

Manual for Adult Fluent Aphasia Therapy-In Kannada

(MAFAT-K)

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Master of Science (Speech - Language Pathology)

University of Mysore

Mysore

ALL INDIA INSTITUTE OF SPEECH AND HEARING

MANASAGANGOTTHRI

MYSORE-570006

May 2009

CERTIFICATE

This is to certify that this Dissertation entitled “**Manual For Adult Fluent Aphasia Therapy-In Kannada**” is a bonafide work in part fulfillment for degree of Masters of Science (Speech-Language Pathology) of the student (Registration No. 07SLP004). This has been carried out under the guidance of a faculty of this institute and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

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DECLARATION

This Dissertation entitled “**Manual For Adult Fluent Aphasia Therapy-In Kannada**” is the result of my own study under the guidance of Dr. S.P.Goswami, Reader and Head, Department of Speech Language Pathology, All India Institute of Speech and Hearing, Mysore, and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

Mysore

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May 2009

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“Learning is like rowing upstream; not to advance is to drop back”

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Manual for Adult Fluent

Aphasia Therapy-In

Kannada

(MAFAT-KANNADA)

CHAPTER I

INTRODUCTION

The management of persons with aphasia is a complicated task that involves the coordinated efforts of a rehabilitation team representing several disciplines. The speech language pathologist (SLP) being one of the key member of the team, do face number of challenges while treating persons with aphasia. The reason is mainly due to the varied nature of the disorder manifesting impairment in all aspects of language. Thus, the speech language pathologists must use language treatment programs that have been described in detail and proved to be effective (Shewan & Bandur, 1986).

Aphasia is classified into various types, one of the classifications being the basic taxonomy of the aphasia syndrome (Kertez, 1979). According to this classification, aphasia is broadly divided into non-fluent and fluent aphasia types.

Based on the site of lesion, the symptoms will vary accordingly. However, no two aphasic individuals with similar subtype of aphasia will exhibit an identical symptom profile. Thus, it is of utmost importance that the rehabilitation process is modified to suit the needs of a particular patient.

Hence, it is imperative to have materials which are language specific and are readily available with specific activities, based on the therapeutic approaches documented in the literature.

NEED FOR THE STUDY

Authors have proposed a number of therapy techniques and manuals for the treatment of aphasia but, majority of them refers to the western population (English language) for example, the Manual for Aphasia Therapy developed by Longerich (1968), An Auditory and Verbal Task Hierarchy by Ross and Spencer (1980). In the Indian context, Manual for Adult Non-Fluent Aphasia Therapy-in Hindi (MANAT-H, Deshpande, 2004), Manual for Adult Non-Fluent Aphasia Therapy-in Kannada (MANAT-K, Venugopal, 2005), have been developed which mainly focuses on the non-fluent type of aphasia and Word Retrieval Manual:Hindi Aphasics (WORM-H, Praful, 2006) focuses on anomia type of aphasia. Till date fewer attempts have been made to develop a manual for the fluent type of aphasia (for adults) in the Indian context.

Hence, due to the vast ethno cultural and language variances, it is imperative to have language-based manuals in Indian clinical situation. Thus, the present manual in Kannada is proposed for the treatment of adults with fluent type of aphasia.

AIM OF THE STUDY

To develop a manual for the treatment of fluent aphasia in Kannada for adults.

CHAPTER II

REVIEW OF LITERATURE

Aphasia is described as a “multimodality reduction in the capacity to decode (interpret) and encode (formulate) meaningful linguistic elements. It is manifested as difficulties in listening, reading, speaking and writing” (Darley, Aaronson and Brown, 1975, as cited in Benson & Ardilla, 1996).

Kertesz (1985) defined aphasia as an “acquired loss of language due to cerebral damage, characterized by errors on speech (paraphasias), impaired comprehension and word finding difficulties”.

Classification of aphasia

‘Round and round like a stage army moves the procession: The clinical appearances are identical, but each fresh group of observers view them with new eyes and with different preconceptions’ (Henry Head, 1926).

Aphasia has been classified in different schemes with different psychological, linguistic and / or philosophic base as well as severity ranking systems and speech-language therapy needs (Benson & Ardilla, 1996). Over the decades several authors have proposed various classifications few being dichotomous such as, coding/decoding (Jakobson, 1956), anterior/posterior (Goodglass & Kaplan, 1972) and few other classification being elaborate, such as: Non-fluent: Broca’s aphasia, transcortical motor aphasia, global aphasia. Fluent: Wernicke’s aphasia, transcortical sensory aphasia, conduction aphasia, anomia (Goodglass & Kaplan, 1983).

Table 1-Major Characteristics/deficits of fluent aphasia (Adopted from Benson and Ardilla, 1996)

Basic language Characteristics	Wernicke's aphasia	Transcortical sensory aphasia	Conduction aphasia	Anomic aphasia
Conversational language	Fluent, Paraphasic	Fluent, paraphasic, echolalic	Fluent, paraphasic	Fluent with obvious naming deficits
Repetition of spoken language	Affected	Good	Affected	Adequate
Comprehension of spoken language	Affected	Affected	Good to Normal	Adequate
Pointing to named objects	Affected	Affected	Good to Normal	Adequate
Naming	Affected	Affected	Affected	Affected
Reading aloud	Affected	Affected	Affected	Good
Writing	Affected	Affected	Affected	Good

Associated neurological signs	Wernicke's aphasia	Transcortical sensory aphasia	Conduction aphasia	Anomic aphasia
Motor system	Normal	Often normal	Mild hemi-paresis	Usually normal
Articulation	Normal	Normal	Normal	Normal
Cortical sensory function	Normal	Often Affected	Often Normal	Normal or mild Affected
Praxis	Normal	Difficult to test	Buccofacial and Bilateral limb apraxia	Normal
Visual field	Normal	Normal or Affected	Normal	Normal
Visual gnosis	Normal	Difficult to test	Normal	Normal

Therapeutic consideration

There are many different approaches to aphasia therapy reflecting the variety of viewpoints both about the nature of impairment in aphasia and about the aims of the therapy process (Howard & Hatfield, as cited in Whitworth, Webster & Howard, 2005). The approaches are characterized by a number of broad perspectives, some of which are traditional while the contributions of others are yet to be determined. The diversity also reflects a great variety of symptoms present in persons with aphasia.

The varying severity and the impact of language impairments have effect on both persons with aphasia and their communication partners. Albert, Goodglass, Helm, Rubens, & Alexander, (1981) have classified therapy approaches into two main groups. First is the belief that aphasia reflects an impairment of access to language, or damage to language processes or representations. Therefore, with therapy, language functions can be restored, relearned or retained. The second approach is based on the assumption that the impaired processes are themselves irremediable. Therapy must be drawn on compensatory strategies to take over those impaired functions.

Likewise, the various schools of thoughts view aphasia in different ways. Subsequently, the lines of treatment also vary accordingly. The following treatment approaches specified for fluent aphasias have been discussed in brief (Adopted from ISHA Monograph, Adult Aphasia: Language Intervention, Goswami & George, 2006).

- Stimulation facilitation approach
- De-blocking
- Treatment of Wernicke's Aphasia (TWA)
- Treatment of Aphasia Perseveration(TAP)
- Context-Based Approach
- Visual Action Therapy (VAT)
- Language Oriented Treatment(LOT)
- Helm Elicited Language Program for Syntax Stimulation (HELPSS)
- Promoting Aphasic's Communicative Effectiveness (PACE)

Stimulation Facilitation Approach (Wepman, 1951)

Rationale : Stimulation of the impaired system as the primary tool to facilitate and maximize the aphasic person's reorganization and recovery of language through controlled and intensive auditory stimulation.

This technique is designed to help in changing the behavior and is not confined to a therapeutic setting alone, thus it should be tailored to the neurological, linguistic and social needs of person with aphasia. Following are the three aspects which are important for recovery process:

- a) What is done to any patient by an external agency (stimulation)
- b) What is impaired nervous system capable of doing (facilitation)
- c) What is the state of the internalized drive of the patient (motivation)

Methods to deliver the auditory stimulation

- Live voice
- Binaural presentation
- Free field
- Ear phones
- Selective right or left ear presentation of the auditory stimuli
- Pre stimulation: Cues presented prior to the picture presentation.
- Use of cues and prompts
- Frequency and meaningfulness of the linguistic stimuli.

Tasks emphasizing auditory abilities include:

- Point to tasks
- Following directions

- Yes-no questions and sentence verification
- Discriminability (semantic, auditory, visual)

De-blocking (Weigl, 1968)

Rationale: Intact channel is used to eliminate a block in understanding, or expression.

The responses are evoked via other channels by presenting the stimuli through the intact channel.

Prior stimulation with an intact mode is also called as pre-stimulation. It is thought to activate the linguistic content, thereby making it easier to process in the more impaired modality.

Pre-stimulation can be of three types:

- **Direct pre stimulation:** In which the key word appears in the pre stimulation phase.
- **Indirect stimulation:** Related word such as synonym or antonym semantically proximate word appears in the pre-stimulation phase.
- **Direct-Indirect stimulation:** Combination of both stimulations.

De-blocking is not an association between the inputs by pairing them, but rather it is an attempt to prepare or activate central semantic structures through unblocked route of access. This normal cognitive process is known as “priming”.

Treatment for Wernicke's Aphasia (TWA-Neilson, 1948)

Rationale: Reading, writing and arithmetic skills facilitate relearning of spoken language in persons with sensory aphasia.

TWA begins by using the more intact modality of reading comprehension to stimulate oral reading. Correctly read words presented verbally for repetition and finally for auditory comprehension via a picture pointing task, resulting in improvement of better auditory processing ability. In the initial stage words that are read aloud correctly during testing or uttered spontaneously is used. Subsequently stimuli with at least one new word/session are used (until the person with aphasia is capable of handling minimal pairs).

Candidacy

- Moderate to severe Wernicke's aphasia with difficulty in processing single words through auditory modality.
- Relatively preserved ability to understand written stimuli at single word level.
- Some ability to correctly read picturable single words aloud.
- Poor oral repetition skills.

Selection of Stimuli

Establish a corpus of words that a person with aphasia can:

- Match with pictorial representation.
- Read aloud.
- High probability, high emotion words or low probability words with unique configuration.

Presentation of stimuli

- Match a printed, lower case word to its picture.

- Read aloud.
- Repeat without the presence of the printed stimulus.
- Correctly select the picture from a group of eight upon hearing the word spoken by the clinician (again without the benefit of the printed stimulus).

Charting progress

Words identified correctly at step four over two successive sessions, are dropped from the lists and new items are added. In first three sessions the master list should be expanded. Discontinue and or modify if, no improvement is noticed after 5 sessions. Re-evaluate target behavior (Auditory comprehension) after 12 sessions.

Treatment of aphasic perseveration (TAP-Helm-Estabrooks,Emery,&Albert, 1987)

Rationale: To reduce the perseverative errors in persons with aphasia.

Candidacy: Persons with moderate to severe degree of perseveration on tests of confrontation naming. TAP uses same seven semantic categories of the BDAE:

- | | |
|-------------------|--------------|
| • Objects | • Numbers |
| • Letters | • Colors |
| • Geometric forms | • Body parts |
| • Actions | |

Items chosen for TAP are based on use, concreteness, word length, phonetic and semantic variability and emotionality. Real objects should be used instead of pictures wherever possible. Each item is shown to the person with aphasia for confrontation naming as per the pre-determined order, based on the strengths and weaknesses on BDAE. As many as three of the cues may be used to elicit a correct response. After

naming an item correctly with a cue, however the person with aphasia must immediately name to confrontation.

Long-term goal: To name 90% of the pictured stimuli with perseverations occurring on no more than 10% of the items.

To chart progress, note correct responses, number of cues, and perseverations. TAP is discontinued when no improvement is noticed in naming and diminishing of perseveration over five session blocks of treatment.

Severity of perseveration is determined by a two step procedure which includes transcribing all incorrect responses and counting total number of items on which, at least one perseverative response occurred. Then divide the number of items that elicited at least one perseveration by 38 (total number of BDAE stimuli) and calculate the percentage.

Sl.No	Percentage of perseveration	No. of perseveration	Severity
A	Under 5%	1	Minimal perseveration
B	5-19%	2	Mild perseveration
C	20-49%	3	Moderate perseveration
D	> 49%	4	Severe perseveration

Preparing for TAP session

A hierarchy of performance is established for each person with aphasia on BDAE confrontation naming for the first session by ordering the semantic categories from strongest to weakest.

Strategies for TAP

1. General strategies

- Explain the program.
- Clearly establish each new set before offering a new stimulus.
- Tell the person with aphasia that he/she is saying same thing again and again.

Write the incorrect responses.

- Always monitor presentation space (5 second interval between the items).

2. Specific strategies

- | | |
|------------------------------------|------------------------|
| a) Time interval : 5 to 10 seconds | f) Sentence completion |
| b) Gesture cue | g) Graphic cue |
| c) Tactile cue | h) Phonemic cue |
| d) Drawing | i) Oral reading |
| e) Descriptive sentence | j) Repetition |
| | k) Unison speech |

Scoring system

Nine point scoring, where 0 = could not name even after three cues and 8 = non-corrected perseverations with the third cue.

General progress goal is to achieve improved naming and reduced perseveration. Specific progress goal is to increase the order of difficulty for each item and semantic category for each session and establish progress.

Context-Based Approach (Marshall, 1994)

Rationale: Improving the communication skills in contextual situation.

The contextual based approach stresses on clinician manipulation of linguistic and timing variables and teaching caregivers how to do the same thing through demonstration and modeling.

Specific deficits to be worked on:

- a) Specific auditory comprehension problems
- b) Retention problems
- c) Syntactic comprehension
- d) Discourse comprehension

a) Treatment of auditory comprehension impairment

Single word level: Words can be ranked along many semantic dimensions (familiarity, meaningfulness, concreteness, imagery and categorization).

Sentential level: A number of factors that emerge at the sentential level, which are not pertinent at the word level include syntax, sentence length, memory, speaking rate, and quantity of information.

b) Retention problems

Retention strategies include asking for a repetition, chunking, rehearsal, personalized cueing.

c) Treating syntactic comprehension deficits

Sentence verification: In this task, person with aphasia sees a picture or hears a message and then verifies if, the message is true or false. The same can be carried out using written stimuli. The clinician can count the number of correct responses and the

clinician can also measure how long it takes the person with aphasia to make a decision.

Yes-no questions: Yes/no questions can be easy, yet some require interpretation and reasoning.

Discourse comprehension: Treatment goals that incorporate identification of the theme of a passage will aid in retaining the text. Treatment techniques to develop the use of inferences include direct instruction, providing examples, presenting questions that elicit inference and cueing.

Visual Action Therapy (VAT-Helm-Esterbrook, Fitzpatrick, & Baressi, 1982)

Rationale: To enhance an individual's functional communication skills through the use of representational gestures rather than speech.

This non-vocal strategy is designed to treat persons with global aphasia mainly, but is also applicable to other types of aphasia depending on the severity. In this technique, persons with aphasia are trained to produce representational gestures for visually absent stimuli through the manipulation of real objects. A hierarchy of activities is used ranging from tasks which require the person with aphasia to match the objects and pictures to gesturing the use of items hidden from view. This method trains person with aphasia to associate ideographic forms with particular objects and actions and to carry out a series of tasks in association with these drawings.

Illustration: A picture of 'toothbrush and paste' is shown to the person with aphasia and is taught the gesture of brushing. As a next step, the picture is withdrawn and the person with aphasia is asked, "What do you brush your teeth with?" The expected response is the gesture of brushing. Next, a picture of "bucket with water and soap" is

shown and the appropriate gesture is taught. The response is stabilized after the withdrawal of the picture. Then the person with aphasia is asked, “what do you do in the morning?” The expected response is the gesture of ‘brushing’ followed by that of ‘bathing’.

Language Oriented Treatment (LOT- Shewan & Bandur ,1986)

Rationale: To provide person with aphasia a language processing system that operates at its maximum functional level of applying neuro-linguistic findings to treatment. It is a psycholinguistic approach to the treatment of aphasia. Treatment of language content is emphasized.

Communication system of LOT has five modalities:

- Auditory processing
- Visual processing
- Gestural and combined gestural verbal communication
- Oral expression
- Graphic expression

Each modality is further divided into mutually exclusive areas.

Procedure

- LOT adopts stimulus response reinforcement paradigm.
- Activities are presented in order of increasing difficulty.

Auditory processing

A. Auditory perception – for both speech and non speech stimuli

E.g., Clinician: Stimulus- Knocking at the door; Person with aphasia: Points to a picture of opening a door.

B. Auditory comprehension

E.g., Clinician: show me a bus/hose/red colour; Person with aphasia: points to the picture

Visual processing

A. Visual perception-e.g. matching for nonverbal material

B. Visual comprehension-perceiving gestured messages

E.g., Clinician: Gestures the action of drinking; Person with aphasia: Points to the picture of a boy drinking water.

C. Reading comprehension: Stimuli may include paragraphs of 75-100 syllables in lengths. The patient reads the paragraph and orally responds to the: who, what, when, where prompts.

Gestural and gestural verbal communication: Social signals, gestures and speech acts are used.

Oral expression: Includes automatic speech, repetition, phoneme level production, word retrieval, oral reading sentence formulation.

Graphic expression: Tracing/copying of non-verbal and verbal material, writing materials which are familiar, writing spelling, naming written words, writing complex material.

Helm Elicited Program for Syntax Stimulation (HELPSS-Helm, 1981)

Rationale: To improve agrammatic abilities of persons with aphasia to produce a wide variety of syntax for purpose of communication using this technique.

HELPSS is a hierarchically structured approach to therapy that uses a story completion format to elicit 10 sentence types.

Level A: Person with aphasia is asked to produce a delayed repetition of the target response. All stories are supported with simple action pictures, line drawings that are presented to the person with aphasia prior to the point at which he is expected to produce the target response. The sentence types used are imperative, intransitive, imperative transitive, wh-interrogative, declarative transitive, declarative intransitive, comparative, yes-no questions.

Illustrations for few sentence types:

1. Imperative intransitive

C: Seeta RadhaLige heeLidaLu, 'neenu tumba chennagi haaDutiya'

A: (With delay) 'neenu tumba chennagi haaDutiya'

2. Imperative transitive

C: Radha chennagi haaDutaaLe

A: Radha chennagi haaDutaaLe

3. Wh-interrogative

C: Yaaru chennagi haDuthare?

A: (With delay) Radha chennagi haDutaLe

4. Comparative

C: Radha SetaLiginta chenaagi haaDuthaLe.

A: (With delay) Radha SetaLiginta chenaagi haaDuthaLe

Level B: Story does not contain the larger sentence; instead the person with aphasia must produce the target as a logical completion of the story but without the benefit of having heard the target as part of the stimuli.

Promoting Aphasics Communicative Effectiveness (PACE-Davis & Wilcox, 1981)

Rationale: To facilitate persons with aphasia to deal with everyday situation

PACE is based on the following four principles:

- **Exchange of new information:** Exchange of new information between the person with aphasia and clinician. This technique ensures that the clinician will be unfamiliar to a certain extent, with the content of a therapeutic discourse.
- **Equal participation:** Both clinician and person with aphasia participate equally as senders and receivers of message. It ensures that the person with aphasia may practice sustaining communicative interaction for more than one turn on the same topic.
- **Free choice of communicative channels:** Person with aphasia is allowed free choice with respect to selection of communicative channels with which to convey messages. With this principle, the clinician encourages the person with aphasia to use all their communicative possibilities, verbal, graphic, gesture, and or writing.
- **Functional feedback:** the feedback provided by the speech language pathologist (SLP) in PACE conversations is realistic and functional.

Rating scale for PACE interaction

Scale	Production	Comprehension
5	Message conveyed on first attempt	Message understood on first attempt
4	Message conveyed after general feedback from the clinician	Message understood after general feedback from the clinician
3	Message conveyed after specific feedback	Message understood after specific feedback
2	Message partially conveyed after general and specific feedback	Message partially understood after general and specific feedback
1	Message not conveyed appropriately despite the efforts by the person with aphasia and clinician	Message not understood appropriately despite efforts by the patient and clinician
0	person with aphasia does not attempt to convey the message	person with aphasia does not attempt to convey the message

Clinician and person with aphasia take turns in selecting from a stack of cards, pictured/written message (objects, actions, stories). The task is to transmit information from the card by following the principle of free choice of communication models. Clinician never corrects the person with aphasia's attempts, a natural feedback is provided. PACE therapy is not the right approach during the early activation phase. It stimulates neither language comprehension nor speech production directly and systematically. No symptom specific cues and feedback are yielded. This technique is not advisable for persons with severe deficits, in semantic and phonemic jargon or recurring utterances.

Illustration: The person with aphasia draws a picture card from a stack of cards. e.g.,
watch

C: Entaha oLLeya chitra!

A: Ahhha

C: Idu praaNiye?

A: Horizontal movement of head, indicating no

C: Idu watchye?

A: Gestures vertical movement of head, indicating yes.

C: Idaralli samaya nooDuthira?

A: Huu

C: Idu watchye?

A: Howdu

Thus, keeping these above mentioned deficits and therapy approaches as base,
the present manual is designed in Kannada to provide material for the SLPs and
caregivers of persons with fluent aphasia.

CHAPTER III

METHOD

The present manual is designed based on the documented principles and guidelines prescribed in the literature for persons with fluent aphasia. The illustrations of various activities are based on the principles of aphasia management. Literature regarding fluent aphasia and intervention strategies were reviewed from books, journals and internet sources. The collected information from these resources are compiled and organized.

The treatment parameters are formulated under the following headings:

- Functional communication (FC)
- Auditory comprehension (AC)
- Repetition (R)
- Expression (E)
- Naming (N)
- Reading and writing (R&W)

Vocabulary and sentences used in everyday situation were chosen as training material. Pictures for the manual were drawn by professional artists. The training material was tested for familiarity by five speech language pathologists (SLPs), who were native speaker of Kannada. The pictures were also being tested for ambiguity. The SLPs were asked to comment on the appropriateness and hierarchy of the items used in the training material.

Development of the manual

The present manual comprises of six domains, which are taken based on the deficits seen in various skills in persons with fluent aphasia. The various domains are as listed below:

- Functional communication (FC)
- Auditory comprehension (AC)
- Repetition (R)
- Expression (E)
- Naming (N)
- Reading and writing(R&W)

Each of these domains is further sub-divided into several sub-sections:

Functional Communication (FC)

In this domain, aspects related to daily living like nouns, common verbs which are basic and applicable in daily life is considered. The various aspects covered under functional skills are:

- | | |
|--|----------------------------------|
| A. Responding to own name | E. Comprehension of action verbs |
| B. Recognition of family members | F. Functional verbal language |
| C. Recognition of familiar objects | G. Activities of daily living |
| D. Comprehension of simple verbal commands | H. Activities of independence |

Auditory Comprehension (AC)

The focus of this section is to improve the auditory comprehension aspect at various linguistic levels. These levels are:

- I. Semantic level

II. Syntax level

III. Discourse level

I. Semantic level

A. Gross phonemic level

B. Finer phonemic level

C. Word level

i. Vocabulary

ii. Antonym

iii. Synonyms

iv. Syntagmatic and paradigmatic relations

II. Syntax level

A. Person Number Gender markers (PNG)

B. Tenses

C. Plurals

D. Answering yes-no (polar) questions

E. Following body part command

F. Following commands with visual stimuli

G. Identification of objects described by function

H. Identification of objects named serially

I. Sentence types

III. Discourse level

A. Listening comprehension

B. Reading comprehension

Repetition (R)

This domain is again sub-divided into the following sub-sections:

- A. Automatic speech
- B. Vocabulary
- C. Phrases and Sentences

Naming (N)

- A. Confrontation naming
- B. Responsive naming
- C. Lexical generative naming: Phoneme fluency, word fluency, category specific

Expression (E)

Main aim of this domain is to reduce paraphasias, perseverations, neologisms, and jargon utterances.

The material and strategies designed to improve the expression skills have been chosen keeping the therapy techniques as base.

Reading and Writing (R&W)

This domain is sub-divided into four sub-sections as listed below:

- A. Functional reading and writing
- B. Advanced reading
- C. Advanced writing
- D. Arithmetic skills

The activities of each sub-section have been arranged in hierarchical order along with its stimulus and response mode hierarchy. Scoring pattern and progress criteria have been provided in the beginning of each sub-section. Overall progress criterion is also provided for each domain and its sub-sections.

CHAPTER IV
MANUAL FOR ADULT FLUENT APHASIA THERAPY- IN KANNADA
(MAFAT- K)

About MAFAT – KANNADA

MAFAT- Kannada consists of six main domains:

- **Functional communication:** This domain aims at enabling the person with aphasia to use language required in his/her daily life. It also includes a sub-section on activities of daily living (ADL) and activities of independence (AOI) to help the person with aphasia to cope up with everyday situation. Pictures are provided where required.
- **Auditory comprehension:** This domain aims at improving auditory comprehension through intensive training at various linguistic skills like semantic, syntactic and discourse levels.
- **Repetition:** No pictures are provided for this domain. However, clinician is free to use pictures in this domain from the vocabulary, which is a sub-section of auditory comprehension or pictures from any domain of MAFAT-K. The person with aphasia is expected to repeat using auditory and graphic cues.
- **Naming:** Pictures are provided only for the confrontation naming activities. Cueing hierarchies are provided for each sub-section.
- **Expression:** This domain aims at improving the communication of persons with aphasia through verbal mode, by eliminating perseverative errors, jargon

utterances, neologisms and paraphasias. Treatment hierarchy is provided, keeping the specific therapy techniques as base.

