Activity	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Modified Ashworth Scale	Measure spasticity in patients with lesions of the CNS	All	Scores range from 0 to 4 with 6 choices possible (0, 1, 1+, 2, 3, 4). Score of 0 indicates no	< 5 minutes	Free No training required

			resistance, score of 4 indicates rigidity. 1+ scoring category added to indicate resistance through less than half of the movement.		http://www.rehabmeasures.org/
Standardized Assessments of Perception and Vision	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Brain Injury Visual Assessment Battery for Adults (BiVABA)	Assessment of visual processing ability following adult onset brain injury; battery focuses on identifying functional limitations experienced by the client as a result of visual impairment. Battery includes standardized assessments for: •visual acuity (distant and reading) •contrast sensitivity function •visual field •oculomotor function •visual attention and scanning	All	Each sub-test contains interpretation of results. BiVABA based on 4 key premises: • Visual dysfunction should be viewed in terms of effect on function, not in relation to deviation from the norm or test scores. • Visual impairments only warrant OT if they cause functional impairment. • Visual evaluation should be done to establish visual strengths and weaknesses. Strengths should be capitalized upon and weaknesses should be minimized.	Varies depending on the subtests used.	Proprietary http://www.visabilities.com/bivaba.html
Motor-free Visual Perception Test-4 (MVPT-4)	Determine whether or not an adult or child demonstrates age-appropriate visual perception skills independent of motor ability Assesses visual perceptual skills in 5		45 items involving 2 dimensional configurations presented on separate cards (also called “test plates”) Scores range from 0-36 You will note summary score, time to complete each item and average time per item	15-20 minutes	Proprietary http://www.rehabmeasures.org http://strokengine.ca/assess/module_mvpt_indepth-en.html

	areas: spatial relationships, visual discrimination, visual memory, figure-ground, visual closure.				
Cognitive Linguistic Quick Test (CLQT)	Assess 5 cognitive domains-attention, memory, executive function, language and visuospatial skills	All	Easy to score. Each domain is scored and shows the patient as Within Normal Limits or having Mild, Moderate, or Severe deficits. The severity ratings from the domains are added for a Total Composite Severity Rating. Age group (18-69, 70-89) is taken into consideration. The Clock Drawing task is given a separate severity score. This rating can be used as a quick check of progress or decline.	Approximately 15-30 minutes	Proprietary http://images.pearsonclinical.com/images/Assets/clqt/clqt.pdf
Behavioral Inattention Test (BIT)	Comprehensive battery designed to screen for unilateral visual neglect Divided into 2 subtests: conventional (BITC) and behavioral (BITB)	Acute	Total and subtests scores obtained by adding the subtest scores together. Maximum scores BIT= 227, BITC= 146, BITB= 81. Lower scores indicative of more severe visual impairment Cut-off scores indicating presence of spatial neglect: BITC < 129 BITB < 67 BIT < 196	40 minutes	Proprietary http://www.rehabmeasures.org
Trail Making Test (TMT) Parts A & B	Assessment of visual scanning, speed of processing, and executive functions. Divided into 2 parts:	All	Scores for both TMT A and B are based on number of seconds required to complete the task. Higher scores indicate a greater visual impairment. TMT-A scores > 78 seconds	< 5 minutes	doc11626120220706115646.pdf

	TMT-A assesses visual scanning using rote memory, TMT-B assesses visual scanning and executive function skills		indicate deficiency. TMT-B scores > 273 seconds indicate deficiency.		
Standardized Assessments for Prognosis or Severity	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
National Institutes of Health Stroke Scale (NIHSS)	Assessment of stroke severity Part of the assessment for tPA administration Prognostic/predictive	Acute	Scores range from 0-42 ; higher scores indicate greater severity: Very Severe: > 25 Severe: 15-24 Mild-moderately severe: 5-14 Mild: 1-5 ***30 day mortality*[5]:** **Score 0 to 7**: 4.2% **Score 8 to 13**: 13.9% **Score 14 to 21**: 31.6% **Score 22 to 42**: 53.5%	6 minutes	Free, must be trained http://stroke.org/site/PageServer?pagename=NIHSS http://www.rehabmeasures.org
Standardized Assessments of Quality of Life	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Stroke Impact Scale (SIS)	A self-report on the a person's quality of life after a stroke, including strength, hand function, ADL's, mobility, communication, emotion, memory, thinking and participation.	Acute, subacute	59 item measure across 8 domains; scores range from 0 to 100, each item is rated in a 5-point Likert scale. **Score of 0**: "Experienced No Recovery **Score of 100:** Fully Recovered" "approximately 10 to 15 points appear to represent reasonable definitions of clinically meaningful change."	15-20 minutes	Proprietary. Access to the SIS can be found at: http://www.kumc.edu/school-of-medicine/preventive-medicine-and-public-health/research-and-community-engagement/stroke-impact-scale.html Instructions for administration of the SIS 3.0 is available online at http://www2.kumc.edu/coa/SIS/Stroke-Impact-Scale.htm.