- **Reading and writing:** This domain aims at improving the reading and writing skills of persons with aphasia at both functional and advanced levels. A sub-section on arithmetic skills has also been included through which the concept of money and its usage can be worked upon.
- **Treatment recording sheet:** The treatment recording sheets (Adopted from Treatment protocols for language disorders in children, Hegde, M.N., 2003) have been included for each domain and sub-section. It is expected that the clinician follows these sheets to record the target activity, mode of presentation of the stimuli, mode of responses, target skills, number of trials and percentage of the correct responses.

Points to Ponder (Adopted from: MANAT-H)

Creating a good communicative environment

- Communicate in a quiet, well lit and ventilated room.
- Limit the number of people, avoid large groups.
- Encourage the person with aphasia to communicate.
- Recognize and reinforce communication gains.
- Do not ask the person with aphasia to talk and do something else at the same time.
- Respect the privacy of the person with aphasia.
- Keep the person with aphasia informed about what is happening.

- Be aware of fatigue.
- Encourage the person with aphasia to be independent.
- Keep the person with aphasia occupied.
- Be sensitive to the person with aphasia as a person first, as an aphasic individual second.

As a speaker

- Talk slowly.
- Avoid rising your voice.
- Use appropriate language in the form of:
 - Short sentences
 - Simple sentences
 - Familiar words
 - Do not bombard the person with aphasia with too many questions.
- Stress the important words in sentences.
- Accompany a message with gestures or repeat if the person with aphasia does not understand.

As a listener

- Listen and do not interrupt.
- Be patient.
- Enough time should be given to the person with aphasia to respond.
- Accept language errors.

Repair Strategies

The various repair strategies that the clinician can use to improve the overall communication skills for persons with aphasia are:

1. **Vocal/sub vocal rehearsal:** In this strategy persons with aphasia are requested to repeat the command loudly or by whispering while or before performing the task.
2. **Self- correction:** In the self monitoring strategy person with aphasia is asked to correct him/herself, if the response with reference to the stimuli is incorrect. The clinician should provide realistic feedback and also encourage him/her to monitor their response.
3. **Repetition:** It is a repair strategy in which person with aphasia is encouraged to ask for the repetition of the presented stimuli when he/she does not comprehend.
4. **Cue:** Certain clues provided by the clinician/communication partner which facilitates persons with aphasia to produce the target response. Hierarchy of six cues given by Pease and Goodglass (1978) can be used which is as listed below:

1. Providing the first sound or sound combination
2. Providing a super ordinate (animal to cue as a dog)
3. Providing an environmental context or location of the target
4. Providing a rhyming word
5. Providing a statement of function
6. Providing a sentence completion cue

Step involves organized way from most to least facilitating based

Step one: First sound or sound combination

Step two: Sentence completion

Step three: Rhyme

Step four: Super ordinate, function, location

The other cues such as graphic, combination of auditory, visual, graphic can also be used.

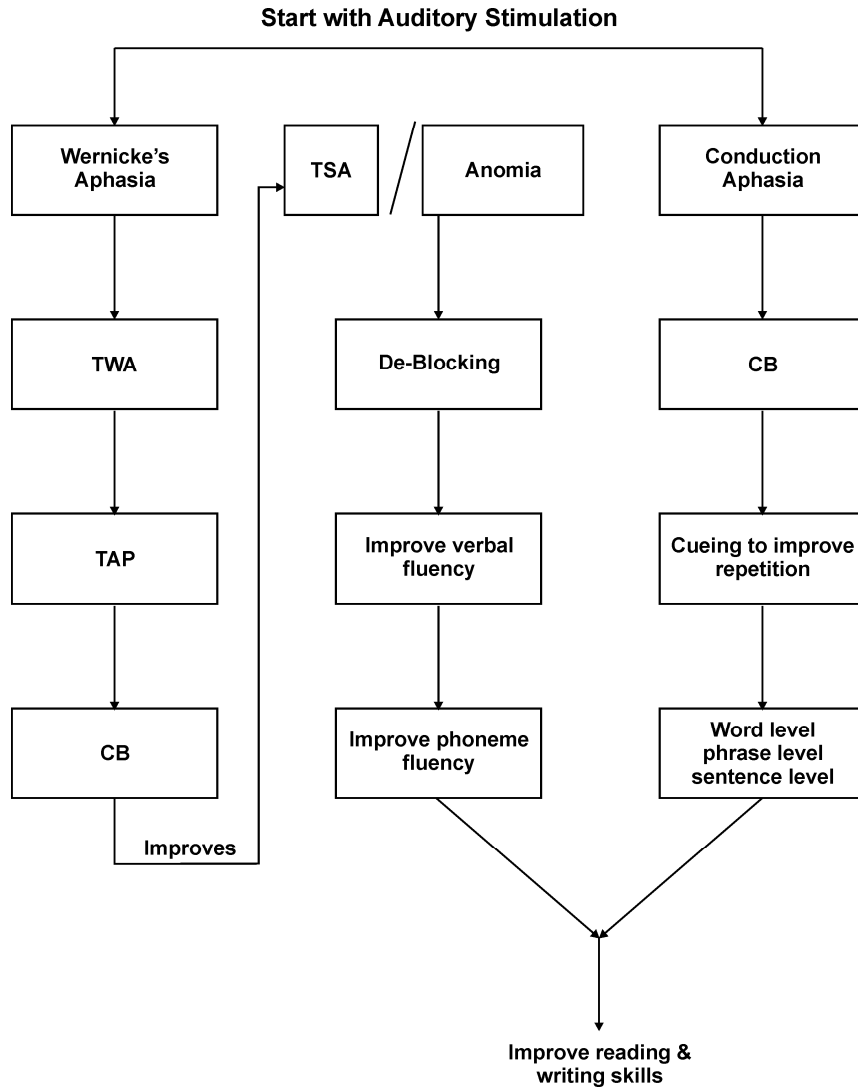
5. **Rephrasing:** It is a repair strategy which either a clinician or a person with aphasia can use. In this strategy the complex stimuli is simplified or is broken down into several parts.
6. **Reducing the presentation of the rate of stimuli:** The clinician is expected to slow down the presentation of the stimulus in order to facilitate the comprehension ability of persons with aphasia.
7. **Reducing the rate of speaking:** This strategy can be used either by the clinician or by persons with aphasia where the rate of speaking is slowed down. This will improve the self monitoring and also intelligibility of speech.
8. **Feed back:** It is a repair strategy in which the clinician or communication partner gives feedback through auditory / visual modality to the person with aphasia to let him/her know whether the response was as expected or not.
9. **Usage of alternative communicative strategy:** All possible modes of communication should be considered to improve overall communication of persons with aphasia.

It is expected that the clinician demonstrates, illustrates or instructs to adhere to these strategies for improving the overall communication skills. Further the clinician is also expected to provide appropriate model, realistic feedback and communication opportunities. These above mentioned strategies can be used either in isolation or in combination. Clinicians are free to add any other strategy which they feel will facilitate the communication.

Progression criterion list

- Begin with Functional Communication (FC) and Auditory Comprehension (AC) domains simultaneously. Only when the total score in each of these domains reaches 50%, move to the next level.
- Next, begin with the activities of functional reading and writing domain. When a score of 25% is achieved in functional reading and writing and 75% in FC, AC each, proceed to the next level.
- Now, introduce the activities of repetition. When the person with aphasia scores 25% on repetition, 50% in functional reading and writing and 100% on FC, AC, advance to the next level.
- Now, introduce the activities of expression. When 25% score is reached in expression domain and 50% in repetition and 75% in functional reading and writing move to the next level.
- The activities in expression should be continued till a score of 75% is achieved.
- Next, proceed to the naming domain and work on it till at least 75% score is achieved.
- The advanced reading, writing and arithmetic skills should be introduced now and worked upon till 75% of the score is achieved.
- At the end of the manual it is expected that in each domain the performance of person with aphasia is 75% or above and in overall 90% and above.

Protocol depicting the specific language intervention techniques for different types of fluent aphasia (Adopted from: ISHA monograph-Adult Aphasia: Language Intervention)



TWA: Treatment of Wernicke's Aphasia

TAP: Treatment of Aphasic Perseveration

CB: Context Based Approach

TSA: Transcortical Aphasia

MANUAL FOR ADULT FLUENT APHASIA THERAPY- IN KANNADA

(MAFAT – K)

CONTENTS

Functional communication (FC)

- A. Responding to own name
- B. Recognition of family members
- C. Recognition of familiar objects
- D. Comprehension of simple verbal commands
- E. Comprehension of action verbs
- F. Functional verbal language
- G. Activities of daily living
- H. Activities of independence

Auditory Comprehension (AC)

I. Semantic level

- A. Gross phonemic level
- B. Finer phonemic level
- C. Word level
 - i) Vocabulary
 - ii) Antonyms
 - iii) Synonyms
 - iv) Syntagmatic and paradigmatic relations

II. Syntax level

- A. PNG markers
- B. Tenses

- C. Plurals
- D. Answering yes-no (polar) questions
- E. Following body part command
- F. Following commands with visual stimuli
- G. Identification of objects described by function
- H. Identification of objects named serially
- I. Sentence types

III. Discourse level

- A. Listening comprehension
- B. Reading comprehension

Repetition (R)

- A. Automatic speech
- B. Vocabulary
- C. Phrases and Sentences

Naming (N)

- A. Confrontation naming
- B. Responsive naming
- C. Lexical generative naming: word fluency, Phoneme fluency, category specific

Expression (E)

Main aim of this domain is to reduce paraphasias, perseverations, neologisms, and jargon utterances and to improve the quality of verbal output.

Reading and Writing (R&W)

- A. Functional reading and writing
- B. Advanced reading
- C. Advanced writing
- D. Arithmetic skills

Guidelines for using the treatment recording sheet

The treatment recording sheets have been included for each domain/sub-section. It is expected that the clinician follows these sheets to record the mode of presentation of the stimuli, mode of responses, target skills, number of trials and percentage of the correct responses.

First, mention the stimulus mode (e.g., auditory + gesture or auditory only). Note down the response modality used for the given stimulus. Carry out ten trials. Finally note down the percentage of number of correct and incorrect responses. A minimum of 75% correct score should be obtained in order to pass this activity.

FUNCTIONAL COMMUNICATION (FC)

This section is subdivided into:

- A. Responding to own name
- B. Recognition of family members
- C. Recognition of familiar objects
- D. Comprehension of action verbs
- E. Comprehension of simple verbal commands
- F. Functional verbal language
- G. Activities of daily living
- H. Activities of independence

Scoring

- 0 = No response/ incorrect response/ unintelligible response
- 1/2= Partially correct and intelligible response
- 1 = Fully correct and intelligible response

Progress criteria: 75% of the total score

Repair strategies: Appropriate strategies can be selected (from pages 29, 30). These should be used to strengthen the responses.

Pictures are shown at the end of this section.

A. Responding to own name

The main goal is to encourage the person with aphasia to respond to his/her name call using any response modality and also to indicate that name has been recognized.

Treatment recording sheet illustrating the activity is shown in table 2.

Stimulus hierarchy

- Combination of auditory and gesture (A + G)
- Auditory (A)

Response mode: Could be in the form of;

- Eye blinking (EB)
- Head nod (HN)
- Hand movement (HM)
- Verbal utterances: Partially or complete meaningful (VU)

Table 2: Treatment recording sheet

Stimulus mode	Response mode	No. of trials										% correct responses
		1	2	3	4	5	6	7	8	9	10	
A+G	EB	0	0	0	1/2	1/2	0	1/2	1	1	1	45%

B. Recognition of names of family members

Level 1 and 2

Stimulus hierarchy

- Combination of Visual and auditory (V+A)

Response hierarchy

- Pointing/ Gesture (P/G)

Level 3

Stimulus hierarchy

- Combination of visual, auditory and pointing/gesture (V+A+P/G)
- Combination of visual and pointing/gesture (V+P/G)

Response hierarchy

- Combination of verbal and pointing/gesture (V+P/G)
- Verbal only (V)

Treatment recording sheet illustrating the activity is shown in table 3

Level 1: By placing the photograph of the family members on the table, ask the person with aphasia to point to each as they are named one by one.

Level 2: Ask the person with aphasia to point to the photograph of each family member as the relations are named.

e.g., ನಿಮ್ಮ ಮಗನನ್ನು ತೋರಿಸಿ ? nimma magannannu thorisi

Level 3: Ask the person with aphasia to name the family members name and how they are related to them as the clinician points to the photographs.

e.g., ಇವರು ಯಾರು ? ivaru yaaryu?

C. Recognition of familiar objects

Stimulus hierarchy: Combination of visual and auditory (V+A)

Response hierarchy: Pointing/gesture (P/G)

Treatment recording sheet illustrating the activity is shown in table 3

Level 1: Pictures of familiar objects should be shown and the person with aphasia is expected to point to each one as they are named.

Note: For pictures, refer vocabulary sub-section of semantic level under auditory comprehension domain.

Stimuli

1.	ಕುರ್ಚಿ	kurchi	9.	ಪೆನ್ನು	Pennu
2.	ಬಾಗಿಲು	baagilu	10.	ಪೇಪರ್	Pepar
3.	ಕಿಟಕಿ	kiTaki	11.	ಬ್ರಶ್ಚು	Brashu
4.	ಮೇಜು	mEju	12.	ಬಾಚಣಿಗೆ	baachaNige
5.	ಫ್ಯಾನು	Fanu	13.	ಶರ್ಚು	sharTu
6.	ಫೋನು	phone	14.	ಸೀರೆ	Seere
7.	ತಟ್ಟೆ	taTTe	15.	ಪ್ಯಾಂಟು	Pantu
8.	ಲೋಟ	loTa			

Level 2: Ask simple questions to the person with aphasia regarding the items targeting a gestural response.

e.g.,	1.	ನೀವು ವಾಚನ್ನು ಹಾಕಿದ್ದೀರಾ ?	Niivu watch annu haakidiira?
	2.	ನಿಮ್ಮ ಕೈಯಲ್ಲಿ ಪೆನ್ನು ಇದೆಯಾ ?	Nimma kaiyalli pennu idiya?
	3.	ಈ ರೂಮಲ್ಲಿ ಫ್ಯಾನು ಇದೆಯಾ ?	Ee roomalli fanu idiya?
	4.	ನೀವು ಕುರ್ಚಿ ಮೇಲೆ ಕೂತಿದ್ದೀರಾ?	Neevu kurchi mele koothidira?
	5.	ನೀವು ಶರ್ಚು ಹಾಕಿದ್ದೀರಾ ?	Neevu shrTu haakidira?

Note: Along with these examples, add at least 10 more questions which are relevant to the person.

C. Understanding action verbs

Stimulus hierarchy

- Combination of visual and auditory (V+A)
- Auditory only (A)

Response hierarchy

- Pointing (P)
- Gesture/action (G)

Treatment recording sheet illustrating the activity is shown in table 3

Level 1: Show pictures of different action verbs and the person with aphasia is expected to point to the picture named by the clinician.

Level2: Ask the person with aphasia to perform or act out an action (gesture) to the action verb named by the clinician.

Stimuli

1.	ತಿನ್ನುವುದು	Tinnuvudu	9.	ನಿಲ್ಲುವುದು	Nilluvudu
2.	ಕುಡಿಯುವುದು	kuDiyuvudu	10.	ನಡೆಯುವುದು	naDeyuvudu
3.	ಮಲಗುವುದು	malaguvudu	11.	ಜಿಗಿಯುವುದು	Jigiyuvudu
4.	ಓಡುವುದು	ooduvudu	12.	ಓಡುವುದು	ooDuvudu
5.	ಬರೆಯುವುದು	bareyuvudu	13.	ಆಟಾಡುವುದು	aaTaaDuvudu
6.	ನಗುವುದು	naguvudu	14.	ಕಡಿಯುವುದು	kaDiyuvudu
7.	ಅಳುವುದು	aLuvudu	15.	ತೆಗೆಯುವುದು	Tegeyuvudu
8.	ಕೂರುವುದು	kooruvudu			

Table 3: Treatment recording sheet illustrating the activity for recognition of names of family members, recognition of familiar objects and action verbs.

Sl. No	Activity	Stimulus mode	Response mode	Target response	No.of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	Family members:level I	V+A	P	amma	0	0	0	1/2	1/2	½	1	1	1	1	55%
2	Familiar objects: level I	V+A	P	Pennu	0	0	0	1/2	1/2	½	1	1	1	1	55%
3	Action verbs	A	G	thinnu	0	0	0	1/2	1/2	1	1	1	1	1	60%
4															
5															
6															
7															
8															
9															
10															

E. Understanding simple verbal commands

Task: Ask the person with aphasia to move according to your directions in the room

Treatment recording sheet illustrating the activity is shown in table 4

Stimuli

- | | | | | | |
|----|----------------|-------------------|-----|-----------|------------|
| 1. | ನೆರ ನಡೆಯಿರಿ | neera naDeyiri | 6. | ದಾರಿ ಬಿಡಿ | daari biDi |
| 2. | ಎಡಗಡೆ ತಿರುಗಿ | yeDagaDege tiruge | 7. | ಬನ್ನಿ | Banni |
| 3. | ವಾಪಸ್ಸು ಬನ್ನಿ | vaapassu banni | 8. | ಟೂರಿ | Koori |
| 4. | ಬಲಗಡೆಗೆ ತಿರುಗಿ | balagaDege tirugi | 9. | ಎದ್ದೇಳಿ | eddeeLi |
| 5. | ನಿಲ್ಲಿ | Nilli | 10. | ನಡೆಯಿರಿ | naDeyiri |

Table 4: Treatment recording sheet

Sl. No.	Target word	No. of trials										% of correct responses
		1	2	3	4	5	6	7	8	9	10	
1	nilli	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2												
3												
4												
5												
6												
7												
8												
9												
10												

F. Verbal language (Adopted from: MANAT-K)

- 1) Language for Functional communication
- 2) Language for Social conduct

Treatment recording sheet illustrating the activity is shown in table 5

a) Saying own name:

Level 1: Instruct the person with aphasia to initiate the oro-motor movements for sounds in his/her name. Physical assistance may be required.

Level 2: Drill combinations of sounds into the person with aphasia's name.

b) Saying yes/no: Use the technique of equivocal response

c) Saying names of family members:

Level 1: Drill sounds and initiate combinations of sounds into names

Level 2: Point to the photograph and ask "who is this?"

d) Saying names of familiar or personal objects:

Level 1: Drill the production of familiar objects given in the section C (recognition of familiar objects)

Level 2: Show the pictures of the same objects and ask "what is this?". Drill till a consistent response is achieved.

e) Saying verbs:

Level 1: Ask the person with aphasia to initiate oro-motor movements for verbs given in section D (understanding action verbs)

Level 2: point to the action pictures and ask "what is going on here?". Drill till an accurate response is achieved consistently.

f) Saying noun-verb combination:

Level 1: Present action pictures and motivate the person with aphasia to use two word descriptions for each

(e.g., oota tinnu)

Level 2: Write a verb and noun in separate cards and present them together. Drill till an accurate response is achieved.

g) Saying small phrases:

Drill 2-3 word phrases contextually

e.g., illi banni, naale barthini

h) Saying short complete sentences:

Combine short phrases contextually to make short complete sentence.

e.g., naanu chennagidini, neevu chennagidira?

i) Saying the day and time:

Ask the person with aphasia to say the day and time every session he/she attends therapy.

2) Language for social conduct

Ask the person with aphasia to use appropriate greetings such as:

- ‘hello/namaskara’
- ‘neevu hengidira?’
- ‘naau chennagidini’
- ‘thank you/dhanyavaadagalu’ ‘
- bye/namskara/barthini’ when he/she meets a person.

Table 5: Treatment recording sheet illustrating one of the activities for functional verbal language.

Sl. No.	Target skill	No of trials										% correct responses
		1	2	3	4	5	6	7	8	9	10	
1	Answering Yes/No	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2												
3												
4												
5												
6												
7												
8												
9												
10												

G. Activities of Daily Living (ADL)

ADL includes routine activities like brushing, bathing, dressing, eating, drinking and sleeping.

General instructions: First, familiarize the person with aphasia with all the objects required for each activity.

Treatment recording sheet illustrating the activity is shown in table-6

Level 1: Describe the entire activity step by step using the flow chart. Then, to check whether the person with aphasia has comprehended the activity, ask yes/no questions.

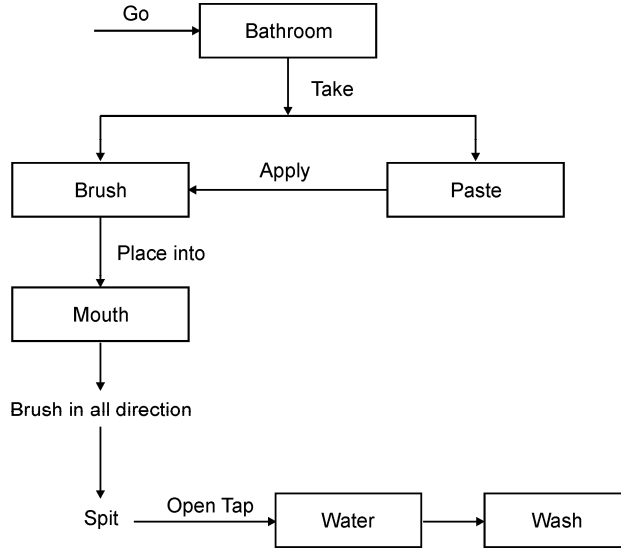
Level 2: Ask questions regarding the activity. The person with aphasia is expected to answer in a word or a phrase or a simple sentence.

Level 3: Ask the person with aphasia to describe the entire activity in complete sentences.

1. Brushing

Materials required: Tooth brush, tooth paste, water

Level 1: Flow chart



Yes/No questions

1. ನೀವು ಟೂತ್‌ಬ್ರಶ್‌ನಿಂದ ಹಲ್ಲು ಉಜ್ಜುತ್ತೀರಾ?
Neevu toothbrashninda hallu ujjuttiraa?
2. ನೀವು ಬ್ರಶ್ ಮೇಲೆ ಪೇಸ್ಟ್ ಹಾಕುತ್ತೀರಾ?
Neevu brash maile paist haakuttiraa?
3. ಬ್ರಶ್ ಮಾಡಿದ ಮೇಲೆ ನಿಮಗೆ ನೀರು ಬೇಕೆ?
Brash maadida maile nimage neeru beke?
4. ನೀವು ಬಾಯಿ ಮುಚ್ಚಿಕೊಂಡು ಬ್ರಶ್ ಮಾಡುತ್ತೀರಾ?
Neevu baayi muchchikonde brash maaduttiraa?
5. ಬ್ರಶ್ ಮಾಡಿದ ಮೇಲೆ ನೀವು ಪೇಸ್ಟ್ ನುಂಗುತ್ತೀರಾ?
Brash maadida maile neevu paist nungutteeraa?

Level 2: Questions

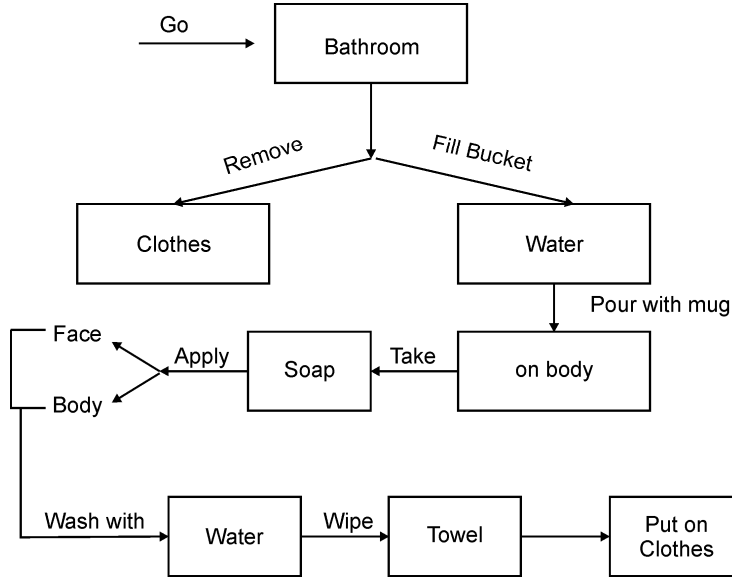
1. ನೀವು ಬ್ರಶ್ ಮಾಡಲು ಎಲ್ಲಿಗೆ ಹೋಗುತ್ತೀರಾ?
Neevu brash maadalu yallige hogutteeraa?
2. ನಿಮ್ಮ ಹಲ್ಲನ್ನು ಬ್ರಶ್ ಮಾಡಲು ಏನು ಉಪಯೋಗಿಸುತ್ತೀರಿ?
Nimma hallannu brash maadalu Enu upayogisutteeri?
3. ಬ್ರಶ್ ಮೇಲೆ ಏನು ಹಾಕುತ್ತೀರಿ?
Brash maile Enu hakutteeri?
4. ಬ್ರಶ್ ಮಾಡಿದ ಮೇಲೆ ಏನು ಮಾಡುತ್ತೀರಿ?
Brash maadida maile Enu maadutteeri?
5. ನಿಮ್ಮ ಬ್ರಶ್‌ಅನ್ನು ಹೇಗೆ ತೊಳೆಯುತ್ತೀರಿ?
Nimma brashannu haige toleyutteeri?

Level 3: Ask the client to describe the process of brushing (the flow chart can be used as the cue).

2. Bathing

Materials required: Water, bucket, mug, soap, and towel

Level 1: Flow chart



Yes/no questions

1. ನೀವು ಸ್ನಾನ ಮಾಡಲು ಬಚ್ಚಲು ಮನೆಗೆ ಹೋಗುತ್ತೀರಾ?
Neevu snaana maadalu bachchalu manege hogutteeraa?
2. ನೀವು ಬಟ್ಟೆ ಹಾಕಿಕೊಂಡು ಸ್ನಾನ ಮಾಡುತ್ತೀರಾ?
Neevu batte haakikonda snaana maadutteeraa?
3. ನೀವು ಬಕೆಟ್‌ನಲ್ಲಿ ನೀರು ತುಂಬಿಸುತ್ತೀರಾ?
Neevu baketnalli neeru tumbisutteeraa?
4. ನಿಮಗೆ ಸೋಪು ಬೇಕೆ?
Nimage Soapu baike?
5. ಸ್ನಾನ ಮಾಡಿದ ಮೇಲೆ ನೀವು ಟವಲ್‌ನಲ್ಲಿ ಒರೆಸಿಕೊಂಡು ಬಟ್ಟೆ ಹಾಕಿಕೊಳ್ಳುತ್ತೀರಾ?
Snaana maadida maile neevu tavalnalli oresikonda batte hakikollutteeraa?

Level2: Questions

- | | |
|-------------------------------------|--|
| 1. ಸ್ನಾನ ಮಾಡಲು ಎಲ್ಲಿಗೆ ಹೋಗುತ್ತೀರಿ? | Snaana maaDalalu yallige hoagutteeri ? |
| 2. ಸ್ನಾನ ಮಾಡಲು ನಿಮಗೆ ಏನು ಬೇಕು? | Snaana maaDalalu nimage Enu Beku ? |
| 3. ಬಕೆಟ್‌ನಲ್ಲಿ ಏನು ತುಂಬುತ್ತೀರಿ? | Baketnalli Enu tumbuteeri? |
| 4. ಸ್ನಾನ ಮಾಡಿದ ಮೇಲೆ ಏನು ಮಾಡುತ್ತೀರಿ? | Snaana maaDida maile Enu
maaDutteeri? |

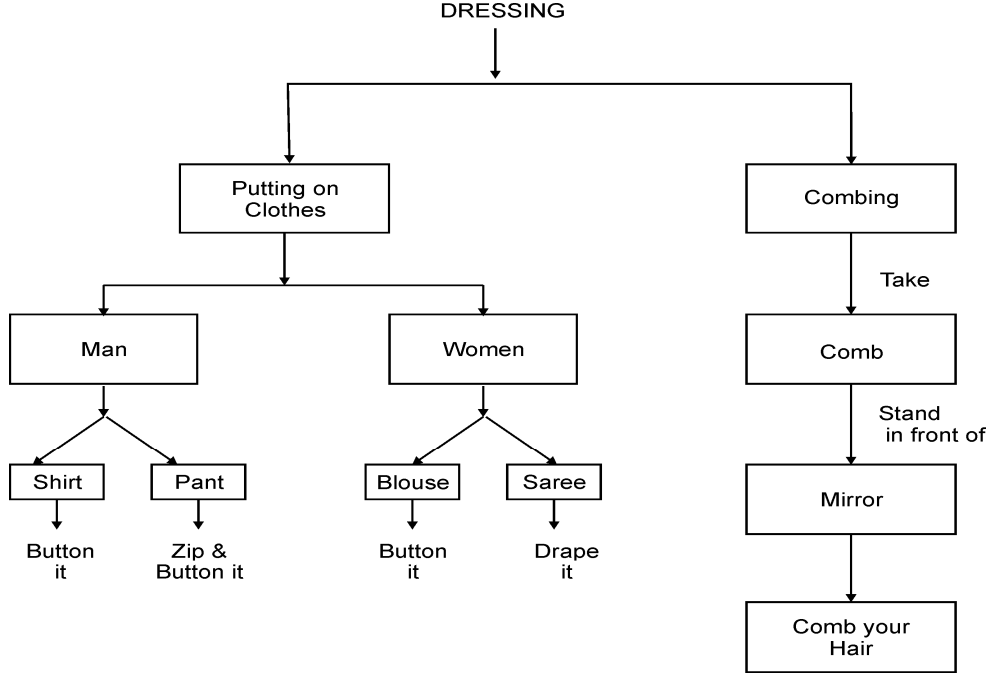
Level 3: Ask the person with aphasia to describe the process of bathing (the flow chart can be used as the cue).

3. Dressing

Materials required: Clothes, comb, and mirror

Contd...

Level 1: Flow chart



Yes/No questions

1. ನೀವು ಸೀರೆ ಉಡುತ್ತೀರಾ?
2. ನೀವು ಶರ್ಟ್, ಪ್ಯಾಂಟ್ ಹಾಕುತ್ತೀರಾ?
3. ನೀವು ಬಾಚಣಿಗೆಯಿಂದ ತಲೆ ಬಾಚುತ್ತೀರಾ?
4. ನಿಮಗೆ ಕನ್ನಡಿ ಬೇಕೆ?
5. ನೀವು ಶರ್ಟ್‌ಗೆ ಗುಂಡಿ ಹಾಕುತ್ತೀರಾ?

- Neevu seere udutteeraa?
Neevu Shart, pyant haakuteera?
Neevu baachanigeyinda tale
baachutteeraa?
Nimage kannadi baike?
Neevu shartge gundi haakutteera?

Level 2: Questions

1. ನೀವು ಈಗ ಯಾವ ಬಳೆ ಹಾಕಿದ್ದೀರಾ?
2. ನೀವು ಶರ್ಟನ್ನು ಹೇಗೆ ಹಾಕಿಕೊಳ್ಳುತ್ತೀರಾ?
3. ನೀವು ಸೀರೆ ಹೇಗೆ ಉಡುತ್ತೀರಿ?
4. ತಲೆ ಬಾಚಿಕೊಳ್ಳಲು ನಿಮಗೆ ಏನು ಬೇಕು?
5. ನೀವು ತಲೆ ಹೇಗೆ ಬಾಚಿಕೊಳ್ಳುತ್ತೀರಿ?

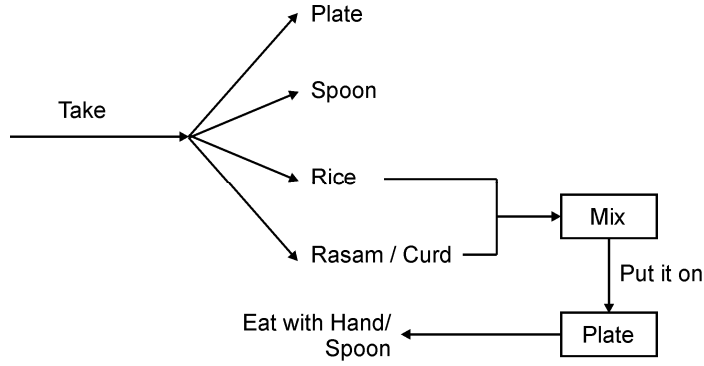
- Neevu ega yaava bale haakiddeera?
Neevu shartnu haige
haakisikollutteera
Neevu seere haige uduteeri ?
Tale baachikollalu nimage Enu baiku ?
Neevu tale haige baachikollutteeri ?

Level 3: Ask the person with aphasia to describe the process of dressing (the flow chart can be used as the cue).

4. Eating

Materials required: Food, plate, and spoon

Level 1: Flow chart



This is an exemplar which can be extended using other food items.

Yes/no questions

- | | |
|---|---|
| 1. ನೀವು ಊಟ ಮಾಡುತ್ತೀರಾ? | Neevu Oota maadutteeraa? |
| 2. ನೀವು ಊಟ ಮಾಡಲು ತಟ್ಟೆ ಬೇಕೆ? | Neevu Oota maadalu tatte baike? |
| 3. ನೀವು ಅನ್ನವನ್ನು ತಿನ್ನುತ್ತೀರಾ? | Neevu Annavannu tinnutteeraa? |
| 4. ನೀವು ಅನ್ನವನ್ನು ತಟ್ಟೆಯ ಒಳಗೆ ಹಾಕುತ್ತೀರಾ? | Neevu Annavannu tatteya olage haakutteeraa? |
| 5. ನೀವು ಊಟವನ್ನು ಕೈಯಿಂದ/ಚಮಚದಲ್ಲಿ ಮಾಡುತ್ತೀರಾ? | Neevu Ootavannu kaiyinda / chamachadalli Madutteeraa? |

Level 2: Questions

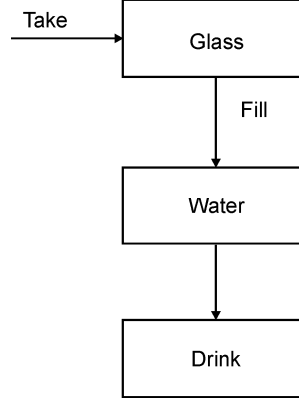
- | | |
|---|--|
| 1. ನೀವು ಊಟ ಮಾಡಲು ಏನನ್ನು ಉಪಯೋಗಿಸುತ್ತೀರಿ? | Neevu Oota maadalu yenannu upayogisuteeri? |
| 2. ನೀವು ಯಾವ ರೀತಿ ಊಟ ಮಾಡುತ್ತೀರಿ? | Neevu yaava reeti oota maadutteeri? |

Level 3: Ask the person with aphasia to describe the process of eating (the flow chart can be used as the cue).

5. Drinking

Materials required: Water, glass

Level 1: Flow chart



This is an exemplar which can be extended using other items e.g., coffee

Yes/no questions

- | | |
|---|--|
| 1. ನೀವು ನೀರನ್ನು ಕುಡಿಯುತ್ತೀರಾ? | Neevu neerannu Kudiyuthira? |
| 2. ನೀವು ನೀರನ್ನು ತಟ್ಟೆಯಲ್ಲಿ ತುಂಬಿಸುತ್ತೀರಾ? | Neevu neerannu tatteyalli tumbisuthiraa? |
| 3. ನೀವು ಕಿವಿಯಿಂದ ನೀರು ಕುಡಿಯುತ್ತೀರಾ? | Neevu kiviyaanda neeru kudiyuthiraa? |
| 4. ನೀವು ಲೋಟದಲ್ಲಿ ನೀರು ತುಂಬಿಸುತ್ತೀರಾ? | Neevu Lotadalli neeru tumbisuthira ? |

Level 2: Questions

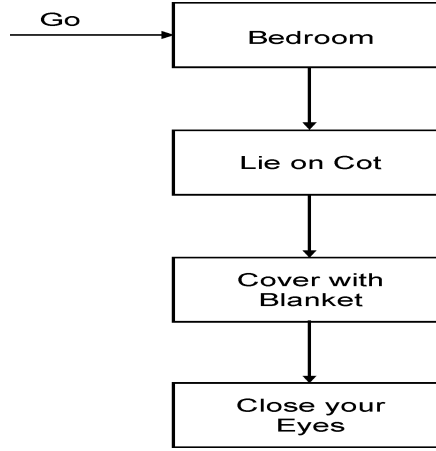
1. ನೀವು ಬಾಯಾರಿಕೆಯಾದಾಗ ಏನನ್ನು ಕುಡಿಯುತ್ತೀರಿ?
Neevu bayarikeyadaga Enannu kuDiyuthiri?
2. ನೀವು ನಿಮ್ಮ ಯಾವ ಅಂಗದಿಂದ ನೀರು ಕುಡಿಯುತ್ತೀರಿ?
Neevu nimma yava angadinda neeru kudiyuthiri?
3. ನೀವು ನೀರು ಕುಡಿಯಲು ಏನನ್ನು ಬಳಸುತ್ತೀರಿ?
Neevu neeru kuDiyalu Enannu baLasuthiri ?

Level 3: Ask the person with aphasia to describe the process of drinking (the flow chart can be used as the cue).

6. Sleeping

Materials required: Bed, blanket, and pillow

Level 1: Flow chart



Yes/no questions

- | | |
|---|---------------------------------------|
| 1. ನೀವು ರೂಮಿನಲ್ಲಿ ಮಲಗುತ್ತೀರಾ? | Neevu roominalli malagutteeraa? |
| 2. ನೀವು ನಿಂತು ಕೊಂಡು ನಿದ್ರೆ ಮಾಡುತ್ತೀರಾ? | Neevu nintukonDu nidde maaDutteeraa? |
| 3. ನೀವು ಹೊದಿಕೆಯನ್ನು ಹೊದಿಯುತ್ತೀರಾ? | Neevu hodikeyannu hodiyutteeraa? |
| 4. ನೀವು ಕಣ್ಣು ತೆರೆದು ನಿದ್ರೆ ಮಾಡುತ್ತೀರಾ? | Neevu kaNNu teredu nidd maadutteeraa? |

Level 2: Questions

- | | |
|---------------------------------|-----------------------------------|
| 1. ನೀವು ಎಲ್ಲಿ ಮಲಗುತ್ತೀರಿ? | Neevu yalli malagutteeri ? |
| 2. ನೀವು ಯಾವುದರ ಮೇಲೆ ಮಲಗುತ್ತೀರಿ? | Neevu yavudara maile malagutteeri |
| 3. ನೀವು ಏನನ್ನು ಹೊದಿಯುತ್ತೀರಿ? | Neevu yenannu hodeyutteeri ? |

Level 3: Ask the person with aphasia to describe the process of sleeping (the flow chart can be used as the cue).

General guidelines for caregivers for carrying out activities of daily living (ADL)

- Try to make the surrounding area barrier free as much as possible for mobility, visual and auditory purpose.
- Create easy access to the bathroom.
- Make sure bathroom floor tiles are anti-skid type.
- Ask the person with aphasia not to latch the door from inside (in case, assistance is needed).
- Give colour coding to the objects used by the person with aphasia (e.g., blue colour- for brush, green colour-plate etc...) or keep the objects in a separate place, without mixing with other objects, to make it easy for the person to access.

H. Activities of Independence

Activities of independence helps the persons with aphasia to carry out activities like bank/ post office transaction, travelling by bus/train, going to the market etc...

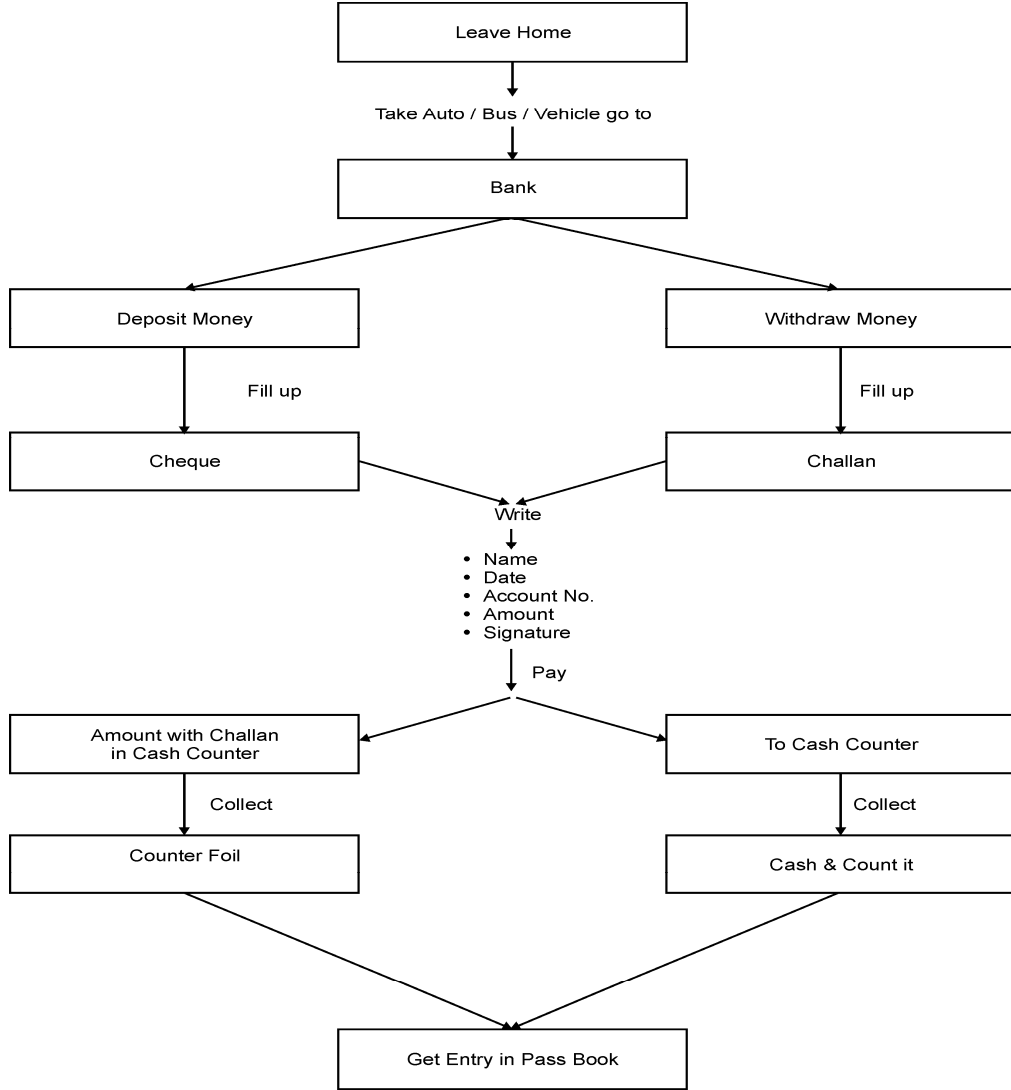
General instruction and the different levels are same as given for ADL.

Treatment recording sheet illustrating the activity is shown in table 6

Contd...

1. Bank Transaction

Level 1: Flow chart



Yes/no questions

1. ನೀವು ಹಣ ಠೇವಣಿ ಮಾಡಲು ಬ್ಯಾಂಕಿಗೆ ಹೋಗುತ್ತೀರಾ?
2. ಚಲನ್ ತುಂಬಿಸದೆ ಹಣವನ್ನು ಹಾಗೆಯೇ ಕಟ್ಟುತ್ತೀರಾ?
3. ಹಣವನ್ನು ಕ್ಯಾಷ್ ಕೌಂಟರ್‌ನಲ್ಲಿ ಕಟ್ಟುತ್ತೀರಾ?

- Neevu haNa TaivaNi maaDalu byankige hogutteeraa?
- Chalan tumbisade haNavannu haageye kaTTutteeraa?
- HaNavannu kyash kounTarnalli

4. ಚಲನ್‌ನಲ್ಲಿ ನಿಮ್ಮ ಸಹಿ ಮಾಡುವುದಿಲ್ಲವೆ?
Chalannalli nimma sahi
maaduvudillave?
5. ಹಣ ಕಟ್ಟಿದ್ದಕ್ಕೆ ರಶೀತಿ ಪಡೆಯುತ್ತೀರಾ?
HaNa kaTTiddakke rasheeti
paDeyutteeraa?

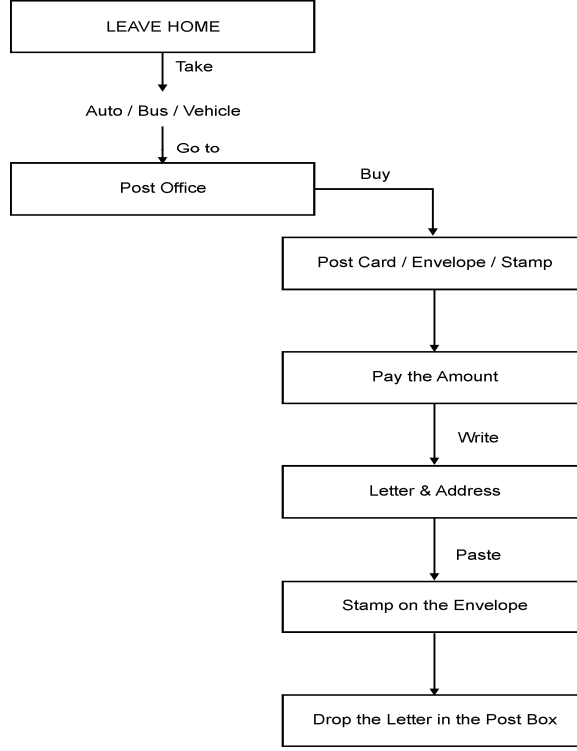
Level 2 : Questions

1. ಹಣ ಠೇವಣಿ ಮಾಡಲು ನೀವು ಎಲ್ಲಿಗೆ
ಹೋಗುತ್ತೀರಿ?
HaNa TevaNi maaDalu neevu yallige
hogutteeri?
2. ಹಣ ಕಟ್ಟಲು ಬ್ಯಾಂಕಿನಲ್ಲಿ ಏನನ್ನು
ತುಂಬಿಸಬೇಕು?
HaNa kaTTalu byankinalli Yenannu
tumbisabeku
3. ಹಣವನ್ನು ಬ್ಯಾಂಕಿನಲ್ಲಿ ಎಲ್ಲಿ ಕಟ್ಟಬೇಕು?
HaNavannu byankinalli yalli kaTTabeku?
4. ಹಣ ಕಟ್ಟಿದ್ದಕ್ಕೆ ದಾಖಲೆಯಾಗಿ ಏನನ್ನು
ಪಡೆಯಬೇಕು?
HaNa kaTTiddakke daakhaleyaagi
yenannu paDeyabeku?

Level 3: Ask the person with aphasia to describe the process of bank transaction (the flow chart can be used as the cue).

2. Post Office

Level 1: Flow chart



Similar steps can be followed for carrying out other activities in post office.e.g. depositing money.

Yes/No questions

1. ನೀವು ಕಾರ್ಡ್/ಅಂಚೆ ಚೀಟಿ ಕೊಳ್ಳಲು ಅಂಚೆ ಕಛೇರಿಗೆ ಹೋಗುತ್ತೀರಾ?
Neevu karD/Anche cheeTi koLLalu anche kacherige hogutteeraa ?
2. ಅಂಚೆ ಕಛೇರಿಯಲ್ಲಿ ಕಾರ್ಡ್/ಅಂಚೆ ಚೀಟಿಯನ್ನು ಹಣ ಪಡೆಯದೆ ಕೊಡುತ್ತಾರೆಯೆ?
Anche kacheriyalli kaarDu/Anche cheeTiyannu haNa paDeyade koDuttaareye?
3. ಕಾಗದದ ಮೇಲೆ ವಿಳಾಸ ಬರೆಯುತ್ತೀರಾ?
Kaagadada maile viLaasa bareyutteeraa?
4. ಕಾಗದದಲ್ಲಿ ವಿಷಯ ಬರೆಯದೆ ಹಾಗೆಯೇ ಪೋಸ್ಟ್ ಮಾಡುತ್ತೀರಾ?
Kaagadadalli visaya bareyade haageye post maaDutteeraa?
5. ಕಾಗದವನ್ನು ಅಂಚೆ ಪೆಟ್ಟಿಗೆಯಲ್ಲಿ ಹಾಕುತ್ತೀರಾ?
Kaagadavannu anche peTTigeyalli haakutteeraa?