					http://www.rehabmeasures.org
Stroke Specific Quality of Life Scale (SS-QOL)	Assesses health-related quality of life specific to stroke survivors.	Subacute Chronic	49 items measure across 12 domains; scores range from 49-245; each item is rated on 5-point Guttman-type scales Higher scores indicate better functioning *May not be appropriate for patients with communication disabilities due to the linguistic complexity	10-15 minutes	Free http://www.rehabmeasures.org
Standardized Assessments of Speech and Language	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Quick Aphasia Battery (QAB)	Assesses language function with 8 subtests: level of Consciousness, Connected Speech, Word Comprehension, Sentence Comprehension, Picture Naming, Repetition, Reading Aloud, Motor Speech	All	0.00-4.99 Severe Severity 5.00-7.49 Moderate Severity 7.50-8.89 Mild Severity 8.90-10.00 No Aphasia	15 minutes	Proprietary- Vanderbilt https://aphasialab.org/gab
Cognitive Linguistic Quick Test (CLQT)	Assess 5 cognitive domains-attention, memory, executive function, language and visuospatial skills	All	Easy to score. Each domain is scored and shows the patient as Within Normal Limits or having Mild, Moderate, or Severe deficits. The severity ratings from the domains are added for a Total Composite Severity Rating. Age group (18-69, 70-89) is		Proprietary http://images.pearsonclinical.com/images/Assets/clqt/clqt.pdf

			taken into consideration. The Clock Drawing task is given a separate severity score. This rating can be used as a quick check of progress or decline.		
Western Aphasia Battery (WAB) Revised	WAB-R assesses the linguistic skills most frequently affected by aphasia (Spontaneous Speech, Auditory Verbal Comprehension, Repetition, Naming and Word Finding), in addition to key nonlinguistic skills (Reading, Writing Apraxia, Constructional, Visuospatial, and Calculation), and provides differential diagnosis information. Includes the Bedside WAB-R which is a shorter & quicker version for limited time constraints.	All	Aphasia quotient (AQ) is measured from the linguistic tasks. If score >93.8 patient is not aphasic, score <93.8 pt is aphasic. AQ of 0-25 is very severe aphasia. AQ of 26-50 is severe. AQ of 51-75 is moderate. AQ of 76-93.8 is mild. Language Quotient is the combination of the linguistic tasks, Reading & Writing. Cortical Quotient is the combination of all tasks, including Apraxia and Constructional, Visuospatial, and Calculation. Classifies into 8 different aphasias (global, Broca's, mixed transcortical, Wernicke's, transcortical motor, transcortical sensory, conduction, anomia).	Part 1, approximately 30-45 minutes Part 2, approximately 45-60 minutes	Proprietary www.asha.org/SLP/assessmentmedicalspeechpathology.wordpress.com Kertesz, Andrew M.D., F.R.C.P. (C). Western Aphasia Battery-Revised Examiner's Manual. San Antonio: Pearson, 2007. Print.
Speech Intelligibility Test (SIT)	Assesses speech intelligibility	All	Measures the following: **Sentence:** Speech Intelligibility, Speaking Rate and Communication Efficiency **Word:** Single Word Intelligibility, Percent of Accurate Vowels/Consonants (additional scoring for stops, fricatives,	Varies depending on the participant's performance and portions completed.	Proprietary https://www.madonna.org/payments/products/sit-standard

			affricates, semi-vowels, nasals, and pressure)		
Apraxia Battery for Adults- 2nd Edition (ABA-2)	To identify the presence of apraxia and to estimate the severity of the disorder.	Adolescents and adults		20 minutes	https://www.proedinc.com/Products/9100/aba2-apraxia-battery-for-adultssecond-edition.aspx
Frenchay Dysarthria Assessment-2nd Edition (FDA-2)	For the differential description and diagnosis of dysarthria.	12 years and older		20 minutes	https://www.proedinc.com/Products/12685/fda2-frenchay-dysarthria-assessmentsecond-edition.aspx
Mini Inventory of Right Brain Injury – 2nd Edition (MIRBI-2)	Quickly screen for neurocognitive deficits in individuals with right hemisphere lesions	Adults ages 20-80 with right hemispheric injuries		25-30 minutes	https://www.proedinc.com/Products/9150/mirbi2-mini-inventory-of-right-brain-injurysecond-edition.aspx
Assessment of Intelligibility of Dysarthric Speakers (AIDS)	Quantifying single-word intelligibility, sentence intelligibility, and speaking rate of adult and adolescent speakers with dysarthria.	12 years and older		30 minutes	
The Oral Mechanism Examination for Children and Young Adults: Craniofacial and Oral Evaluation* *	To identify the continuum of normal anatomic structure of the mouth, identify the range of abnormal anatomic structures of the mouth, use the oral mechanism findings to help make	Child – young adult		N/A	

	differential diagnoses, and to determine how findings from the examination influence referral, assessment, and treatment.				
Standardized Assessments of Swallow	**Purpose**	**Population Acuity (Acute, Subacute, Chronic)**	**Score Interpretation**	**Time to Administer**	**Source of Information**
Mann Assessment of Swallowing Ability (MASA)	Bedside assessment of swallowing function. Measures 24 areas to gauge a patient's swallowing ability in order to make appropriate recommendations for diet and fluid intake.	All	24 items; highest possible score is 200 170-200- no abnormality 149-160- mild 141-148- moderate ≤ 140- severe	20 minutes	Proprietary http://shop.dysphagiasupply.com/searchquick-submit.sc?keywords=masa
Modified Barium Swallow Impairment Profile (MBSImP)	Videofluoroscopy assessment of swallowing function.	All	Assessment of 17 components of the swallowing mechanism and includes a scoring metric to objectively profile physiologic impairment of swallowing function. SLP must complete specialized coursework and be certified in order to complete the assessment.	Varies depending on the participant's performance.	Proprietary www.northernspeech.com/MBSImp/
Swallowing Ability and Function Evaluation (SAFE)	Bedside assessment of swallowing function.	All	Assessment involves 3 stages: 1) Evaluation of General Information Related to Swallowing Ability 2) Physical Examination of the Oropharyngeal Mechanism 3) Functional Analysis of Swallowing	Varies depending on the participant's performance.	Proprietary http://www.proedinc.com/customer/productView.aspx?ID=2162