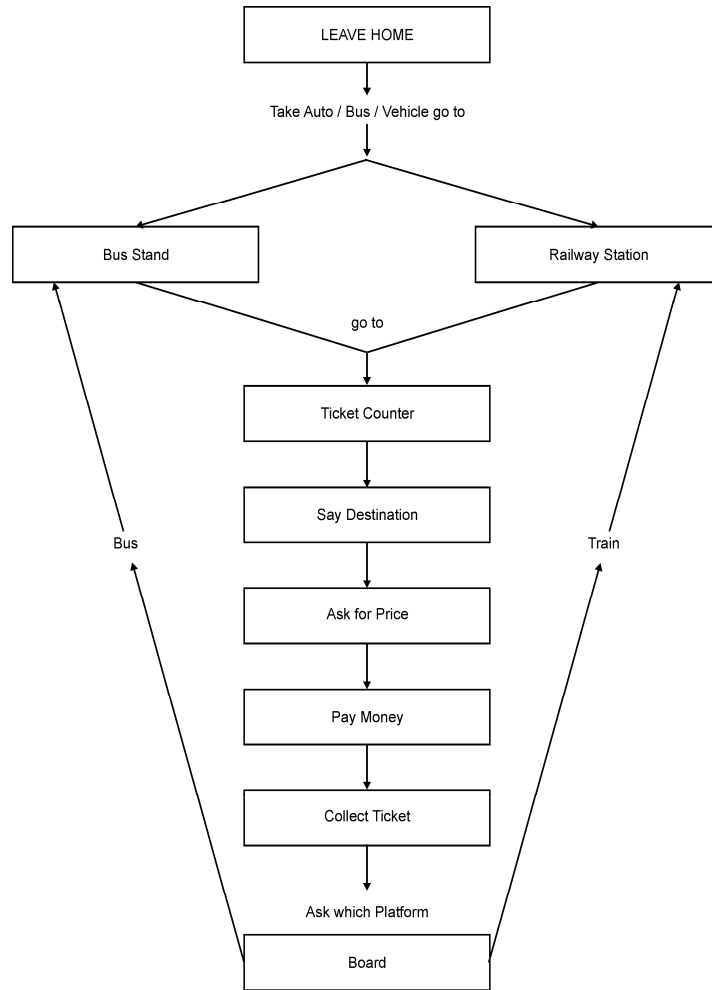
Level 2: Questions

1. ನೀವು ಅಂಚೆಚೀಟಿ ಪಡೆಯಲು ಎಲ್ಲಿ ಹೋಗುತ್ತೀರಿ?
Neevu anche cheeTi paDeyalu yalli hoogutteeri
2. ನೀವು ವಿಳಾಸವನ್ನು ಎಲ್ಲಿ ಬರೆಯುತ್ತೀರಿ?
Neevu viLaasavannu yalli bareyutteeri ?
3. ನೀವು ಬರೆದ ಕಾಗದವನ್ನು ಎಲ್ಲಿ ಹಾಕುತ್ತೀರಿ?
Neevu bareda kaagadavannu yalli haakutteeri?

Level 3: Ask the person with aphasia to describe the process of post office transaction
(the flow chart can be used as the cue).

3. Bus Stand/ Railway Station

Level 1: Flow chart



Yes/no questions

1. ನೀವು ಆಟೋದಲ್ಲಿ ಬಸ್ ನಿಲ್ದಾಣ / ರೈಲು ನಿಲ್ದಾಣಕ್ಕೆ ಹೋಗುತ್ತೀರಾ?
Neevu AuTodalli bas nildaNana / railu nildaNakke hoguthiraa?
2. ನೀವು ಬಸ್ / ರೈಲು ಹತ್ತುವ ಮೊದಲು ಟಿಕೆಟ್ ತೆಗೆದುಕೊಳ್ಳುತ್ತೀರಾ?
Neevu bus / railu hattuva modalu Ticket tegedukoLLuthiraa?
3. ನೀವು ಟಿಕೆಟ್ ಕೌಂಟರ್‌ನಲ್ಲಿ ಟಿಕೆಟ್ ಬೆಲೆಯನ್ನು ಕೇಳುತ್ತೀರಾ?
Neevu ticket counternalli Ticket beleyannu keTuthiraa?
4. ನೀವು ಟಿಕೆಟ್ ತೆಗೆದುಕೊಳ್ಳಲು ದುಡ್ಡು ಕೊಡುತ್ತೀರಾ?
Neevu TickeT tegedukollaLu duDDu koDuthiraa?
4. ನೀವು ಇಳಿಯುವ ಜಾಗ ಬಂದಾಗ ಇಳಿಯುತ್ತೀರಾ?
Neevu ILiyuva jaaga bandaaga iLiyuthiraa?

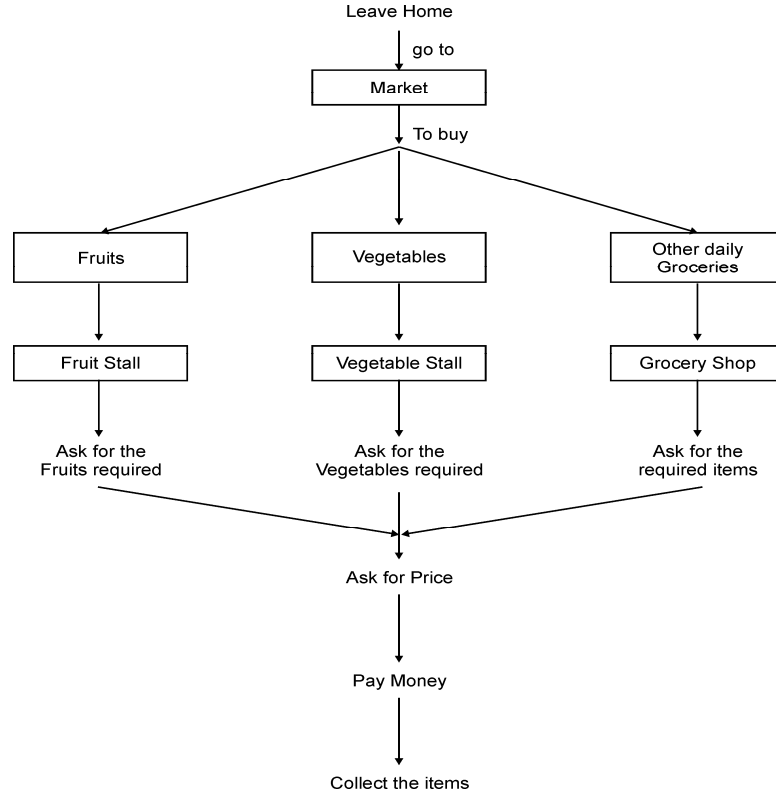
Level 2: Questions

1. ನೀವು ಬಸ್/ ರೈಲು ನಿಲ್ದಾಣಕ್ಕೆ ಹೇಗೆ ಹೋಗುತ್ತೀರಿ?
Neevu bus/railu nildaNakke hege hoguthiri ?
2. ನೀವು ಬಸ್/ ರೈಲಿನಲ್ಲಿ ಪ್ರಯಾಣ ಮಾಡುವ ಮೊದಲು ಏನು ತೆಗೆದುಕೊಳ್ಳುತ್ತೀರಿ?
Neevu bus / railinalli prayaNa maaDuva modalu Enu tegedukoLLuthiri
3. ನೀವು ಟಿಕೆಟನ್ನು ಎಲ್ಲಿ ಕೊಳ್ಳುತ್ತೀರಿ?
Neevu TickeTannu yalli koLLuthiri?
4. ನೀವು ಟಿಕೆಟ್ ತೆಗೆದುಕೊಳ್ಳಲು ಏನು ಕೊಡಬೇಕು?
Neevu TickeT tegedukoLLalu enu koDabeku ?
5. ನೀವು ಎಲ್ಲಿ ಇಳಿಯುತ್ತೀರಿ?
Neevu yalli iLiyuthiri?

Level 3: Ask the person with aphasia to describe the process travelling by bus/train (the flow chart can be used as the cue).

4. Market

Level 1: Flow chart



Yes/no questions

1. ನೀವು ಹಣ್ಣು, ತರಕಾರಿ ಅಥವಾ ಇತರ ಸಾಮಾನು ಕೊಳ್ಳಲು ಮಾರ್ಕೆಟ್‌ಗೆ ಹೋಗುತ್ತೀರಾ?
Neevu haNNU,tarakaari athavaa itara saamaanu koLLalu markeTTige hoguthiraa ?
2. ನೀವು ಸೋಪು, ಶ್ಯಾಂಪೂ ತೆಗೆದುಕೊಳ್ಳಲು ಅಂಗಡಿಗೆ ಹೋಗುತ್ತೀರಾ?
Neevu soapu, shampoo tegedukoLLalu AngaDige hoguthiraa?
3. ನೀವು ಎಷ್ಟು ಕೆ. ಜಿ. ಹಣ್ಣು ತೆಗೆದುಕೊಳ್ಳುವಿರಿ ಎಂದು ಯೋಚಿಸಿರುತ್ತೀರಾ?
Neevu yasTu Kg haNNU tegedukoLLuviri yandu yochisirutheera ?
4. ತರಕಾರಿ ಬೆಲೆ ಎಷ್ಟು ಎಂದು ಕೇಳುತ್ತೀರಾ?
Tarakari bele yastu yandu keLuthiraa ?
5. ಅಂಗಡಿಯಲ್ಲಿ ದುಡ್ಡು ಕೊಟ್ಟು ಬಿಲ್ ಪಡೆಯುತ್ತೀರಾ?
AngaDiyalli duDDu kottu bill paDeyuthiraa ?

Level 2: Questions

1. ನೀವು ಹಣ್ಣು/ತರಕಾರಿ/ಸಾಮಾನು ತೆಗೆದುಕೊಳ್ಳಲು ಎಲ್ಲಿಗೆ ಹೋಗುತ್ತೀರಿ?
Neevu haNNU / tarakaari / saamaanu tegedukoLLalu yallige hoguthiri ?
2. ತರಕಾರಿ ಕೊಳ್ಳಲು ನೀವು ಎಲ್ಲಿಗೆ ಹೋಗುತ್ತೀರಿ?
Tarakaari koLLalu neevu yallige hoguthiri ?
3. ಹಣ್ಣಿನ ಅಂಗಡಿಯಲ್ಲಿ ಯಾವ ಹಣ್ಣು ತೆಗೆದುಕೊಳ್ಳುತ್ತೀರಿ?
HaNNina AngaDiyalli yaava haNNU tegedukoLLuthiri ?
4. ತರಕಾರಿ ಅಂಗಡಿಯಲ್ಲಿ ಎಷ್ಟು ಕೆ. ಜಿ. ಈರುಳ್ಳಿ ಕೊಳ್ಳುತ್ತೀರಿ?
Tarakaari AngaDiyalli yasTu Kg IruLLi koLLuthiri ?
5. ಅಂಗಡಿಯಲ್ಲಿ ಸಾಮಾನಿಗೆ ದುಡ್ಡು ಕೊಟ್ಟು ಮೇಲೆ ಏನು ಕೇಳುತ್ತೀರಿ?
AngaDiyalli saamanige duDDu koTTa mele enu keLuthiri ?

Level 3: Ask the person with aphasia to describe the process of shopping at a market (the flow chart can be used as the cue).

Other activities like going to a hospital, paying electricity/phone/other bills etc. can be carried out on similar guidelines.

General guidelines for caregivers for carrying out these activities:

- Make sure that the person with aphasia carries a card which mentions that e/she is an aphasic individual (stroke patient). Also it should contain basic information like the person's name, address, phone number, blood group.
- For easy access, book a vehicle for the aphasic person to travel to the desired destination.
- Initially accompany person with aphasia to the particular place until he/she gets familiar with the setting.
- Make the person with aphasia rehearse the steps involved for a particular situation before actually facing/attending it.

The purpose of illustrating the activities of daily living is to stimulate and integrate the motoric, cognitive and linguistic system of persons with aphasia. These activities require the collective interaction and active participation of the person. These activities appear to be simple for a normal person, but a person with aphasia finds it very difficult as one or more than one systems involved in carrying out these activities are affected.

Table 6: Treatment recording sheet illustrating the activity for ADL (1) and AOI (2)

Sl. No.	Target activity	Target skill	No. of trials										% correct responses
			1	2	3	4	5	6	7	8	9	10	
1	Brushing	Answering yes/no : Q no.1	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2	Bank transaction	Answering yes/no : Q no.2	0	0	0	1/2	1/2	1	1	1	1	1	60%
3													
4													
5													

AUDITORY COMPREHENSION (AC)

This section is sub divided into:

I Semantics level

- A. Gross phonemic level
- B. Finer phonemic level
- C. Word level
 - i) Vocabulary
 - ii) Antonyms
 - iii) Synonyms
 - iv) Syntagmatic and paradigmatic relations

II Syntax level

- A. PNG markers
- B. Tenses
- C. Plurals
- D. Answering yes-no (polar) questions
 - i) Egocentric
 - ii) Environmental
- E. Following body part command: One-step, two-step and multi step commands
- F. Following commands with visual stimuli: One-step, two-step and multi step commands
- G. Identification of objects described by function
- H. Identification of objects named serially
- I. Sentence types: Imperative, declarative, negation, comparatives, clauses

III Discourse level

- Listening comprehension
- Reading comprehension

Stimulus mode hierarchy

- Combination of auditory, visual and graphic (A+V+G)
- Combination of auditory and visual (A+V)
- Auditory only (A)

Response mode hierarchy

- Pointing (P)
- Combination of pointing and verbal (P+V)
- Verbal only (V)

Scoring

- 0 = No response/ incorrect response/ unintelligible response
- 1/2= Partially correct and intelligible response
- 1 = Fully correct and intelligible response

Progress criteria: 75% of the total score

Repair strategies: Appropriate strategies can be selected (from pages 29, 30). These should be used to strengthen the responses.

Pictures are provided at the end of this domain

I. Semantics level

A. Gross phonemic level

Treatment recording sheet illustrating the activity is shown in table 7

Level 1: Widely variant phonemes in a word.

Task: Ask the person with aphasia to point to the picture as named by the clinician.

Follow the stimulus and response mode hierarchy.

Stimuli

1.	ನಾಯಿ - ಹೂವು	Naayi-huuvu
2.	ಪೆನ್ನು - ಊಟ	Pennu- ooTa
3.	ಕಾರು - ಮೂಗು	Kaaru-mugu
4.	ಕಾಲು - ಹಸು	Kaalu- hasu
5.	ಲೋಟ - ಬಟ್ಟೆ	loTa- baTTE
6.	ಹುಡುಗ - ಕಿಟಕಿ	huDuga- kiTaki
7.	ಚಮಚ - ಕೂಲಿ	chamacha- kooLi
8.	ಮಲಗು - ಕೂದಲು	malagu- koodalu
9.	ತಟ್ಟೆ - ಚಪ್ಪಲಿ	taTTe- chappali
10.	ನಕ್ಷತ್ರ - ಅಗಸ	nakshatra- agasa

Level 2: Lesser variant phonemes in a word

Task: Ask the person with aphasia to point to the picture as named by the clinician.

Follow the stimulus and response mode hierarchy.

Stimuli

1.	ಪುಸ್ತಕ - ಪುರುಷ	pustaka-purusha
2.	ಚಮಚ - ಚರಕ	chamacha-charaka
3.	ಪದಕ - ಚಿಲಕ	padaka-chilaka

4. ಚಿರತೆ - ಹಣತೆ	chirate-haNate
5. ಈರುಳ್ಳಿ - ಈಶ್ವರ	iiruLLi- iishvara
6. ಕತ್ತರಿ - ಕಮಲ	kattari- kamala
7. ಕಡಿಮೆ - ಕವಚ	kaDime- kavacha
8. ಕೂದಲು - ಕೂಗಾಟ	koodalu- koogaaTa
9. ಬಡವ - ಗಿಡಗ	baDava- giDaga
10. ಮೂಲಂಗಿ - ಮೂಷಿಕ	moolangi-mooshika

B. Finer phonemic level

Less variant phonemes which are visually or acoustically similar in a word.

Treatment recording sheet illustrating the activity is shown in table 7

Level 1: Finer phonemic difference in bisyllabic words.

Task: Ask the person with aphasia to point to the picture as named by the clinician.

Follow the stimulus and response mode hierarchy.

Stimuli

1. ಊಟ - ಆಟ	OoTa- aaTa
2. ಕಾಲು - ಹಾಲು	Kaalu-haalu
3. ಮೂರು - ಆರು	Mooru-aaru
4. ಹೂವು - ಹಾವು	Hoovu-haavu
5. ತಟ್ಟೆ - ಬಟ್ಟೆ	taTTe- baTTe
6. ಪೆನ್ನು - ಬೆನ್ನು	pennu- bennu
7. ತಲೆ - ಬಲೆ	tale- bale
8. ಬಾಯಿ - ನಾಯಿ	baayi- naayi
9. ಕಲ್ಲು - ಹಲ್ಲು	kallu- hallu
10. ಬೀಜ - ಬೀಗ	bijja- biiga

Level 2: Finer phonemic difference in trisyllabic/polysyllabic words.

Task: Ask the person with aphasia to point to the picture as named by the clinician.

Follow the stimulus and response mode hierarchy.

Stimuli

- | | |
|---------------------------|-----------------------|
| 1. ಹುಡುಗ - ಹುಡುಗಿ | huDuga-huDugi |
| 2. ಗಂಡಸು - ಹೆಂಗಸು | ganDasu-hengasu |
| 3. ಮೊಸರು - ಮರಳು | mosaru-maraLu |
| 4. ಚಪ್ಪರ - ಚಪ್ಪಲಿ | chappara- chappali |
| 5. ಕರಡಿ - ಹರಡಿ | karaDi- haraDi |
| 6. ತೊಂಬತ್ತು - ಒಂಬತ್ತು | tombattu- ombattu |
| 7. ಇಪ್ಪತ್ತು - ಎಪ್ಪತ್ತು | ippatu-eppatu |
| 8. ನಿಂಬೆಹಣ್ಣು - ಸೀಬೆಹಣ್ಣು | nimbehaNNU-siibehaNNU |

Table 7: Treatment recording sheet illustrating the activity of subsections A (1) and B (2) are shown

SI No.	Stimulus mode	Response mode	Target word	No.of trials										% of correct responses
				1	2	3	4	5	6	7	8	9	10	
1	Level 1 A+V+G	P+V	Naai-hoovu	0	0	0	1/2	1/2	/2	1	1	1	1	55%
2	Level 1 A+V	P	Oota-aata	0	0	1/2	1/2	1/2	1	1	1	1	1	65%
3														
4														
5														
6														
7														
8														
9														
10														

C. Word level

Treatment recording sheet illustrating one of the activities of this subsection is shown in table 8

i) Vocabulary

Task: Ask the person with aphasia to point to the picture as named by the clinician.

Follow the stimulus and response mode hierarchy.

a. Body parts

1. ತಲೆ	Tale	9. ಹಲ್ಲು	Hallu
2. ಕತ್ತು	Kattu	10. ಕೈ	Kai
3. ಕಣ್ಣು	KaNNu	11. ಕಾಲು	Kaalu
4. ಕಿವಿ	Kivi	12. ಹೊಟ್ಟೆ	HoTTe
5. ಮೂಗು	Moogu	13. ಬೆನ್ನು	Bennu
6. ಬಾಯಿ	Bayi	14. ಬೆರಳು	BeraLu
7. ತುಟಿ	TuTi	15. ಕೂದಲು	Koodalu
8. ನಾಲಿಗೆ	Naalige		

b. Common objects

i) Furniture

1. ಮೇಜು	Meju	4. ಕಿಟಕಿ	KiTaki
2. ಕುರ್ಚಿ	Kurchi	5. ಮಂಚ	Mancha
3. ಬಾಗಿಲು	Bagilu		

ii. Gadgets

1. ಫ್ಯಾನು	Fanu	4. ರೇಡಿಯೋ	ReDio
2. ಟಿ.ವಿ.	T.V.	5. ಫ್ರಿಡ್ಜ್	FriDge
3. ಫೋನು	Phone		

iii. Kitchen ware

1. ತಟ್ಟೆ	TaTTe	4. ಪಾತ್ರೆ	Paatre
2. ಚಮಚ	Chamacha	5. ಚಾಕು	Chaku
3. ಲೋಟ	LoTa		

iv. Stationery

1. ಪೆನ್ನು	Pennu	4. ರಬ್ಬರ್	Rabbar
2. ಪೇಪರ್	Pepar	5. ಸ್ಲೇಟು	SleTu
3. ಪೆನ್ಸಿಲ್	Pencil		

v. Lavatory kit

1. ಬ್ರಷ್	Brash	4. ಕನ್ನಡಿ	KannaDi
2. ಪೇಸ್ಟ್	PaisT	5. ಸೋಪು	Sopu
3. ಬಾಚಣಿಗೆ	BaachaNige		

vi. Clothing

1. ಶರ್ಟು	SharTu	4. ಲಂಗ	Langa
2. ಪ್ಯಾಂಟು	PanTu	5. ಟವಲ್	Tavel
3. ಸೀರೆ	Seere		

vii. Food items

1. ಇಡ್ಲಿ	IDli	6. ಪೂರಿ	Poori
2. ದೋಸೆ	Dose	7. ಮುದ್ದೆ	Mudde
3. ಚಪಾತಿ	Chapati	8. ಅನ್ನ	Anna
4. ಪಲ್ಯ	Palya	9. ಹಾಲು	Haalu
5. ಉಪಿಟ್ಟು	UpiTTu	10. ಮೊಸರು	Mosaru

c. Animals

1. ನಾಯಿ	Nayi	9. ಆನೆ	Aane
2. ಬೆಕ್ಕು	Bekku	10. ಹುಲಿ	Huli
3. ಹಸು	Hasu	11. ಸಿಂಹ	Simha
4. ಎಮ್ಮೆ	Yamme	12. ಇಲಿ	Ili
5. ಕೋಳಿ	KooLi	13. ಮೊಲ	Mola
6. ಮೇಕೆ	Meke	14. ಹಾವು	Havu
7. ಕುದುರೆ	Kudure	15. ಕಪ್ಪೆ	Kappe
8. ಕೋತಿ	Koti		

d. Fruits

1. ಬಾಳೆಹಣ್ಣು	baaLehaNNu	8. ಸಪೋಟ	SapoTa
2. ಸೇಬು	Sebu	9. ಹಲಸಿನ ಹಣ್ಣು	Halasina HaNNu
3. ಕಿತ್ತಳೆಹಣ್ಣು	KittaLe HaNNu	10. ಕಲ್ಲಂಗಡಿ	KallangaDi
4. ಮಾವಿನಹಣ್ಣು	Maavina HaNNu	11. ಸೀಬೆ ಹಣ್ಣು	Seebe HaNNu
5. ದ್ರಾಕ್ಷಿ	Drakshi	12. ದಾಳಿಂಬೆ	DaLimbe
6. ಅನಾನಸ್	Anaanas	13. ಸೀತಾಫಲ	Seetaphala
7. ಪರಂಗಿ ಹಣ್ಣು	Parangi HaNNu		

e. Vegetables

1. ಟೊಮಟೋ	TomaTo	9. ಮೆಣಸಿನಕಾಯಿ	MeNasina Kayi
2. ಆಲೂಗಡ್ಡೆ	AalugaDDe	10. ಬೆಂಡೆ ಕಾಯಿ	BenDe Kayi
3. ಈರುಳ್ಳಿ	IruLLi	11. ಎಲೆ ಕೋಸು	Yale Kosu
4. ಕ್ಯಾರೆಟ್	KareT	12. ಹೂ ಕೋಸು	Hoo Kosu
5. ಸೌತೆಕಾಯಿ	Soutekayi	13. ನಿಂಬೆ ಹಣ್ಣು	Nimbe HaNNu
6. ಮೂಲಂಗಿ	Moolangi	14. ಕುಂಬಳ ಕಾಯಿ	KumbaLa Kayi

7.	ಹುರಳಿಕಾಯಿ	HuraLi Kayi	15.	ಹಾಗಲಕಾಯಿ	Haagala Kayi
8.	ಬಟಾಣಿ	BaTani			

f. Vehicles

1.	ಬಸ್ಸು	Bassu	7.	ಜೀಪ್	Jeep
2.	ಕಾರು	Kaaru	8.	ಸೈಕಲ್	Cycle
3.	ಆಟೋ	AuTo	9.	ಹಡಗು	HaDagu
4.	ಸ್ಕೂಟರ್	SchooTar	10.	ರೈಲು	Railu
5.	ಬೈಕ್	Baik	11.	ವಿಮಾನ	Vimana
6.	ಲಾರಿ	Laari	12.	ಎತ್ತಿನ ಬಂಡಿ	Yattina GaDi

g. Numbers

1.	ಒಂದು	ondu	9.	ನೂರ ನಲವತ್ತು	nuura nalavattu
2.	ಮೂರು	muuru	10.	ನೂರ ಅರವತ್ತೊಂಬತ್ತು	nuura aravattombattu
3.	ಏಳು	eeLu	11.	ಸಾವಿರ	Saavira
4.	ಹತ್ತು	hattu	12.	ಸಾವಿರದ ಇಪ್ಪತ್ತು	saavirada ippatu
5.	ಎಂಟು	enTu	13.	ಐದು ಸಾವಿರದ ನಾನೂರು	aidu saavirada naanuuru
6.	ಇಪ್ಪತ್ತು	ippatidu	14.	ಆರು ಸಾವಿರದ ಐನೂರ ಮೂವತ್ತು	aaru saavirada ainuura muuvattu
7.	ಐವತ್ತು	aivattu	15.	ಹತ್ತು ಸಾವಿರ	hattu saavira
8.	ನೂರು	nuuru			

h. Colours

1.	ಕೆಂಪು	Kempu	6.	ಬಿಳಿ	BiLi
2.	ಹಸಿರು	Hasiru	7.	ಕಪ್ಪು	Kappu
3.	ಹಳದಿ	HaLadi	8.	ಕಂದು	Kandu
4.	ನೀಲಿ	Neeli	9.	ಗುಲಾಬಿ	Gulabi

5. ಕೇಸರಿ	Kesari	10. ನೇರಳೆ	NeraLe
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i. Geometric forms

1. ವೃತ್ತ	Vrutta	6. ನಕ್ಷತ್ರ	Nakshatra
2. ತ್ರಿಕೋಣ	TrikoNa	7. ಅರ್ಧ ಚಂದ್ರ	Arda Chandra
3. ಕೋನ	Kona	8. ಚುಕ್ಕೆ/ಬಿಂದು	Chukke / Bindu
4. ಚೌಕ	Chowka	9. ಬಾಣ	Bana
5. ಆಯತಾಕಾರ	Aayataakaara	10. ಗೆರೆ/ರೇಖೆ	Gere / Rekhe

ii) Antonyms

Task: Ask the person with aphasia to point to the picture/word which is opposite to the word named by the clinician. The aphasic person has to choose from a closed set of choice of three words. Also follow the stimulus and response mode hierarchy.

Pictures are provided only for level 1task.

Level 1: Stimuli

1. ದೊಡ್ಡದು:ಚಿಕ್ಕದು, ಪೇಪರ್	DoDDadu: chikkadu, paper
2. ಉದ್ದ : ಗುಂಡು, ಗಿಡ್ಡ	Udda: gunDu, giDDa
3. ಮೇಲೆ : ಕೆಳಗೆ, ಬಲಗಡೆ	mele: keLage, balagaDe
4. ಒಳಗೆ : ಆಫ್, ಹೊರಗೆ	oLage: off, horage
5. ಹತ್ತಿರ:ದೂರ, ಮುಂದೆ	hattira: doora,munde
6. ಬೆಳಿಗ್ಗೆ:ನಕ್ಷತ್ರ, ರಾತ್ರಿ	beLiGGe: nakshatra, raatri
7. ಬಿಸಿ:ತಣ್ಣಗೆ, ಕಾಫಿ	bisi: taNNage, kaapi
8. ಶ್ರೀಮಂತ:ಕಾಸು, ಭವ	srimanta: kaasu, baDava
9. ನಗು:ಅಳು, ಸಿಟ್ಟು	nagu: aLu, siTTu

- | | |
|----------------------------|---------------------------|
| 10. ತೆಗಿ:ಅನ್, ಮುಚ್ಚು | tegi: on, mucchu |
| 11. ದಪ್ಪ;ಸಣ್ಣ, ಗುಂಡು | dappa: saNNa, gunDu |
| 12. ಕುಳಿತುಕೊ:ಮಲಗು, ನಿಂತುಕೊ | kuLituko: malagu, nintuko |
| 13. ಯುವಕ : ಮುದುಕ, ಹುಡುಗ | yuvaka: muduka, huDuga |
| 14. ಏಳು: ಸೂರ್ಯ, ಮಲಗು | eeLu: soorya, malagu |
| 15. ಹತ್ತು:ಇಳಿ, ನಿಂತುಕೊ | hattu: iLi, nintuko |

Level 2: Stimuli

- | | |
|---------------------------|----------------------------|
| 1. ಸತ್ಯ - ಅಸತ್ಯ, ಬಿಳಿ | Satya- asatya, biLi |
| 2. ಒಳ್ಳೆಯದು-ಕೆಟ್ಟದು, ಸುಲಭ | oLLeyadu- keTTadu, sulabha |
| 3. ಸಂತೋಷ -ದುಃಖ, ಕಷ್ಟ | Santosha-dukha, kasTa |
| 4. ಲಾಭ-ನಷ್ಟ, ಸುಖ | Laabha-nasTa, sukha |
| 5. ಜಯ-ಅಪಜಯ, ಸಿಹಿ | Jaya-apajaya, sihi |
| 6. ಭಾರ-ಹಗುರ, ಹಾಸಿಗೆ | Bhara-hagura, haasige |
| 7. ಸುಂದರ-ಕುರೂಪ, ದಪ್ಪ | Sundara-kuroopa, dappa |
| 8. ಜಾಣ-ದಡ್ಡ, ಪುಸ್ತಕ | jaaNa-daDDa, pustaka |
| 9. ಗಟ್ಟಿ-ಮೃದು, ನೀರು | gaTTi-mrudu, niiru |
| 10. ನಿಧಾನ-ಶೀಘ್ರ, ನಿಲ್ಲು | Nidhana-shiigra, nillu |
| 11. ಸರಿ-ತಪ್ಪು, ಸುಳ್ಳು | Sari-tappu,suLLu |
| 12. ಉತ್ತರ-ದಕ್ಷಿಣ, ಪೂರ್ವ | Uttara-dakshiNa, puurva |
| 13. ಬಲ-ಎಡಗಡೆ, ಮೇಲೆ | Bala-eDagaDe, meeLe |
| 14. ಇಲ್ಲಿ-ಅಲ್ಲಿ, ಮೇಲೆ | Illi-alli, meeLe |
| 15. ಜಾಣ-ದಡ್ಡ, ಬುದ್ಧಿವಂತ | JaaNa-daDDa, budhivanta |

iii) Synonyms

Task: Ask the person with aphasia to point to the picture which has the same meaning as the word named by the clinician. The person with aphasia has to choose from a closed set of choice of three-four words. Also follow the stimulus and response mode hierarchy.

Level 1: Word having one synonym

Stimuli

1. ರಾಜ : ಮರ, ಅರಸ	Raja: mara, arasa
2. ಶ್ರೀಮಂತ:ಸಾಹುಕಾರ, ಹಕ್ಕಿ	Srimanta:sahukaara,hakki
3. ಮರ:ಹುಲಿ, ವೃಕ್ಷ	Mara:huli, vruksha
4. ಹತ್ತು:ನಾಯಿ, ಏರು	Hattu: naayi, eeru
5. ರಸ್ತೆ:ದಾರಿ, ಗಿಡ	Raste: daari,giDa
6. ಸಮಯ:ಘಂಟೆ, ಮೇಜು	Samaya: ghante,meju
7. ದೇಹ:ಶರೀರ, ಶರ್ಟು	Deeha: sariira, sartu
8. ಸಮುದ್ರ:ಸಾಗರ, ಮೀನು	Samudra:saagara, menu
9. ಕಾಡು:ಆನೆ, ಅರಣ್ಯ	kaaDu: aane, araNya
10. ಚಿಕ್ಕ :ಸಣ್ಣ, ಪುಟ್ಟ	chikka: saNNa, puTTa

Level 2: A word, having more than one synonym

Stimuli

1. ಹಸ್ತ : ಕರ, ಕಾಲು, ಕೈ	hasta:kara,kaalu, kai
2. ಕಣ್ಣು:ಹೊಟ್ಟೆ, ನಯನ, ನೇತ್ರ	kaNNU: hoTTe, nayana, neetra
3. ದೇವಸ್ಥಾನ:ದೇವಾಲಯ, ಗುಡಿ, ಚರ್ಚ್	devasthanana:deevalaya, guDi, charch
4. ಮನೆ:ಗೃಹ, ನಿವಾಸ, ಆಸ್ಪತ್ರೆ	mane: gruha, nivaasa,aaspatre
5. ದುಡ್ಡು:ಹಣ, ಕಾಸು, ಡಬ್ಬಿ, ರೊಕ್ಕ	duDDU: haNa,kaasu,Dabbi, rokka
6. ಭೂಮಿ: ಭುವಿ, ಭಾರತ, ಇಳೆ	bhoomi:bhuvi,bharata,iLe

7.	ಅಕಾಶ:ಹಕ್ಕಿ, ಆಗಸ, ಭಾನು	aakaasha:hakki,aagasa,bhanu
8.	ದೊಡ್ಡ:ವಿಶಾಲ, ವಿಸ್ತಾರ, ಸಮುದ್ರ	doDDa: vishala, vistaara,samudra
9.	ಸಿಟ್ಟು:ಕೋಪ, ಅಧ್ಯಾಪಕಿ, ಕ್ರೋಧ	siTTU: koopa,adhyapaki, krodha
10.	ಮದುವೆ:ವಿವಾಹ, ಊಟ, ಲಗ್ನ	maduve: vivaaha, ooTa, lagna

iv Syntagmatic and paradigmatic

Syntagmatic relations are ones that linguistic units have with other units because they occur together in a sequence.

Paradigmatic relations are ones that linguistic units share because they may be substituted by another.

Pictures are not provided for this section. However the clinician is free to use any related picture from the manual.

Task: Ask the person with aphasia to point to the word which is in relation to the set of words named by the clinician. The aphasic person has to choose from a closed set of choice of two words. Also follow the stimulus and response mode hierarchy as appropriate.

Syntagmatic relations

Stimuli

1.	ಹಾಲು	:	ಬಿಳಿ	-	ಕೂದಲು	:	_____	(ಕಪ್ಪು, ನೀಲಿ)
	Haalu	:	BiLi	-	Koodalu	:	_____	(Kappu, Neeli)
2.	ಮೈದಾನ	:	ಆಟ	-	ಶಾಲೆ	:	_____	(ಓಟ, ಪಾಠ)
	Maidaana	:	AaTa	-	Shaale	:	_____	(OTa, PaaTa)
3.	ಪೆನ್ನು	:	ಬರಿ	-	ಬಾಲು	:	_____	(ಆಡು, ಓದು)
	Pennu	:	Bari	-	Baalu	:	_____	(AaDu, Odu)

4. ಸಕ್ಕರೆ	: ಸಿಹಿ	- ಹಾಗಲಕಾಯಿ	: _____	(ಹುಳಿ, ಕೆಹಿ)
Sakkare	: Sihi	- Haagalakayi	: _____	(HuLi, Kahi)
5. ಕಾಗೆ	: ಕಪ್ಪು	- ಹಂಸ	: _____	(ಬಿಳಿ, ಹಸಿರು)
Kage	: Kappu	- Hamsa	: _____	(BiLi, Hasiru)
6. ಕುದರೆ	: ಓಡು	- ಮೀನು	: _____	(ನಡೆ, ಈಜು)
Kudare	: ODu	- Meenu	: _____	(NaDe, Iju)
7. ಪುಸ್ತಕ	: ಭಾರ	- ಪೇಪರ್	: _____	(ಹಗೂರ, ಸಣ್ಣ)
Pustaka	: Bhara	- Pepar	: _____	(Hagoora, SaNNa)
8. ಬ್ರೆಡ್	: ತಿನ್ನು	- ಕಾಫಿ	: _____	(ಮಲಗು, ಕುಡಿ)
Bred	: Tinnu	- Caphi	: _____	(Malagu, Kudi)
9. ಆನೆ	: ದೊಡ್ಡದು	- ಇಲಿ	: _____	(ಚಿಕ್ಕದು, ಅಗಲ)
Aane	: DoDDadu	- Ili	: _____	(Chikkadu, Agala)
10. ಬಿಂಕೆ	: ಸಸ್ಯಾಹಾರಿ	- ಹುಲಿ	: _____	(ಮಾಂಸಾಹಾರಿ, ಮಿಶ್ರಾಹಾರಿ)
Jinke	: Sasyahaari	- Huli	: _____	(Mamsaahaari, Mishrahaari)

Paradigmatic relations

Stimuli

1. ಗಿಳಿ	: ಹಕ್ಕಿ	- ಹುಲಿ	: _____	(ಪ್ರಾಣಿ, ಬಿಂಕೆ)
GiLi	: Hakki	- Huli	: _____	(PraaNi, Jinke)
2. ರೋಜ	: ಹೂವು	- ಕ್ಯಾರೆಟ್	: _____	(ಕೋಸು, ತರಕಾರಿ)
Roja	: Hoovu	- KyareT	: _____	(Kosu, Tarakari)
3. ತಾತಾ	: ಅಜ್ಜಿ	- ಅಪ್ಪ	: _____	(ಅಮ್ಮ, ಮಗ)
Taataa	: Ajji	- Appa	: _____	(Amma, Maga)
4. ಸೇಬು	: ಹಣ್ಣು	- ಮೇಜು	: _____	(ವಾಹನ, ವಸ್ತು)
Sebu	: Hannu	- Meju	: _____	(Vaahana, Vastu)
5. ಅಕ್ಕಿ	: ಕಾಳು	- ಮಲ್ಲಿಗೆ	: _____	(ಹೂವು, ಊಟ)
Akki	: KaaLu	- Mallige	: _____	(Hoovu, OoTa)

6.	ಈರುಳಿ	: ತರಕಾರಿ	- ಬಾಳೆಹಣ್ಣು	: _____	(ಕಾಳು, ಹಣ್ಣು)
	IruLi	: Tarakari	- BalehaNNU	: _____	(KaLu, HaNNU)
7.	ಅಣ್ಣ	: ತಂಗಿ	- ಮಗ	: _____	(ಮಗಳು, ಅಪ್ಪ)
	Anna	: Tangi	- Maga	: _____	(MagaLu, Appa)
8.	ನಾಯಿ	: ಪ್ರಾಣಿ	- ಕಾಗೆ	: _____	(ಗಿಳಿ, ಹಕ್ಕಿ)
	Nayi	: PraaNi	- Kage	: _____	(GiLi, Hakki)
9.	ಸೀರೆ	: ಬಟ್ಟೆ	- ಸ್ಕೂಟರ್	: _____	(ವಾಹನ, ಚಕ್ರಿ)
	Sire	: BaTTe	- ScooTar	: _____	(Vaahana, Chakri)
10.	ದೋಸೆ	: ತಿಂಡಿ	- ಅನ್ನ	: _____	(ಊಟ, ಕುಡಿ)
	Dose	: TinDi	- Anna	: _____	(OoTa, KuDi)

Table 8: Treatment recording sheet illustrating one of the activities for word level

Sl. No	Activity	Stimulus Mode	Response mode	Target response	No.of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	a)Body parts	A+V	P	Tale	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2															
3															
4															
5															
6															
7															
8															
9															
10															

II Syntactic Level

Treatment recording sheet illustrating one of the activities of this domain is shown in table-11

A. Person Number Gender markers

Number: It is a grammatical distinction which determines whether nouns, verbs, adjectives in a language are singular or plural

Gender: It is a grammatical distinction in which words such a nouns, articles, adjectives, and pronouns are marked according to a distinction between masculine, feminine.

Person: It is a grammatical category which determines the choice of pronouns in a sentence according to certain principles.

Gender

Task: Ask the person with aphasia to point to the picture opposite in gender as named by the clinician. Also follow the stimulus and response mode hierarchy.

Stimuli

- | | |
|-------------------|-------------------|
| 1. ಹುಡುಗ - ಹುಡುಗಿ | HuDuga - HuDugi |
| 2. ಗಂಡಸು - ಹೆಂಗಸು | GanDasu - Hengasu |
| 3. ಮುದುಕ - ಮುದುಕಿ | Muduka - Muduki |
| 4. ರಾಜ - ರಾಣಿ | Raja - RaNi |
| 5. ಎತ್ತು - ಹಸು | Yattu - Hasu |
| 6. ಸಿಂಹ - ಸಿಂಹಿಣಿ | Simha - SimhiNi |

7. ಹುಂಜ - ಕೋಳಿ	Hunja – KoLi
8. ಅಗಸ - ಅಗಸಗಿತ್ತಿ	Agasa - Agasagitti
9. ಹಾಡುಗಾರ - ಹಾಡುಗಾರ್ತಿ	HaaDugaara - HaaDugarthi
10. ಲೇಖಕ - ಲೇಖಕಿ	Lekhaka - Lekhaki
11. ಹೂಗಾರ - ಹೂವಾಡಗಿತ್ತಿ	Hoogara - HoovaDagitti

Number

Task: Ask the person with aphasia to point to the picture as named by the clinician. Also follow the stimulus and response mode hierarchy.

Stimuli

1. ಹುಡುಗಿ-ಹುಡುಗಿಯರು	HuDugi - HuDugiyaru
2. ಹುಡುಗ-ಹುಡುಗರು	HuDuga - HuDugaru
3. ನಾಯಿ-ನಾಯಿಗಳು	Naayi - Nayigau
4. ಮರ - ಮರಗಳು	Mara - MaragaLu
5. ಎಲೆ - ಎಲೆಗಳು	Yale - YalegaLu
6. ಬಾಗಿಲು - ಬಾಗಿಲುಗಳು	Bagilu - BagilugLlu
7. ಬೆಕ್ಕು - ಬೆಕ್ಕುಗಳು	Bekku - BekkugLlu
8. ಹೂವು - ಹೂವುಗಳು	Hoovu - HoovugaLu
9. ಪುಸ್ತಕ - ಪುಸ್ತಕಗಳು	Pustaka - PustakagaLu
10. ತಟ್ಟೆ - ತಟ್ಟೆಗಳು	Tatte - TattegaLu
11. ಚೆಂಡು - ಚೆಂಡುಗಳು	Chandu - Chandugalu
12. ಪೆನ್ನು - ಪೆನ್ನುಗಳು	Pennu - Pennugalu
13. ಪೇಪರ್ - ಪೇಪರ್‌ಗಳು	Paper - Papergalu
14. ಕುರ್ಚಿ - ಕುರ್ಚಿಗಳು	Kurchi - Kurchigalu
15. ಗಡಿಯಾರ - ಗಡಿಯಾರಗಳು	Gadiyara - Gadiyaragalu

Person

Task: Ask the person with aphasia to indicate whether the sentence is right or wrong.

Also follow the stimulus and response mode hierarchy.

Stimuli

1.	ನಾನು ಹೋಗುತ್ತೀನಿ	Naanu hooguttini
2.	ನಾವು ಹೋಗುತ್ತೇವೆ	Naavu hoogutteeve
3.	ನಾವು ತಿನ್ನುತ್ತೀನಿ	Naavu thinnuttini
4.	ರಾಮು ಬರುತ್ತಾನೆ	Raamu baruthane
5.	ರಾಮು ಹಾಡುತ್ತದೆ	Raamu haaDutade
6.	ನೀವು ಮಲಗುತ್ತೀರಾ?	Neevu malagutheero?
7.	ನೀನು ಕೆಮ್ಮುತ್ತೀರಾ?	Neenu kemmuthira?
8.	ರಾಮು ಮಲಗುತ್ತಾನೆ	Raamu malaguthane
9.	ಅವರು ಹೋಗುತ್ತಾನೆ	Avaru hooguthane
10.	ನಾವು ಮಲಗುತ್ತೇವೆ	Naavu malagutheve

B. Tenses

Past tense: Is a form of a verb which usually used to show that the act or state described by the verb occurred at the time before the present.

Present tense: A tense, which typically relates the time of an action or state to the present moment of time.

Future tense: A tense form used to indicate that the event described the verb will take at a future time.

Task: Ask the person with aphasia to point to the picture which depicts the sentences you say. Also follow the stimulus and response mode hierarchy.

Stimuli

1. ಹುಡುಗ ಮಲಗುವನು
ಹುಡುಗ ಮಲಗುತ್ತಿದ್ದಾನೆ
ಹುಡುಗ ಮಲಗಿದ
HuDuga Malaguvanu
HuDuga Malaguttiddane
HuDuga Malagida
2. ಹುಡುಗಿಯು ಮಾವಿನ ಹಣ್ಣನ್ನು ತಿನ್ನುತ್ತಾಳೆ
ಹುಡುಗಿಯು ಮಾವಿನ ಹಣ್ಣನ್ನು ತಿನ್ನುತ್ತಿದ್ದಾಳೆ.
ಹುಡುಗಿಯು ಮಾವಿನ ಹಣ್ಣನ್ನು ತಿಂದಳು
HuDugiyu Mavina HaNNaNNu
TinnuttaLe
HuDugiyu Mavina HaNNaNNu
TinnuttiddaLe
HuDugiyu Mavina HaNNaNNu
TindaLu
3. ಹುಡುಗನು ಬರೆಯುತ್ತಾನೆ
ಹುಡುಗನು ಬರೆಯುತ್ತಿದ್ದಾನೆ
ಹುಡುಗನು ಬರೆದನು.
HuDuganu Bareyuttane
HuDuganu Bareyuttiddane
HuDuganu Baredanu
4. ಹುಡುಗಿಯು ನೀರು ಕುಡಿಯುತ್ತಾಳೆ
ಹುಡುಗಿಯು ನೀರು ಕುಡಿಯುತ್ತಿದ್ದಾಳೆ
ಹುಡುಗಿಯು ನೀರು ಕುಡಿದಳು
HuDugiyu Neeru KuDiyuttaLe
HuDugiyu Neeru KuDiyuttiddaLe
HuDugiyu Neeru KuDidaLu
5. ಹೆಂಗಸು ಅಡಿಗೆ ಮಾಡುತ್ತಾಳೆ
ಹೆಂಗಸು ಅಡಿಗೆ ಮಾಡುತ್ತಿದ್ದಾಳೆ
ಹೆಂಗಸು ಅಡಿಗೆ ಮಾಡಿದಳು
Hengasu Adige MaaDuttaLe
Hengasu Adige MaaDuttiddaLe
Hengasu Adige MaDidaLu
6. ಹುಡುಗನು ಬಾಗಿಲು ತೆಗೆಯುತ್ತಾನೆ
ಹುಡುಗನು ಬಾಗಿಲು ತೆಗೆಯುತ್ತಿದ್ದಾನೆ
ಹುಡುಗನು ಬಾಗಿಲು ತೆಗೆದನು
HuDuganu Bagilu Tegeyuttane
HuDuganu Bagilu Teguyuttiddane
HuDuganu Bagilu Tegedanu
7. ಅವನು ಚೆಂಡನ್ನು ಎಸೆಯುತ್ತಾನೆ
ಅವನು ಚೆಂಡನ್ನು ಎಸೆಯುತ್ತಿದ್ದಾನೆ
ಅವನು ಚೆಂಡನ್ನು ಎಸೆದ
Avanu ChanDannu Yaseyuttane
Avanu ChanDannu Yaseyuttiddane
Avanu ChanDannu Yasedanu
8. ಅವಳು ಪೇಪರ್ ಹರಿಯುತ್ತಾಳೆ
ಅವಳು ಪೇಪರ್ ಹರಿಯುತ್ತಿದ್ದಾಳೆ
ಅವಳು ಪೇಪರ್ ಹರಿದಳು
AvaLu Paper HariyuttaLe
AvaLu Paper HariyuttiddaLe
AvaLu Paper HaridaLu
9. ಹೆಂಗಸು ಬಟ್ಟೆ ಒಗೆಯುತ್ತಾಳೆ
ಹೆಂಗಸು ಬಟ್ಟೆ ಒಗೆಯುತ್ತಿದ್ದಾಳೆ
ಹೆಂಗಸು ಬಟ್ಟೆ ಒಗೆದಳು
Hengasu BaTTe Ogeyuttale
Hengasu BaTTe OgeyuttiddaLe
Hengasu BaTTe OgeDalu
10. ಅವಳು ಚಿತ್ರಕ್ಕೆ ಬಣ್ಣ ಹಾಕುತ್ತಾಳೆ
Avalu Chitrakke BaNNa HakuttaLe

ಅವಳು ಚಿತ್ರಕ್ಕೆ ಬಣ್ಣ ಹಾಕುತ್ತಿದ್ದಾಳೆ

Avalu Chitrakke BaNNa

HakuttiddaLe

ಅವಳು ಚಿತ್ರಕ್ಕೆ ಬಣ್ಣ ಹಾಕಿದಳು

Avalu Chitrakke BaNNa HakidaLu

11. ಗಂಡಸು ಸೈಕಲ್ ಹೊಡೆಯುತ್ತಾನೆ
ಗಂಡಸು ಸೈಕಲ್ ಹೊಡೆಯುತ್ತಿದ್ದಾನೆ
ಗಂಡಸು ಸೈಕಲ್ ಹೊಡೆದನು.

GanDasu Cycle HoDeyuttane
GanDasu Cycle HoDeyuttiddane
GanDasu Cycle HoDedanu

12. ಹುಡುಗಿಯು ಭತ್ತಿ ತೆಗೆಯುತ್ತಾಳೆ
ಹುಡುಗಿಯು ಭತ್ತಿ ತೆಗೆಯುತ್ತಿದ್ದಾಳೆ
ಹುಡುಗಿಯು ಭತ್ತಿ ತೆಗೆದಳು

HuDugiyu Chatri TegeyuttaLe
HuDuGiyu Chatri TegeyuttiddaLe
HuDuGiyu Chatri TegedaLu

13. ಹುಡುಗಿಯು ಹೂವು ಕೀಳುತ್ತಾಳೆ
ಹುಡುಗಿಯು ಹೂವು ಕೀಳುತ್ತಿದ್ದಾಳೆ
ಹುಡುಗಿಯು ಹೂವು ಕಿತ್ತಳು

HuDugiyu Hoovu KeeLuttaLe
HuDuGiyu Hoovu KeeLuttiddaLe
HuDuGiyu Hoovu KittaLu

14. ಹುಡುಗ ತಲೆ ಬಾಚಿಕೊಳ್ಳುತ್ತಾನೆ
ಹುಡುಗ ತಲೆ ಬಾಚಿಕೊಳ್ಳುತ್ತಿದ್ದಾನೆ
ಹುಡುಗ ತಲೆ ಬಾಚಿಕೊಂಡ

HuDuga Tale BachikoLLuttane
HuDuGa Tale BachikoLLuttiddane
HuDuGa Tale BachikonDa

15. ಹುಡುಗಿಯು ಟಿ. ವಿ. ನೋಡುತ್ತಾಳೆ
ಹುಡುಗಿಯು ಟಿ. ವಿ. ನೋಡುತ್ತಿದ್ದಾಳೆ
ಹುಡುಗಿಯು ಟಿ. ವಿ. ನೋಡಿದಳು

HuDugiyu TV NoDuttaLe
HuDuGiyu TV NoDuttiddaLe
HuDuGiyu TV NoDidaLu

C. Answering yes/no questions

Task: Ask the person with aphasia to indicate yes/no to the questions asked by the clinician. Also follow the stimulus and response mode hierarchy.

Egocentric yes/no questions

- | | |
|------------------------------|-----------------------------|
| 1. ನೀವು ಗಂಡಸರೇ? | Neevu GanDasare ? |
| 2. ನೀವು ಹೆಂಗಸರೇ? | Neevu Hengasare ? |
| 3. ನಿಮ್ಮ ಹೆಸರು.....? | Nimma Hesaru? |
| 4. ನಿಮಗೆ ಮದುವೆ ಆಗಿದೆಯೇ? | Nimage Maduve Aagideye ? |
| 5. ನೀವು ಆಸ್ಪತ್ರೆಯಲ್ಲಿದ್ದೀರಾ? | Neevu Aaspatreyalliddeera ? |

6. ನೀವು ಎಚ್ಚರವಾಗಿದ್ದೀರಾ?
7. ನೀವು ಬೆಂಗಳೂರಿನಲ್ಲಿ ವಾಸ ಮಾಡುತ್ತೀರಾ?
8. ನಿಮಗೆ ಮೂರು ಮಕ್ಕಳಿದ್ದಾರಾ?
9. ನೀವು ವಾಚನ್ನು ಕಟ್ಟಿದ್ದೀರಾ?
10. ನೀವು ಊಟ ಮಾಡಿದ್ದೀರಾ?
11. ನೀವು ಕನ್ನಡಕ ಧರಿಸುತ್ತೀರಾ?
12. ನೀವು ಈಗ ಕೆಂಪು ಬಟ್ಟೆ ಧರಿಸಿದ್ದೀರಾ?
13. ನಿಮ್ಮ ಬೆರಳನ್ನು ಕತ್ತರಿಸಿಕೊಂಡಿದ್ದೀರಾ?
14. ನೀವು ಶಾಲೆಯಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತೀರಾ?
15. ನೀವು ಮುಂಬೈನಲ್ಲಿ ಇರುತ್ತೀರಾ?

- Neevu Yachcharavagiddeera ?
- Neevu BengaLoorinalli Vaasa
MaaDutteera?
- Nimage Mooru MakkaLiddara ?
- Neevu Watchannu KaTTiddeera ?
- Neevu OoTa MaaDiddeera?
- Neevu KannaDaka Dharisutteera ?
- Neevu Iga Kempu BaTTe Dharisiddeera ?
- Nimma BeraLannu KattarisikonDiddeera ?
- Neevu Shaleyalli Kelasa MaaDutteera ?
- Neevu Mumbainalli Irutteera?

Environmental yes/no questions

1. ಹಕ್ಕಿಗಳು ಹಾರುತ್ತವೆಯೇ?
2. ಈಗ ಹತ್ತು ಗಂಟೆಯಾಗಿದೆಯೇ?
3. ನಾಯಿಗಳಿಗೆ ಕಿವಿಗಳಿರುತ್ತವೆಯೇ?
4. ಮಂಜುಗಡ್ಡೆ ತಣ್ಣಗಿರುತ್ತದೆಯೇ?
5. ಬೆಕ್ಕುಗಳಿಗೆ ಪುಕ್ಕಗಳಿರುತ್ತವೆಯೇ?
6. ಮಕ್ಕಳು ಶಾಲೆಗೆ ಹೋಗುತ್ತಾರೆಯೇ?
7. ಮರ ಒಂದು ಪ್ರಾಣಿಯೇ?
8. ಪುಸ್ತಕದಲ್ಲಿ ಹಾಳೆಗಳಿರುತ್ತವೆಯೇ?
9. ಬೆಂಕಿ ಬಿಸಿಯಾಗಿರುತ್ತದೆಯೇ?
10. ನಾಯಿಗಳು ಹಾಡುತ್ತವೆಯೇ?
11. ಬೇಸಿಗೆ ಕಾಲ ಬಿಸಿಯಾಗಿರುತ್ತದೆಯೇ?
12. ಮರ ತೇಲುತ್ತದೆಯೇ?
13. ಸೇಬಿನ ಬಣ್ಣ ನೀಲಿಯೇ?

- HakkigaLu Haaruttaveye ?
- Iga Hattu GanTeyagideye ?
- NayigaLige KivigaLiruttaveye ?
- ManjugaDDe TaNNagiruttadeye?
- BekkugaLige PukkagaLiruttaveye ?
- MakkaLu Shalege Hoguttareye ?
- Mara Ondu PraNiye ?
- Pustakadalli HaLegaLiruttaveye ?
- Benki Bisiyagiruttadeye?
- Nayigalu HaaDuttaveye?
- Besige Kaala Bisiyagiruttadeye ?
- Mara Teluttadeye ?
- Sebina BaNNa Neeliye ?

14. ಹಗಲಿನಲ್ಲಿ ಚಂದ್ರ ಕಾಣಿಸುತ್ತದೆಯೇ?

Hagalinalli Chandra KaNisuttadeye ?

15. ಚಳಿಗಾಲದಲ್ಲಿ ಚಳಿ ಇರುತ್ತದೆಯೇ?

ChaLigaladalli ChaLi Iruttadeye?

D. Following body part command

Task: Ask the person with aphasia to follow the instruction given by the clinician.

Level 1: One-step commands

Stimuli

1. ನಿಮ್ಮ ಕಣ್ಣುಗಳನ್ನು ಮುಚ್ಚಿರಿ

Nimma KaNNugalaNNU Muchchiri

2. ನಿಮ್ಮ ಕೈಗಳನ್ನು ಮೇಲಕ್ಕೆತ್ತಿರಿ

Nimma KaigalaNNU Melakkettiri

3. ನಿಮ್ಮ ಬಾಯಿಯನ್ನು ತೆರೆಯಿರಿ

Nimma Baiyannu Tereyiri

4. ನಿಮ್ಮ ಪಾದಗಳನ್ನು ಮೇಲಕ್ಕೆತ್ತಿ

Nimma PaadagalaNNU Melakkettiri

5. ನಿಮ್ಮ ಕಿವಿಯನ್ನು ತೋರಿಸಿ

Nimma Kiviyannu Torisi

6. ನಿಮ್ಮ ಮೂಗನ್ನು ಮುಟ್ಟಿರಿ

Nimma Moogannu MuTTiri

7. ನಿಮ್ಮ ಕೈ ಬೆರಳುಗಳನ್ನು ಮಡಚಿರಿ

Nimma Kai BeraLugaLannu MaDachiri

8. ನಿಮ್ಮ ಹಲ್ಲುಗಳನ್ನು ತೋರಿಸಿ

Nimma HallugalanNNU Torisi

9. ನಿಮ್ಮ ಮಂಡಿಯನ್ನು ಬಗ್ಗಿಸಿರಿ

Nimma Mandiyannu Baggisiri

10. ನಿಮ್ಮ ತಲೆಯನ್ನು ಅಲುಗಾಡಿಸಿ

Nimma Taleyannu AlugaDisi

Level 2: Two-step commands

Stimuli

1. ನಿಮ್ಮ ಮಂಡಿ ಮತ್ತು ಮೊಳಕೈಗಳನ್ನು
ಮುಟ್ಟಿ ತೋರಿಸಿ

Nimma ManDi Mattu MolakaigalaNNU
MuTTi Torisi.

2. ನಿಮ್ಮ ಅಂಗೈಗಳನ್ನು ಉಜ್ಜಿರಿ

Nimma AngaigaLannu Ujjiri

3. ನಿಮ್ಮ ಕೈಯನ್ನು ನಿಮ್ಮ ಗಲ್ಲದ ಕೆಳಗಿಡಿ

Nimma Kaiyannu Nimma Gallada
KelagiDi

4. ನಿಮ್ಮ ಎಡಗಾಲನ್ನು ಮುಟ್ಟಿರಿ

Nimma YaDagalannu MuTTiri

- | | |
|---|---|
| 5. ನಿಮ್ಮ ಬಲಗೈ ಹೆಬ್ಬೆರಳನ್ನು ಬಗ್ಗಿಸಿರಿ | Nimma Balagai Hebbbaralannu
Baggisiri |
| 6. ನಿಮ್ಮ ಕಣ್ಣಿನ ಹುಬ್ಬುಗಳನ್ನು ಎರಡು ಬಾರಿ
ಮೆಲಕ್ಕೆತ್ತಿ | Nimma KaNNina HubbugaLannu
YaraDu Baari Melakkettiri |
| 7. ನಿಮ್ಮ ಗಲ್ಲವನ್ನು ನಿಮ್ಮ ಭುಜಕ್ಕೆ
ಮುಟ್ಟಿಸಿ | Nimma Gallavannu Nimma Bhujakke
MuTTisi |
| 8. ನಗುತ್ತಾ ನಿಮ್ಮ ತಲೆಯ ಕಡೆ ನಿಮ್ಮ
ಬೆರಳನ್ನು ತೋರಿಸಿ | Nagutta Nimma Taleya KaDe Nimma
BeraLannu Torisi |
| 9. ನಿಮ್ಮ ಕೈಯಿಂದ ಎರಡು ಸಲ ಚಪ್ಪಾಳೆ ತಟ್ಟಿ | Nimma Kaiyinda Yaradu Sala
ChappaLe TaTTi |
| 10. ನಿಮ್ಮ ಬಲಕ್ಕೆ ಮತ್ತು ಎಡ ಕಣ್ಣಿನ ಕಡೆ
ತೋರಿಸಿ | Nimma Balakke Mattu YaDa KaNNina
KaDe Torisi. |

Level 3: Multi step commands

Stimuli

1. ನಿಮ್ಮ ಹೆಬ್ಬೆರಳಿನಿಂದ ನಿಮ್ಮ ಗಲ್ಲವನ್ನು ಮೂರು ಸಲ ಮುಟ್ಟಿರಿ
Nimma HebbaraLininda Nimma Gallavannu Mooru Sala MuTTiri
2. ನಿಮ್ಮ ತಲೆ, ನಿಮ್ಮ ಮಂಡಿ ಮತ್ತು ನಿಮ್ಮ ಕುತ್ತಿಗೆಯನ್ನು ಮುಟ್ಟಿರಿ
Nimma Tale, Nimma ManDi Mattu Nimma KuttigeYannu MuTTiri
3. ನಿಮ್ಮ ಬಲ ಕಿವಿಯನ್ನು ಎರಡು ಸಲ ಮತ್ತು ಎಡ ಕಿವಿಯನ್ನು ಒಂದು ಸಲ ಮುಟ್ಟಿರಿ.
Nimma Bala Kiviyannu Yaradu Sala Mattu Yada Kiviyannu Ondu Sala
MuTTiri
4. ನಿಮ್ಮ ಬಲಗೈನ ಹಿಂಭಾಗ ಮತ್ತು ಎಡಗೈನ ಹಿಂಭಾಗವನ್ನು ಮುಟ್ಟಿರಿ.
Nimma Balagaina Himbhaga Mattu Yadagaiana Himbhagavannu MuTTiri
5. ನಿಮ್ಮ ಮೂಗನ್ನು ಮುಟ್ಟಿರಿ, ನಿಮ್ಮ ಕೈಯನ್ನು ಮೇಲಕ್ಕೆತ್ತಿ ಮತ್ತು ನಿಮ್ಮ ಕಣ್ಣುಗಳನ್ನು ಮುಟ್ಟಿರಿ
Nimma Moogannu MuTTiri, Nimma Kaiyannu Melakketti Mattu Nimma
Kannugalannu Muchchiri
6. ನಿಮ್ಮ ಎಡ ಕೈಯನ್ನು ನಿಮ್ಮ ಎಡ ಕಿವಿಯ ಹಿಂದಕ್ಕೆ ಇಡಿ ಮತ್ತು ನಿಮ್ಮ ಭುಜಗಳನ್ನು ಅಲುಗಿಸಿ.

Nimma Yada Kaiyannu Nimma Yada Kiviya Hindakke Idi Mattu
Nimma Bhujagalannu Alugisi

7. ನಿಮ್ಮ ಕಣ್ಣುಗಳನ್ನು ಮುಚ್ಚಿ. ನಿಮ್ಮ ಮೊಳಕೆ ಮತ್ತು ಮಂಡಿಯ ಕಡೆ ತೋರಿಸಿ.
Nimma KannugaLannu Muchchi. Nimma Molakai Mattu Mandiya Kade
Torisi
8. ಕೈಯನ್ನು ನಿಮ್ಮ ತಲೆಯ ಮೇಲೆ ಇಟ್ಟು ತಲೆಯನ್ನು ಎರಡು ಸಲ ಅಲುಗಿಸಿ
Kaiyannu Nimma Taleya Mele Ittu Taleyannu Yaradu Sala Alugisi
9. ನಾನು ಐದರ ತನಕ ಎಣಿಸುವವರೆಗೂ ನಿಮ್ಮ ಕೈಯನ್ನು ನಿಮ್ಮ ತಲೆಯ ಮೇಲೆ ಇಟ್ಟುಕೊಂಡಿರಿ.
Naanu Aidara Tanaka Yanisuvavaregoo Nimma Kaiyannu Nimma Taleya
Mele ITTukondiri
10. ನೀವು ವಾಸನೆಯನ್ನು ಗ್ರಹಿಸುವ ಅಂಗವನ್ನು ಮತ್ತು ಕೇಳಿಸಿಕೊಳ್ಳುವ ಅಂಗವನ್ನು ಮುಟ್ಟಿರಿ.
Neevu Vasaneyannu Grahisuva Angavannu Mattu KeLisikolluva
Angavannu MuTTiri.

E. Following commands with visual stimuli

Task: Ask the person with aphasia to follow the instruction given by the clinician with reference to the visual stimuli presented.

Level 1: One-step command

- | | |
|---------------------------|---------------------------|
| 1. ಕಾರನ್ನು ಮುಟ್ಟಿ | Karannu MuTTi |
| 2. ಛತ್ರಿಯನ್ನು ಮುಟ್ಟಿ | Chatriyannu MuTTi |
| 3. ಕಪ್ಪನ್ನು ಕೈಯಿಂದ ಮುಚ್ಚಿ | Cuppannu Kaiyinda Muchchi |
| 4. ಗಂಟೆಯನ್ನು ತೋರಿಸಿ | GanTeyannu Torisi |
| 5. ತಟ್ಟೆಯನ್ನು ಮುಟ್ಟಿ | TaTTeyannu MuTTi |
| 6. ಗಾಳಿ ಪಟವನ್ನು ತೋರಿಸಿ | GaLipaTavannu Torisi |
| 7. ರೇಡಿಯೊ ತೋರಿಸಿ | Radio Torisi |
| 8. ಟಿ.ವಿ. ತೋರಿಸಿ | T.V.. Torisi |
| 9. ಬೀಗದ ಕೈ ಮುಟ್ಟಿ | Beegada Kai MuTTi |
| 10. ಮೇಜನ್ನು ಮುಚ್ಚಿ | Mejannu Muchchi |

Level 2: Two-step commands

- | | |
|-----------------------------------|------------------------------------|
| 1. ಕಪ್ಪು ಮತ್ತು ಕಾರು ತೋರಿಸಿ. | Kappu mattu kaaru Torisi |
| 2. ಗಂಟೆ ಮತ್ತು ಭತ್ತಿ ತೋರಿಸಿ. | GanTe mattu Chatri Torisi |
| 3. ತಟ್ಟೆ, ರೇಡಿಯೊ ಮುಟ್ಟಿ | TaTTe, Radio MuTTi |
| 4. ಗಾಳಿಪಟ ಮತ್ತು ಬೀಗದ ಕೈ ತೋರಿಸಿ. | GaaLipaTa Mattu Beegada Kai Torisi |
| 5. ಟಿ. ವಿ. ಮತ್ತು ಬೀಗದ ಕೈ ತೋರಿಸಿ | T.V. Mattu Beegada Kai Torisi |
| 6. ಮೇಜು ಮತ್ತು ರೇಡಿಯೊ ತೋರಿಸಿ. | Meju Mattu Radio Torisi |
| 7. ಕಾರು, ಆಮೇಲೆ ತಟ್ಟೆ ತೋರಿಸಿ | Caaru, Aamele TaTTe Torisi |
| 8. ಗಾಳಿ ಪಟ ಮುಟ್ಟಿ ರೇಡಿಯೊ ತೋರಿಸಿ | GaaLipata Muchchi, Radio Torisi |
| 9. ಟಿ. ವಿ. ತೋರಿಸಿ, ಬೀಗದ ಕೈ ಮುಟ್ಟಿ | T.V. Torisi, Beegada Kai MuTTi |
| 10. ಕಪ್ಪನ್ನು ಮುಟ್ಟಿ, ಭತ್ತಿ ತೋರಿಸಿ | Kappannu Muchchi, Chatri Torisi |

Level 3: Multi step commands

- | | |
|---|---|
| 1. ಕಾರು, ಕಪ್, ಗಂಟೆ ತೋರಿಸಿ | Kaaru, Kup, GanTe Torisi |
| 2. ತಟ್ಟೆ, ರೇಡಿಯೊ, ಬೀಗದ ಕೈ ತೋರಿಸಿ | TaTTe, Radio, Beegada Kai Torisi |
| 3. ಭತ್ತಿ, ಗಾಳಿ ಪಟ, ಕಪ್ಪನ್ನು ಮುಟ್ಟಿ | Chatri, GaaLipata, Kappannu MuTTi |
| 4. ಟಿ. ವಿ., ಮೇಜು, ಭತ್ತಿಯನ್ನು ತೋರಿಸಿ | T.V., Meju, Chatriyannu Torisi |
| 5. ಪಟ, ಬೀಗದ ಕೈ, ತಟ್ಟೆ ತೋರಿಸಿ | PaTa, Beegada Kai, TaTTe Torisi |
| 6. ಕಾರು, ಗಂಟೆ, ಕಪ್, ಭತ್ತಿ ತೋರಿಸಿ | Kaaru, GanTe, Kup, Chatri Torisi |
| 7. ರೇಡಿಯೊ, ಟಿ. ವಿ., ಬೀಗದ ಕೈ, ಪಟ ಮುಟ್ಟಿ | Radio, T.V. Beegada Kai, PaTa MuTTi |
| 8. ಕಾರು, ಬೀಗದ ಕೈ, ಮೇಜು, ತಟ್ಟೆ, ಗಂಟೆ ತೋರಿಸಿ | Kaaru, Beegada Kai, Meju, TaTTe, GanTe Torisi |
| 9. ಭತ್ತಿ, ಕಪ್, ಪಟ, ಗಂಟೆ, ಕಾರು ತೋರಿಸಿ | Chatri, Kup, PaTa, GanTe, Caru, Torisi |
| 10. ಕಪ್, ಗಂಟೆ, ಕಾರು, ಬೀಗದ ಕೈ, ಭತ್ತಿ ತೋರಿಸಿ. | Kup, GanTe, Kaaru, Beegada Kai, Chatri Torisi |

F. Identification of objects described by function.

Task: Ask the person with aphasia to respond to the question asked by the clinician. Also follow the stimulus and response mode hierarchy.

Stimuli

- | | | |
|--|---|--|
| 1. ಸಮಯ ನೋಡುವುದು
Samaya Noduvudu | - | ಗಡಿಯಾರ
GaDiyaara |
| 2. ಕುಡಿಯುವುದು
Kuduyuvudu | - | ಲೋಟ
LoTa |
| 3. ಮಲಗುವುದು
Malaguvudu | - | ಹಾಸಿಗೆ
Haasige |
| 4. ಕುಳಿತುಕೊಳ್ಳುವುದು
Kulitukolluvudu | - | ಕುರ್ಚಿ
Kurchi |
| 5. ಮರವನ್ನು ಕತ್ತರಿಸುವುದು
Maravannu Kattarisuvudu | - | ಕೊಡಲಿ
KoDali |
| 6. ಆಹಾರವನ್ನು ತಣ್ಣಗೆ ಇಡುವುದು
Aahaaravannu Tannakke Iduvudu | - | ಫ್ರಿಡ್ಜ್
Pridge |
| 7. ಹಾಡನ್ನು ಕೇಳುವುದು
Haadannu Keluvudu | - | ರೇಡಿಯೋ/ಟೇಪ್‌ರೆಕಾರ್ಡರ್
Radio / Tape Recorder |
| 8. ಧೂಮ್ರಪಾನ ಸೇಡುವುದು
Dhoomrapaana Seduvudu | - | ಸಿಗರೇಟ್/ಬೀಡಿ
Sigaret / Beedi |
| 9. ಮಳೆ ಬಂದಾಗ ಹಿಡಿಯುವುದು
Male Bandaga Hidiyuvudu | - | ಛತ್ರಿ
Chatri |
| 10. ಹಲ್ಲನ್ನು ಉಜ್ಜುವುದು
Hallannu Ujjuvudu | - | ಬ್ರಷ್
Brush |
| 11. ದಿನಾಂಕವನ್ನು ಹುಡುಕುವುದು
Dinakavannu Hudukuvudu | - | ಕ್ಯಾಲೆಂಡರ್
KalenDar |
| 12. ಛಾಯಾಚಿತ್ರವನ್ನು ತೆಗೆಯುವುದು | - | ಕ್ಯಾಮರ |

	Chayaachitravannu Tegeyuvudu	-	Kyamara
13.	ಅಂಚೆ ಪತ್ರವನ್ನು ಹಾಕುವುದು	-	ಅಂಚೆ ಪೆಟ್ಟಿಗೆ
	Anche Patravannu Haakuvudu	-	Anche PeTTige
14.	ಹಾಳೆ/ಪೇಪರ್ ಅಂಟಿಸುವುದು	-	ಗಮ್
	Haale / Papar Antisuvudu	-	Gam
15.	ಕೂದಲನ್ನು ಬಾಚುವುದು	-	ಬಾಚಣಿಗೆ
	Koodalannu Baachuvudu	-	BaachaNige

G. Identification of objects named serially

Task: Ask the person with aphasia to name the presented set of pictures in a serial order.

The number of pictures to be named will increase with increasing levels. Also follow the stimulus and response mode hierarchy.

Level 1: Stimuli

1.	ಪುಸ್ತಕ ಮತ್ತು ವಾಚು	Pustaka Mattu Watchu
2.	ಚಮಚ, ಕಪ್	Chamacha, Cup
3.	ಫೋನ್, ಚಮಚ	Phone, Chamacha
4.	ಹಾಸಿಗೆ, ಬ್ರಶ್	Hasige, Brush
5.	ತಟ್ಟೆ, ಪುಸ್ತಕ	TaTTe, Pustaka
6.	ಮೇಜು, ಬೀಗದ ಕೈ	Meju, Beegada Kai
7.	ಕಪ್, ಹಾಸಿಗೆ	Cup, Haasige
8.	ಚಮಚ, ಪುಸ್ತಕ	Chamacha, Pustaka
9.	ಬ್ರಶ್, ತಟ್ಟೆ	Brush, TaTTe
10.	ಹಾಸಿಗೆ, ಫೋನ್	Hasige, Phone

Level 2: Stimuli

1. ಚಮಚ, ಕಪ್, ಬ್ರಶ್	Chamacha, Cup, Brush
2. ತಟ್ಟೆ, ಬೀಗದ ಕೈ, ಪುಸ್ತಕ	TaTTe, Beegada Kai, Pustaka
3. ಕಪ್, ಹಾಸಿಗೆ, ಫೋನ್	Cup, Haasige, Phone
4. ಹಾಸಿಗೆ, ವಾಚು, ಬೀಗದ ಕೈ	Haasige, Watchu, Beegada Kai
5. ಚಮಚ, ಕಪ್, ಮೇಜು	Chamacha, Cup, Meju
6. ಫೋನ್, ಪುಸ್ತಕ, ವಾಚು	Phone, Pustaka, Watchu
7. ಕಪ್, ಹಾಸಿಗೆ, ಬ್ರಶ್	Cup, Haasige, Brush
8. ವಾಚು, ಮೇಜು, ಬೀಗದ ಕೈ	Watchu, Meju, Beegada Kai
9. ಬ್ರಶ್, ಪುಸ್ತಕ, ಚಮಚ	Brush, Pustaka, Chamacha
10. ಮೇಜು, ಫೋನ್, ಕಪ್	Meju, Phone, Cup

Level 3: Stimuli

1. ಬ್ರಶ್, ಫೋನ್, ವಾಚು, ಹಾಸಿಗೆ	Brush, Phone, Watchu, Haasige
2. ಕಪ್, ತಟ್ಟೆ, ಚಮಚ, ಪುಸ್ತಕ	Cup, TaTTe, Chamacha, Pustaka
3. ಮೇಜು, ಬೀಗದ ಕೈ, ಬ್ರಶ್, ವಾಚು	Meju, Beegada Kai, Brush, Watchu
4. ಪುಸ್ತಕ, ಬೀಗದ ಕೈ, ಫೋನ್, ಕಪ್	Pustaka, Beegada Kai, Phone, Cup
5. ಚಮಚ, ಹಾಸಿಗೆ, ಬೀಗದ ಕೈ, ವಾಚು	Chamacha, Haasige, Beegada Kai, Watchu
6. ವಾಚು, ಹಾಸಿಗೆ, ಪುಸ್ತಕ, ಕಪ್	Watchu, Haasige, Pustaka, Cup
7. ಬ್ರಶ್, ತಟ್ಟೆ, ಹಾಸಿಗೆ, ಚಮಚ	Brush, TaTTe, Haasige, Chamacha
8. ಫೋನ್, ಹಾಸಿಗೆ, ವಾಚು, ಕಪ್	Phone, Haasige, Watchu, Cup
9. ಮೇಜು, ಪುಸ್ತಕ, ಫೋನ್, ಬ್ರಶ್	Meju, Pustaka, Phone, Brush
10. ವಾಚು, ಬೀಗದ ಕೈ, ಮೇಜು, ಹಾಸಿಗೆ	Watchu, Beegada Kai, Meju, Haasige

H. Sentence types

Imperative sentence: A sentence, which is in the form of a command.

Task: Ask the person with aphasia to carry out the commands.

Stimuli

- | | |
|--|--|
| 1. ನೀವು ಓದಿರಿ | Neevu Oadiri |
| 2. ನೀವು ಬರೆಯಿರಿ | Neevu Bareyiri |
| 3. ನೀವು ಎದ್ದೇಳಿ | Neevu Yaddeli |
| 4. ನೀವು ಕುಳಿತುಕೊಳ್ಳಿ | Neevu Kulitukolli |
| 5. ನಿಮ್ಮ ಕಣ್ಣು ತೋರಿಸಿ | Nimma KaNnu Torisi |
| 6. ನಿಮ್ಮ ಬಲಗೈ ಎತ್ತಿ | Nimma Balagai Yatti |
| 7. ನೀವು ಬಾಗಿಲು ತೆಗೆಯಿರಿ | Neevu Bagilu Tegeyiri |
| 8. ನೀವು ಪುಸ್ತಕ ತೆಗೆಯಿರಿ | Neevu Pustaka Tegeyiri |
| 9. ನಿಮ್ಮ ಕಾಲನ್ನು ಮುಂದಕ್ಕೆ ಇಡಿ | Nimma Kalannu Mundakke EDi |
| 10. ಪುಸ್ತಕವನ್ನು ಮುಚ್ಚಿ ಮತ್ತು ಚೀಲದಲ್ಲಿ
ಅದನ್ನು ಇಡಿ | Pustakavannu Muchchi Mattu
Cheeladalli Adannu EDi |
| 11. ನೀವು ತಿನ್ನುತ್ತಿರುವಂತೆ ನಟಿಸಿ | Neevu Tinnuttiruvante NaTisi |
| 12. ನಿಮ್ಮ ವಾಚನ್ನು ತೆಗೆಯಿರಿ ಮತ್ತು
ಮೇಚಿನ ಮೇಲೆ ಇಡಿ | Nimma Wachannu Tegeyiri Mattu
Mejina Mele EDi |
| 13. ಪುಸ್ತಕವನ್ನು ನೀವು ನನಗೆ ತೋರಿಸಿದ ಮೇಲೆ
ಪೆನ್ನನ್ನು ಪೇಪರ್ ಮೇಲಿಡಿ | Pustakavannu Neevu Nanage Torisida
Mele Pennannu Papar MeliDi |
| 14. ಬೆಂಕಿ ಕಡ್ಡಿಯಿಂದ ದೀಪ ಹಚ್ಚುತ್ತಿರುವಂತೆ
ನಟಿಸಿ | Benki KaDDiyinda Deepa
Hachchuttiruvante NaTisi |
| 15. ಪೆನ್ನನ್ನು ಮೇಚಿನ ಮೇಲಿಡುವ ಮೊದಲು
ಮುಚ್ಚಳ ಹಾಕಿ | Pennannu Mejina MeliDuva Modalu
MuchchaLa Haaki |

Declarative sentence: A sentence, which is in the form of a statement.

Task: Ask the person with aphasia to point to the picture which depicts the sentences you say. Also, follow the stimulus and response mode hierarchy.

Stimuli

- | | |
|---|--|
| 1. ಹುಡುಗಿಯು ಮಲಗಿದ್ದಾಳೆ | HuDugiyu MalagiddaLe |
| 2. ಹುಡುಗನು ಅಟವಾಡುತ್ತಿದ್ದಾನೆ | HuDuganu AaTavaDuttiddane |
| 3. ಹೆಂಗಸು ನಡೆಯುತ್ತಿದ್ದಾಳೆ | Hengasu NaDeyuttiddaLe |
| 4. ಹುಡುಗನು ನಗುತ್ತಿದ್ದಾನೆ | HuDuganu Naguttiddane |
| 5. ಹುಡುಗಿಯು ಒಂದು ಕಾಗದವನ್ನು
ಬರೆಯುತ್ತಿದ್ದಾಳೆ | HuDugiyu Ondu Kagadavannu
BareyuttiddaLe |
| 6. ಗಂಡಸು ದಿನ ಪತ್ರಿಕೆಯನ್ನು ಓದುತ್ತಿದ್ದಾನೆ | GanDasu Dina Patrikeyannu Oduttiddane |
| 7. ಹೆಂಗಸು ಕೂದಲು ಬಾಚಿಕೊಳ್ಳುತ್ತಿದ್ದಾಳೆ | Hengasu Koodalu BachikoLLuttiddaLe |
| 8. ಹೆಂಗಸು ಬಟ್ಟೆ ಒಗೆಯುತ್ತಿದ್ದಾಳೆ | Hengasu BaTTe OgeyuttiddaLe |
| 9. ಹುಡುಗನು ಸ್ಕೂಟರನ್ನು ನಡೆಸುತ್ತಿದ್ದಾನೆ | HuDuganu ScooTarannu NaDesuttiddane |
| 10. ಗಂಡಸು ಸ್ಕೂಟರನ್ನು ನಡೆಸುತ್ತಿದ್ದಾನೆ | GanDasu ScooTarannu NaDesuttiddane |
| 11. ಹುಡುಗಿಯು ತನ್ನ ತಾಯಿಯೊಂದಿಗೆ
ದೇವಸ್ಥಾನಕ್ಕೆ ಹೋಗುತ್ತಾಳೆ. | HuDugiyu Tanna Tayiyondige
Devastankke Hoguttale |
| 12. ಹುಡುಗನು ತನ್ನ ತಂದೆಯೊಡನೆ
ಉದ್ಯಾನವನಕ್ಕೆ ಹೋಗುತ್ತಾನೆ. | HuDuganu Tanna TandeyoDane
Udyanavanakke Hoguttare |
| 13. ಹುಡುಗನು ನಾಯಿ ಬೊಗಳುವುದನ್ನು
ನೋಡುತ್ತಿದ್ದಾನೆ. | HuDuganu Nayi BogaLuvudannu
NoDuttiddane |
| 14. ತಾಯಿಯು ತನ್ನ ಮಕ್ಕಳಿಗೆ ಊಟ
ಹಾಕುತ್ತಿದ್ದಾಳೆ. | Taiyiyu Tanna MakkaLige Oota
HakuttiddaLe |
| 15. ದೇವಸ್ಥಾನದಲ್ಲಿ ಪೂಜಾರಿಗಳು ದೇವರಿಗೆ
ಪೂಜೆ ಮಾಡುತ್ತಾರೆ. | Devastanadalli PoojarigaLu Devarige
Pooje MaDuttare |

Negation

Task: Ask the person with aphasia to point to the picture which depicts the sentences you say. Also, follow the stimulus and response mode hierarchy.

Stimuli

- | | | | |
|-----|--|---|--|
| 1. | ಹುಡುಗ ಬರೆಯುತ್ತಿದ್ದಾನೆ
HuDuga Bareyuttiddane | - | ಹುಡುಗ ಬರೆಯುತ್ತಿಲ್ಲ
HuDuga Bareyuttilla |
| 2. | ಮಕ್ಕಳು ಆಡುತ್ತಿದ್ದಾರೆ
MakkaLu AaDuttiddare | - | ಮಕ್ಕಳು ಆಡುತ್ತಿಲ್ಲ
MakkaLu AaDuttilla |
| 3. | ಇದು ಒಂದು ದೊಡ್ಡ ಮರ
Idu Ondu DoDDa Mara | - | ಇದು ದೊಡ್ಡ ಮರ ಅಲ್ಲ
Idu DoDDa Mara Alla |
| 4. | ಮಕ್ಕಳು ಶಾಲೆಗೆ ಹೋಗುತ್ತಾರೆ
MakkaLu Shalege Hoguttare | - | ಮಕ್ಕಳು ಶಾಲೆಗೆ ಹೋಗುವುದಿಲ್ಲ
MakkaLu Shalege Hoguvudilla |
| 5. | ಹೆಂಗಸು ಕಿವಿಗೆ ಓಲೆ ಹಾಕಿದ್ದಾಳೆ
Hengasu Kivige Ole HakiddaLe | - | ಹೆಂಗಸು ಕಿವಿಗೆ ಓಲೆ ಹಾಕಿಲ್ಲ
Hengasu Kivige Ole Hakilla |
| 6. | ರೂಮಿನಲ್ಲಿ ದೀಪವಿದೆ
Roominalli Deepavide | - | ರೂಮಿನಲ್ಲಿ ದೀಪವಿಲ್ಲ
Roominalli Deepavill |
| 7. | ಅವನು ಕನ್ನಡಕ ಹಾಕಿದ್ದಾನೆ
Avanu KannaDaka Hakiddane | - | ಅವನು ಕನ್ನಡಕ ಹಾಕಿಲ್ಲ
Avanu KannaDaka Hakilla |
| 8. | ಹುಡುಗನು ಬ್ಯಾಟನ್ನು ಹಿಡಿದಿದ್ದಾನೆ
HuDuganu Batannu Hidididdane | - | ಹುಡುಗನು ಬ್ಯಾಟು ಹಿಡಿದಿಲ್ಲ
HuDuganu Batu Hididilla |
| 9. | ಲೋಟದಲ್ಲಿ ನೀರಿದೆ
Lotadalli Neeride | - | ಲೋಟದಲ್ಲಿ ನೀರಿಲ್ಲ
LoTadalli Neerilla |
| 10. | ಬಾಗಿಲು ಹಾಕಿದೆ
Bagilu Hakide | - | ಬಾಗಿಲು ಹಾಕಿಲ್ಲ
Bagilu Hakilla |
| 11. | ಹೂವಿನ ಕುಂಡವು ಒಡೆದಿದೆ
Hoovina KunDavu ODedide | - | ಹೂವಿನ ಕುಂಡವು ಒಡೆದಿಲ್ಲ
Hoovina KunDavu ODedilla |
| 12. | ಫ್ಯಾನು ತಿರುಗುತ್ತಿದೆ
Fyanu Tiruguttide | - | ಫ್ಯಾನು ತಿರುಗುತ್ತಿಲ್ಲ
Fyanu Tiruguttilla |

Fanu Tiruguttide	-	Fanu Tiruguttilla
13. ಪೋಲಿಸರು ಗನ್ನು ಹಿಡಿದಿದ್ದಾರೆ	-	ಪೋಲಿಸರು ಗನ್ನು ಹಿಡಿದಿಲ್ಲ
Polisaru Gannu HiDididdare	-	Polisaru Gannu HiDidilla
14. ಮಳೆ ಬರುತ್ತಿದೆ	-	ಮಳೆ ಬರುತ್ತಿಲ್ಲ
MaLe Baruttide	-	MaLe Baruttilla
15. ಮಗು ಅಳುತ್ತಿದೆ	-	ಮಗು ಅಳುತ್ತಿಲ್ಲ
Magu ALuttide	-	Magu ALuttilla

Comparatives

Task: Ask the person with aphasia to point to the picture which depicts the sentences you say. Also, follow the stimulus and response mode hierarchy.

Stimuli

1. ಇಲಿಗಿಂತ ಆನೆ ದೊಡ್ಡದು. ಯಾವುದು ದೊಡ್ಡದು?
Iliginta Aane DoDDau. Yavudu DoDDadu ?
2. ಮೊಲಕ್ಕಿಂತ ಆಮೆ ನಿಧಾನ. ಯಾವುದು ನಿಧಾನ?
Molakkinta Aame Nidhana. Yavudu Nidhana ?
3. ಕಿಟಕಿಗಿಂತ ಬಾಗಿಲು ದೊಡ್ಡದು. ಯಾವುದು ದೊಡ್ಡದು?
KiTakiginta Bagilu DoDDadu. Yavudu DoDDadu ?
4. ಹುಡುಗನು ಹುಡುಗಿಗಿಂತ ಎತ್ತರ, ಯಾರು ಎತ್ತರ?
HuDuganu HuDugiginta Yattara, Yaru Yattara ?
5. ಮುದುಕನು ಚಿಕ್ಕ ಹುಡುಗನಿಗಿಂತ ದಪ್ಪ. ಯಾರು ದಪ್ಪ?
Mudukanu Chikka HuDuganiginta Dappa. Yara Dappa ?
6. ಕುದುರೆಯು ನಾಯಿಗಿಂತ ವೇಗವಾಗಿ ಓಡುತ್ತದೆ. ಯಾವುದು ವೇಗವಾಗಿ ಓಡುತ್ತದೆ?
Kudureyu Nayiginta Vegavagi ODuttade. Yavudu Vegavagi ODuttade?
7. ಸ್ಕೂಟರ್‌ಗಿಂತ ರೈಲು ವೇಗವಾಗಿ ಹೋಗುತ್ತದೆ? ಯಾವುದು ವೇಗವಾಗಿ ಹೋಗುತ್ತದೆ?
Scooterginta Railu Vegavagi Hoguttade? Yavudu Vegavagi Hoguttade?
8. ಬೆಟ್ಟಕ್ಕಿಂತ ಪರ್ವತ ದೊಡ್ಡದು. ಯಾವುದು ದೊಡ್ಡದು?

- BeTTakkinta Parvata DoDDadu. Yavudu DoDDadu ?
9. ಗಿಡಕ್ಕಿಂತ ಮರ ದೊಡ್ಡದು. ಯಾವುದು ದೊಡ್ಡದು?
GiDakkinta Mara DoDDadu. Yavudu DoDDadu ?
10. ಮಗ್ಗಿಂತ ಬಕೆಟ್ಟು ದೊಡ್ಡದು. ಯಾವುದು ದೊಡ್ಡದು?
Muggiginta Backettu DoDDadu. Yavudu DoDDadu?
11. ಕರಡಿಗಿಂತ ಚಿರತೆ ವೇಗವಾಗಿ ಓಡುತ್ತದೆ. ಯಾವುದು ವೇಗವಾಗಿ ಓಡುತ್ತದೆ?
KaraDiginta Chirate Vegavagi Oduttade. Yavudu Vegavagi Oduttade ?
12. ಚೀಲಕ್ಕಿಂತ ಪರ್ಸ್ ಚಿಕ್ಕದು. ಯಾವುದು ಚಿಕ್ಕದು?
Cheelakkinta Pars Chikkadu. Yavudu Chikkadu ?
13. ಸರೋವರಕ್ಕಿಂತ ಸಾಗರ ವಿಶಾಲ ಯಾವುದು ವಿಶಾಲ?
Sarovarakkinta Sagar Vishal Yavudu Vishala?
14. ಮಲ್ಲಿಗೆಗಿಂತ ಗುಲಾಬಿ ಸುಂದರ. ಯಾವುದು ಸುಂದರ?
Malligeginta Gulabi Sundara. Yavudu Sundara ?
15. ಭೂಮಿಯು ಸೂರ್ಯನಿಗಿಂತ ಚಿಕ್ಕದು. ಯಾವುದು ಚಿಕ್ಕದು?
Bhoomiyu Sooryaniginta chikkadu. Yavudu Chikkadu ?

Table 9: Treatment recording sheet illustrating one of the activities for syntax level

Sl. No	Activity	Stimulus mode	Response mode	Target response	No.of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	Gender	A+V	P	Raja - Rani	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2															
3															
4															
5															
6															
7															
8															
9															
10															

Note: On similar lines record the scores for other activities in this section.

III Discourse Level

Treatment recording sheet illustrating the activity of this domain is shown in table 10

Listening comprehension

Task

1) Read the entire passage and the person with aphasia is expected to listen intently. Once the passage is read, read the passage again with certain words missing and he/she has to fill the blank with the appropriate word using choices of words given in the bracket.

2) Read a passage and the person with aphasia is expected to listen intently. Once the passage is read, ask questions regarding the passage and the person with aphasia is expected to answer accordingly.

Reading comprehension

Task

1) The person with aphasia is given a passage to read with certain words missing inbetween. He/she has to fill the blank with the appropriate word using choices of words given in the bracket.

2) The person with aphasia is given a passage to read and understand it. Later, questions are asked regarding the passage and the aphasic person is expected to answer accordingly.

Note: The stimuli for both the tasks are given in three levels of increasing complexity. However, the clinician is free to select any other passage as stimulus depending on the literacy level of the person with aphasia.

Stimuli (Adopted from: Reading acquisition profile in Kannada, Prema K.S., 1997)

Level 1

1. ವಿಜಯ ಮತ್ತು ಕುರುಡ vijaya mattu kuruDa

ಒಂದು ದಿನ ವಿಜಯ ಶಾಲೆಗೆದಾರಿಯಲ್ಲಿ ತುಂಬಾ ಜನರು, ವಾಹನಗಳು
ondu dina vijaya shaalege daariyalli tumbaa janaru,
vaahanagaLu.....
ಅಲ್ಲಿ ಒಬ್ಬ ಕುರುಡ ಹೋಗುತ್ತಿದ್ದನು..... ಮುಂದೆ ಒಂದು ಗಾಜಿನ ಚೂರು ವಿಜಯನು
alli obba kuruDa hooguttidanu.....munde ondu gaajina
chuuru.....vijayanu
ಅದನ್ನು ನೋಡಿದನು. ಬೇಗನೆ ಹೋದನು. ಆ ಗಾಜಿನ ಚೂರನ್ನು ಎಸೆದನು.
adannu nooDidanu. beegane.....hoodanu. aa gaajina chuurannu
esedanu.
ನಂತರ ಅವನು ಶಾಲೆಗೆ
nantara avanu shaalege
(ದೂರ, ಅಲ್ಲಿಗೆ, ಬಿದ್ದಿತ್ತು, ಹೋಗುತ್ತಿದ್ದನು, ಓಡಾಡುತ್ತಿದ್ದವು, ಹೋದನು. ಅವನ)
(duura, allige, biddittu, hooguttiddanu, ooDaaDuttiddavu, hoodanu, avana)

2.ರಂಗ ಮತ್ತು ನಾಯಿ

Ranga mattu naayi

ನಾಯಿಮರಿಯೊಂದು ಹಸಿವೆಯಿಂದ ರಂಗನ ಮನೆಯ ಬಾಗಿಲ ಬಳಿ ಕಿರಿಚಿಕೊಳ್ಳುತ್ತಿತ್ತು. ರಂಗನು ಅದಕ್ಕೆ ಹೊಟ್ಟೆ
naayi mariyondu hasiveyinda rangana maneya baagila baLi kirichikoLLuttittu. ranganu
adakke hoTTe

ತುಂಬ ಹಾಲು ಹಾಕಿದನು. ನಾಯಿ ಸಂತೋಷದಿಂದ ಬಾಲ ಅಲ್ಲಾಡಿಸಿತು. ಈಗ ಅದು ರಂಗನ

tumbaa haalu hakidanu. naayi santooSadinda baal aLLaDistitu.iiga adu rangana
ಮನೆಯನ್ನು ನೋಡಿಕೊಳ್ಳುತ್ತಿದೆ.

maneyannu nooDikoLLuttide.

1. ನಾಯಿ ಮರಿ ಏಕೆ ಕಿರಚಿಕೊಳ್ಳುತ್ತಿತ್ತು?
1. naayi mari eeke kirichikoLLuttittu?
2. ರಂಗನು ಅದಕ್ಕೆ ಏನು ಕೊಟ್ಟನು?
2. ranganu adakke enu kottanu
3. ನಾಯಿ ಯಾವಾಗ ಬಾಲ ಅಲ್ಲಾಡಿಸುತ್ತದೆ?
3. naayi yaavaaga baala aLLaDisuttade?
4. ನಾಯಿ ರಂಗನಿಗೆ ಏನು ಸಹಾಯ ನೀಡುತ್ತಿದೆ?
4. naayi ranganike eenu sahaaya niiDuttide?

Level 2

1. ನಾವು ಭಾರತೀಯರು

naavu bhaaratiiyaru

ನಮ್ಮದು ಕರ್ನಾಟಕ ರಾಜ್ಯ. ನಮ್ಮ ಕನ್ನಡ. ನಾವು ಕನ್ನಡಿಗರು. ಕರ್ನಾಟಕ

nammadu karnaaTaka raajya. namma.....kannaDa.naavukannaDigaru.

karnaaTaka

.....ಸೊಬಗಿನ ನಾಡು. ಇಲ್ಲಿಯ ಭೂಪ್ರದೇಶ.....ಇಲ್ಲಿ ದಟ್ಟವಾದ

..... sobagina naaDu. illiya bhuupradeesha illi daTTavaada

.....

ವಿಶಾಲವಾಗಿ ಹರಡಿರುವ ಬಯಲು ಭೂಮಿಯು ಕಡಲ

vishaalavaagi haraDiruva bayalu bhuumiyuu kaDala

ತೆರೆಗಳು ಭೋರ್ಗರೆದು ಅಪ್ಪಳಿಸುವ ಸುಂದರವಾದ ಬೆಟ್ಟಗುಡ್ಡಗಳಿವೆ.

teregaLuu, bhoorgaredu appaLisuva sundaravaada

beTTaguDDagaLive,

ಬನಗಳಿವೆ, ಫಲಭರಿತ..... ಗದ್ದೆಗಳಿವೆ, ಪ್ರಶಾಂತವಾಗಿ ಜುಳು ಜುಳು ಹರಿಯುವ

banagaLive, phalabharita.....gaddegaLive. prashaantavaagi julu julu
hariyuva

..... ಧುಮ್ಮಿಕ್ಕುವ ಹೊಳೆ - ತೆರೆಗಳಿವೆ. ನೂರಾರು ಅಡಿಗಳಿಂದ ಜಲಪಾತಗಳು

.....dhumikkuva hoLe-teregaLive.nuuraaru

aDigaLinda.....jalapaatagaLu

ಇವೆ. ಇಲ್ಲಿ ಚಿನ್ನದ ಇದೆ. ಗಂಧದ ಕಾಡುಗಳಿವೆ. ಇದು..... ನಾಡು. ಗಂಧದ

ive. illi chinnada.....ide. gandhada kaaDugaLive. Idu

naaDu.gandhada

ಬೀಡು. ಹಿಂದೆ ರಾಜ್ಯವನ್ನು ಪ್ರಸಿದ್ಧರಾದ ಗಂಗರು, ಕದಂಬರು,

biiDu.hinde.....raajyavannu prasidhdharaada gangaru,

kadambaru.....

ಚಾಲುಕ್ಯರು, ಹೊಯ್ಸಳರು ಆಳಿದ್ದಾರೆ. ರಾಜರುಗಳಂತೆ.....ಸಹ ರಾಜ್ಯಾಡಳಿತ

chaalukyaru, hoysaLaru aaliddaare. raajarugaLante saha

raajyaaDaLita

ನಡೆಸಿದ್ದಾರೆ. ಇಂತಹ ಹುಟ್ಟಿ ಬೆಳೆದ ನಾವು ಧನ್ಯರಲ್ಲವೇ?

naDesiddaare. Intaha huTTibeLeda naavu dhanyarallavee?

(ನದಿಗಳಿವೆ, ನಮ್ಮ ವೈವಿಧ್ಯಮಯ, ರಾಣಿಯರೂ, ಇದೆ, ಚಿನ್ನದ, ಭಾಷೆ, ತೀರಪ್ರದೇಶವಿದೆ,

(nadigaLive, namma, vaividhyamaya, raaNiyaruu, ide, chinnada, bhaSe,
tiirapradeeshavide,

ರಾಷ್ಟ್ರಕೂಟರ, ಗಣಿಗಳು, ಮಲೆನಾಡಿನ, ಧುಮುಕುವ, ರಾಜ್ಯ, ನಾಡಿನಲ್ಲಿ, ತೋಟಗಳಿವೆ, ಬಹಳ, ಕಾಡುಗಳಿವೆ,
ಪ್ರದೇಶಗಳಿವೆ),

raaSTrakuuTaru, gaNigaLu, malenaaDina, dhumukuva, raajya, naaDinalli,
tooTagaLive,bahaLa, kaaDugaLive, pradeshagaLive).

2. ಕುರಿ ಕಾಯುವ ಹುಡುಗ

kuri kaayuva huDuga

ಒಂದು ಊರಿನಲ್ಲಿ ಒಬ್ಬ ಕುರಿಕಾಯುವ ಹುಡುಗ ಇದ್ದನು. ಒಂದು ದಿನ ಕುರಿ ಕಾಯುವಾಗ ಅವನಿಗೆ

ondu uurinalli obba kuri kaayuva huDuga iddanu. ondu dina kuri kaayuvaaga avanige

ತಮಾಷೆ ಮಾಡಬೇಕೆನ್ನಿಸಿತು. 'ತೋಳ ಬಂತು ತೋಳ' ಎಂದು ಕೂಗಿ ಕೊಂಡನು. ಅದನ್ನು ಕೇಳಿ ರೈತರು
 tammaSe maaDabeekennisitu. 'toola bantu tooLa' endu kuugikondanu. adannu keeLi
 raitaru
 ಹೊಲಗಳಿಂದ ಓಡಿಬಂದರು. ಅವರೆಲ್ಲರೂ ದೊಣ್ಣೆಗಳನ್ನು ತಂದಿದ್ದರು. ಕುರಿಕಾಯುವ ಹುಡುಗನು
 holagaLinda oodibandaru. avarellaruu doNNegaLannu tandiddaru. Kuri kaayuva
 huDuganu
 ರೈತರನ್ನು ನೋಡಿ ನಕ್ಕನು. ರೈತರು ಸುಳ್ಳು ಹೇಳಿದ ಹುಡುಗನನ್ನು ಬಯ್ಯು ಹೊರಟು ಹೋದರು. ಒಂದು
 raitarannu nooDi nakkanu. raitaru suLLu heeLida hudugannu baydu horaTu hoodaru.
 ondu
 ವಾರ ಕಳೆದ ಮೇಲೆ ಹುಡುಗನು ತೋಳ ಬಂತೆಂದು ಕೂಗಿಕೊಂಡನು. ಈ ಬಾರಿಯೂ ರೈತರು
 vaara kaLeda meele huDuganu tooLa bantendendu kuugikonDanu. ii baariyuu raitaru
 ಓಡಿ ಬಂದರು. ತೋಳ ಬಂದಿಲ್ಲದುದನ್ನು ತಿಳಿದು ಕೋಪಗೊಂಡು ಹೊರಟು ಹೋದರು. ಸ್ವಲ್ಪ ದಿನಗಳು
 ooDibandaru. tooLa bandillavendu tiLidu koopagonDu horatu hoodadaru. Svalpa
 dinagaLu
 ಕಳೆದ ಮೇಲೆ ಅದೇ ಹುಡುಗನು 'ತೋಳ ಬಂತು ತೋಳ' ಎಂದು ಕೂಗಿಕೊಂಡನು. ಈ ಸಲ ಸಹಾಯಕ್ಕೆ
 kaLeda meele adee huduganu "tooLa bantu tooLa" endu kuugikonDanu. ii sal sahaayakke
 ಯಾರೂ ಬರಲಿಲ್ಲ. ತೋಳ ಯಾವ ಹೆದರಿಕೆ ಇಲ್ಲದೆ ಕುರಿಗಳನ್ನು ತಿಂದು ಹಾಕಿತು. ಹುಡುಗನಿಗೆ
 yaaruu baralilla. toola yaava hedarikayuu illade kurigaLannu tindu haakitu. huDuganige
 ತಾನು ಮಾಡಿದ ತಪ್ಪು ತಿಳಿಯಿತು.
 taanu maaDida tappu tiLiyitu.

1. 'ತೋಳ ಬಂತು ತೋಳ' ಎಂದು ಹುಡುಗನು ಮೊದಲನೆಯ ಸಲ ಕೂಗಿದಾಗ ರೈತರು ಏನು ಮಾಡಿದರು?
1. "tooLa bantu tooLa" endu huDuganu modalaneya sala kuugidaaga raitaru eenu maaDidaru?
2. ರೈತರು ದೊಣ್ಣೆಗಳನ್ನು ಏಕೆ ತಂದಿದ್ದರು?
2. raitaru doNNegaLannu eeke tandiddaru?
3. ರೈತರಿಗೆ ಹುಡುಗನ ಮೇಲೆ ಏಕೆ ಕೋಪ ಬಂತು?
3. raitarige huDugana meele eeke koopa bantu?
4. 'ತೋಳ ಬಂತು ತೋಳ' ಎಂದು ಹುಡುಗನು ಮೂರನೆಯ ಸಲ ಕೂಗಿ ಕೊಂಡಾಗ ರೈತರು ಏಕೆ ಬರಲಿಲ್ಲ?
4. "tooLa bantu tooLa" endu huDuganu muuraneya sala kuugidaaga raitaru eeke baralilla?

5. ತೋಳ ಏನು ಮಾಡಿತು?
5. toola eenu maaDitu?
6. ಹುಡುಗ ಮಾಡಿದ ತಪ್ಪು ಏನು?
6. huDuga maaDida tappu eenu?

Level 3:

1. ಬಿದಿರು

Bidiru

ಬಿದಿರು ಬೆಳೆಯುವ ದೇಶಗಳಲ್ಲಿ ಆದಿಕಾಲದಿಂದಲೂ..... ಬಿದಿರಿನೊಂದಿಗೆ ನಂಟುಕೊಂಡು
bidiru beLeyuva deeshagaLLI aadikaaladindaluu.....bidirinondige
nanTugonDu
ಬಂದಿದೆ. ಮಗು.....ಘಳಿಗೆಯಿಂದ ಅದು ಮನುಷ್ಯವಾಗಿ ಬೆಳೆದು..... ಜೀವಿಸಿ, ಅಳಿದ
bandide. magu.....ghaLigeyindaadu manuSyanaadi beLedu.....jiivisi,
aLida
ಘಳಿಗೆಯಲ್ಲಿ ಕೂಡ ಬಿದಿರಿನ ಸತತವಾಗಿ ಒದಗಿ ಬರುತ್ತದೆ. ಮನೆ ಕಟ್ಟುವುದರಿಂದ
gaLigeyalli kuuDa bidirinasatatavaagi odagi baruttade. mane
kaTtuvudarinda
..... ಮೊರ ಪೊರಕೆಗಳವರೆಗೂ ಬಿದರಿನ ಬಳಕೆ..... ನಿತ್ಯ ಜೀವನದ ಪಾತ್ರ
.....mora porakegaLavareguu bidirina baLake.....nitya jiivanada
paatre
ವಸ್ತುಗಳು.....ಅಡುಗೆ ಸಲಕರಣೆಗಳು, ಬುಟ್ಟಿ, ಪೆಟ್ಟಿಗೆಗಳು,ಅಣಿಗೊಳ್ಳುವವು.
vastugaLu.....aDuge salakaraNegalu. buTTi-
peTTigegaLu.....aNigoLLuvuvu
ಈಟಿ, ಭರ್ಜಿ, ಬಿಲ್ಲು,ಬತ್ತಳಿಕೆಗಳಿಗೆ, ಬಿದಿರಿನ ನೆರವು ಅನಿವಾರ್ಯ.....ಕಾಗದ
iiTi, bharji, billu.....battaLikegaLige, bidirina neravu
anivaarya.....kaagada
ನೈಲಾನು, ಮೊದಲಾದ ಸೆಲ್ಯುಲೋಸ್ ಬಿದಿರು ಆಧಾರ ಸ್ಥಂಭ, ಜಪಾನ್.....
nailaanu, modalaada sellyuloosbidiru aadhaara sthmbha.
japaan.....

ಬಿದಿರನ್ನು ತಮ್ಮ ಹಲವಾರು ಉಪಯೋಗಗಳಿಗೆ ರೀತಿಯಲ್ಲಿ ಒಗ್ಗಿಸಿಕೊಂಡಿದ್ದಾರೆ.
ನಮ್ಮ

bidirannu tamma halavaaru upayoogagaLige..... riitiyalli oggisikonDiddaare.
namma

ದೇಶದಲ್ಲಿ ಕೆತ್ತನನೆಗೆ ಪೂರ್ವಕಾಲದಲ್ಲಿ ಬಿದಿರು ಹಲಗೆಗಳು..... ಬಿದಿರಿನಲ್ಲಿ ಅನೇಕ
deeshadalli.....kettanege puurvakaaladalli bidiru halagegaLu.....bidirinalli
aneeka

ವಿಧಗಳಿವೆ. ಒಂದೊಂದರಲ್ಲೂ..... ಒಳ ಜಾತಿಗಳಿವೆ. ಕಾಂಡ ಬಹಳ
vidhagaLive. ondondarallu..... oLajjatigaLive. KaanDa bahala
.....

ಬೆಳೆಯುತ್ತಿರುತ್ತದೆ. ಈ ಬೆಳವಣಿಗೆಯ ವೇಗ..... . ಕೆಲವು ಜಾತಿಯವು ದಿನಕ್ಕೆ ಮೂರಡಿಯಂತೆಯೂ
beLeyuttiruttade.ii beLavaNigeya veega.....kelavu jaatiyavu dinakke
muuraDiyanteyuu

..... ಅನಂತರ ಇವು ರೆಂಬೆಗಳಾಗಿ ಮಾರ್ಪಾಡು.....
.....anantara ivu rembegaLaagi
maarpaaDu.....

(ನೆರವು, ಕೈಗಾರಿಕೆಗಳಿಗೆ, ಹೊಂದುತ್ತವೆ, ಬಿದಿರಿನಿಂದ, ಬೆಳೆಯುತ್ತವೆ, ಅಸಂಖ್ಯಾತ, ಬಾಣ,

(neravu, kaigaarikegaLige, honduttave, bidirinihda, beLeyuttave, asankhyaata, baaNa,
ಜನಬೀವನ, ತೀವ್ರವಾದದ್ದು, ಶಾಸನಗಳ, ಹುಟ್ಟಿದ, ವಿಜ್ಞಾನಯುಗದಲ್ಲಿ, ಉಪಯೋಗದಲ್ಲಿದ್ದವು.

janajiivan, tiivravaadaddu, shaasanagale, huTTida, vignaanayugadalli,
upayoogadalliddavu,

ಅನೇಕ, ಪ್ರಖ್ಯಾತವಾದದ್ದು, ಮೊದಲುಗೊಂಡು, ಎತ್ತೆತ್ತರವಾಗಿ, ಶತ ವರ್ಷಕಾಲ,

aneeka, prakhyaatavaadaddu, modalugonDu, ettetteravaagi, shatavarSakaala,

ಪೀಠೋಪಕರಣಗಳು, ದೇಶದಲ್ಲಿ)

piiThoopakaraNagaLu, deeshadalli)

2.ಕಳ್ಳ ಮತ್ತು ಅವನ ತಾಯಿ

kaLL mattu avana naayi

ಒಂದಾನೊಂದು ಕಾಲದಲ್ಲಿ ಒಂದೊಂದರಲ್ಲಿ ಒಬ್ಬಳು ಹೆಂಗಸಿದ್ದಳು. ಅವಳಿಗೊಬ್ಬ ಮಗನಿದ್ದನು. ಅವನು

ondaanondu kaaladalli onduurinalli obbaLu hengasiddaLu. avaLigobba maganiddanu.
avanu

ಒಂದು ದಿನ ಶಾಲೆಯಿಂದ ಪುಸ್ತಕವೊಂದನ್ನು ಕದ್ದು ತಂದನು. ತಾಯಿ ಅವನನ್ನು ಬಯ್ಯುವ ಬದಲು

Ondu dina shaaleyinda pustakavondannu kaddu tandanu. taayi avanannu bayyuva badalu
"ಒಳ್ಳೆಯ ಕೆಲಸ ಮಾಡಿದೆ ಮಗನೇ" ಎಂದು ಹೊಗಳಿದಳು. ಇದರಿಂದ ಆ ಹುಡುಗನಿಗೆ ಕಳ್ಳತನ

"oLLeyakelasa maaDide maganee" endu hogaLidaLu. idarinda aa huDuganige kaLLatana
ಮಾಡುವುದೇ ಒಳ್ಳೆಯದೇನೋ ಎನ್ನಿಸಿತು. ಅಂದಿನಿಂದ ಅವನು ಸಣ್ಣಪಟ್ಟು ಕಳ್ಳತನಗಳನ್ನು ಮಾಡತೊಡಗಿದನು.

maaDuvudee oLLeyadeenoo ennisitu. andininda avanu saNna puTTa kaLLatanageLannu
maaDa toDagidanu.

ಹುಡುಗ ದೊಡ್ಡವನಾದನು. ಆಮೇಲೆ ಅವನು ದೊಡ್ಡ ಕಳ್ಳತನಗಳನ್ನು ಮಾಡಲು

huDuga doDDavanaadanu. aameele avanu doDda kaLLatanagaLannu maaDalu

ಆರಂಭಿಸಿದನು. ಆದರೆ ಅವನು ಒಂದು ದಿನ ರಾಜಭಟರ ಕೈಗೆ ಸಿಕ್ಕಿಬಿದ್ದನು. ಅವನನ್ನು

aarambhisidanu. aadare avanu ondu dina raajabhata kaige sikkibiddanu. avanannu

ವಿಚಾರಣೆ ಮಾಡಿದ ಅರಸ ಈ ಕಳ್ಳನನ್ನು ಗಲ್ಲಿಗೆ ಹಾಕಿ! ಎಂದು ಆಜ್ಞಾಪಿಸಿದನು. ಗಲ್ಲಿಗೆ ಹಾಕಲು

vichaaraNe maaDidaarasa, "ii kaLLanannu gallige haaki" endu aagnaapisidanu. gallige
haakalu

ಕಳ್ಳನನ್ನು ರಾಜಬೀದಿಯಲ್ಲಿ ಕರೆದುಕೊಂಡು ಹೋಗುತ್ತಿದ್ದಾಗ, ಅವನನ್ನು ನೋಡಲು ಊರ ಜನರೆಲ್ಲರೂ

kaLLanannu raajabiidiyalli karedukonDu hooguttiddaaga, avanannu nooDalu uura
janarellaru

ಸೇರಿದರು. ಎಲ್ಲರೂ ಅವನನ್ನು ಅಪಹಾಸ್ಯ ಮಾಡಿ ನಕ್ಕರು. ಗಲ್ಲಿಗೆ ಹಾಕುವ ಮುನ್ನ

seeridaru. ellaru avanannu apahaasya maaDi nakkaru, gallige haakuva munna

ರಾಜಭಟರು, 'ನಿನ್ನ ಕೊನೆಯ ಆಸೆಯೇನು?' ಎಂದು ಕೇಳಿದರು.

raajjabhaTaru, "ninna koneya aaseyenu?" endu keeLidaru.

'ನನ್ನ ತಾಯಿ ಹತ್ತಿರ ಮಾತನಾಡಬೇಕು' ಎಂದ ಕಳ್ಳ, ಅವನ ತಾಯಿ ಹತ್ತಿರ ಬಂದಳು. ಕಳ್ಳ

"nanna taayi hattira maatanaaDabeekua' enda kalla. avana taayi hattira bandaLu. kaLLa
ಅವಳನ್ನು ಬಿಗಿದಪ್ಪಿ ಅವಳ ಕಿವಿಯ ಬಲಿ ಏನೋ ಗುಟ್ಟು ಹೇಳುವವನಂತೆ ನಟಿಸುತ್ತಾ ಅವಳ ಕಿವಿಯನ್ನು

avaLannu bigidappi avaLa kiviya baLi eenoo guTTu heeLuvante naTisutta avaLa
kiviyanu

ಹಲ್ಲಿನಿಂದ ಕಡಿದು ಹಾಕಿದನು.

hallininda kaDidu haakidanu

ಮುದುಕಿ "ಅಯ್ಯೋ ! ಅಯ್ಯೋ!" ಎಂದು ಚೀರಿದಳು. 'ಕಳ್ಳತನ ಮಾಡಿದ್ದು ಸಾಲದಂತೆ ನಿನ್ನ ತಾಯಿಯ

muduki, "ayyoo! ayyoo!" endu chiridaLu. 'KaLLataba naaDuddu saaladunta ninna taayiya

ಕಿವಿಯನ್ನೇ ಕಡಿದುಬಿಟ್ಟೆಯಲ್ಲಾ ನೀನೆಂಥ ದುಷ್ಟ !' ಎಂದು ಹೀಯಾಳಿಸಿದರು ಭಟರು

kiviyannee kadidubiTTiyallaa. niinenthaa duSTa!' endu hiiyaaLisidaru bhataru.

"ನಾನು ದುಷ್ಟ ನಿಜ, ಆದರೆ ನಾನು ಹೀಗೆ ಆಗಲು ನನ್ನ ತಾಯಿಯೇ ಕಾರಣ, ನಾನು ಚಿಕ್ಕಂದಿನಲ್ಲಿ

"naanu duSTa nija, aadare naanu hiige aagalu nanna taaiyee kaaraNa. naanu chikkandinalli

ಕಳ್ಳತನ ಮಾಡಿದಾಗ ನನ್ನನ್ನು ಬಯ್ಯದೆ ಹೊಗಳಿದಳು, ಆದುದರಿಂದಲೇ ನಾನು ಕಳ್ಳನಾದೆ.

kaLLatana maaDidaaga nannannu baiyyade hogaLidalu. aadudarinallee, vaanu kaLLanaade.

ಈಗ ಹೀಗೆ ಸಾಯುವ ಹಾಗಾಯಿತು. ಇಲ್ಲದಿದ್ದರೆ ನಾನೂ ನಿಮ್ಮ ಹಾಗೆ ಒಳ್ಳೆಯವನಾಗಿ

iiga hiige saayuva haagaayitu. illadiddare naanu nimma haage oLLeyavanaagi

ಬದುಕುತ್ತಿದ್ದೆ ಎಂದು ಹೇಳಿದನು.

badukuttidde" endu heeLidanu

- 1) ಹುಡುಗನು "ಕಳ್ಳತನ ಮಾಡುವುದೇ ಸರಿ" ಎಂದು ಏಕೆ ತಿಳಿದುಕೊಂಡನು ?
- 1) huDuganu "kaLLatana maaDuvudee sari" endu eeke itlidukonDuddanu ?
- 2) ಕಳ್ಳನ ತಾಯಿ ಮಾಡಿದ ತಪ್ಪೇನು ?
- 2) KaLLana taayi maaDida tappeenu ?
- 3) ಕಳ್ಳನು ತಾಯಿಯ ಕಿವಿಯನ್ನು ಏಕೆ ಕಡಿದು ಹಾಕಿದನು ?
- 3) kaLLanu taayiya kiviyannu eeke kadidu haakidanu ?
- 4) ಕಳ್ಳನಿಗೆ ದುಖವಾಗಲು ಕಾರಣವೇನು ?
- 4) kaLLanie dukhavaagalu kaaraNaveenu?
- 5) ಕಳ್ಳನಿಗೆ ಹೇಗೆ ಬಾಳಬೇಕೆಂದು ಆಸೆಯಿತ್ತು ?
- 5) kaLLanige heege baaLabeekendu aaseyittu ?
- 6) ಕಳ್ಳನನ್ನು ಕ್ಷಮಿಸಿ ಬಿಡುಗಡೆ ಮಾಡಿದರೆ ಹೇಗೆ ಬಾಳುತ್ತಿದ್ದನು.
- 6) kaLLanannu kSamini bidugaDe maaDiddare heege baaLuttidda ?

Table 9: Treatment recording sheet illustrating one of the activities for discourse level

Sl. No	Activity	Stimulus Mode	Response mode	Target response	No.of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	Reading comprehension Level 1:(2) Q-2	A+V	P	haalu	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2															
3															
4															
5															
6															
7															
8															
9															
10															

Note: On similar lines, record the score for other activities in this section.

REPEITION (R)

This section is sub divided into:

- A. Automatic speech
- B. Vocabulary
- C. Phrases and Sentences

No pictures are provided for this section. However, the clinician is free to use any pictures given in this manual.

Scoring

- 0 = No response/ incorrect response/ unintelligible response
- 1/2= Partially correct and intelligible response
- 1 = Fully correct and intelligible response

Progress criteria: 75% of the total score

Repair strategies: Appropriate strategies can be selected (from pages 29,30). These should be used to strengthen the responses.

Stimulus mode hierarchy

- Combination of auditory and graphic (A+G)
- Auditory mode only(A)

Response mode hierarchy

- Verbal only (V)

Treatment recording sheet illustrating the activity of this domain is shown in table 13

A. Automatic speech

Level 1: Ask the person with aphasia to repeat each item in the following list of stimuli.

Level 2: Ask the person with aphasia to repeat the entire series of items.

Days of the week

1.	ಸೋಮವಾರ	Somavaara	5.	ಶುಕ್ರವಾರ	Shukravaara
2.	ಮಂಗಳವಾರ	MangaLavaara	6.	ಶನಿವಾರ	Shanivaara
3.	ಬುಧವಾರ	Budhavaara	7.	ಭಾನುವಾರ	Bhanuvaara
4.	ಗುರುವಾರ	Guruvaara			

Months

1.	ಜನವರಿ	January	7.	ಜುಲೈ	July
2.	ಫೆಬ್ರವರಿ	February	8.	ಆಗಸ್ಟ್	August
3.	ಮಾರ್ಚ್	March	9.	ಸೆಪ್ಟೆಂಬರ್	SepTember
4.	ಏಪ್ರಿಲ್	April	10.	ಅಕ್ಟೋಬರ್	OcTober
5.	ಮೇ	May	11.	ನವೆಂಬರ್	November
6.	ಜೂನ್	June	12.	ಡಿಸೆಂಬರ್	December

Numbers

1.	ಒಂದು	Ondu	11.	ಹನ್ನೊಂದು	HannondU
2.	ಎರಡು	YaraDu	12.	ಹನ್ನೆರಡು	HanneraDu
3.	ಮೂರು	Mooru	13.	ಹದಿಮೂರು	Hadimooru
4.	ನಾಲ್ಕು	Naalku	14.	ಹದಿನಾಲ್ಕು	Hadinalku
5.	ಐದು	Aidu	15.	ಹದಿನೈದು	Hadinaidu
6.	ಆರು	Aaru	16.	ಹದಿನಾರು	Hadinaaru

- | | | | | | |
|-----|---------|---------|-----|-------------|-------------|
| 7. | ಏಳು | YeLu | 17. | ಹದಿನೆಳು | HadineLu |
| 8. | ಎಂಟು | YanTu | 18. | ಹದಿನೆಂಟು | HadinenTu |
| 9. | ಒಂಬತ್ತು | Ombuttu | 19. | ಹತ್ತೊಂಬತ್ತು | HattombaTTu |
| 10. | ಹತ್ತು | Hattu | | | |

Alphabets

ಅ ಆ ಇ ಈ ಉ ಊ ಋ ೠ ಎ ಏ ಐ ಒ ಓ ಔ ಅಂ ಅಃ
A Aa e Ea Ua Oo ru roo a aa ai o oa ow am aha

ಕ ಖ ಗ ಘ ಙ ಚ ಛ ಜ ಝ ಞ ಟ ಠ ಡ ಢ ಣ
ka kha ga gha gna cha Chha ja jha jnya Ta Tha Da Dha na

ತ ಥ ದ ಧ ನ ಪ ಫ ಬ ಭ ಮ
ta Tha da Dha na pa pha ba bha ma

ಯ ರ ಲ ವ ಶ ಷ ಸ ಹ ಳ
Ya ra la va sha Sha sa ha La

B. Vocabulary

Task: Ask the person with aphasia to repeat the words after you.

Stimuli: Refer the vocabulary subsection under semantic level of auditory comprehension domain.

C. Phrases and sentences

Task: Ask the person with aphasia to repeat the sentence after you.

Phrases & Sentences

1. ಇಲ್ಲಿ ಬನ್ನಿ	Illi Banni
2. ಅಲ್ಲಿ ಹೋಗಿ	Alli Hogi
3. ಒಳಗೆ ಬನ್ನಿ	OLage Banni
4. ಹೊರಗೆ ಹೋಗಿ	Horage Hoge
5. ನೀರು ಕುಡಿಯಿರಿ	Neeru KuDiyiri
6. ನನಗೆ ಊಟ ಬೇಕು	Nanage OoTa Beku
7. ದಿನ ಪತ್ರಿಕೆಯನ್ನು ಓದಿ	Dina Patrikeyannu Odi
8. ಟಿ. ವಿ.ಯನ್ನು ಆನ್ ಮಾಡಿ	T.V. yannu On MaDi
9. ನಿಧಾನಕ್ಕೆ ಮಾತಾಡಿ	Nidhanakke MaataaDi
10. ಪುಸ್ತಕವನ್ನು ಕೊಡಿ	Pustakavannu KoDi
11. ನಾನು ತಿಂಡಿ ತಿಂದೆ	Naanu TinDi Tinde
12. ನನ್ನ ಹೆಸರು	Nanna Hesaru
13. ನಾನು ಆಸ್ಪತ್ರೆಗೆ ಹೋಗುತ್ತೇನೆ	Naanu Aspatrege Hogutteeni
14. ನಿಮ್ಮ ಊರು ಯಾವುದು	Nimma Ooru Yavudu
15. ಐನೂರ ಎಂಬತ್ತೆದು	Ainooru Yambattaidu
16. ಒಂದು ಸಾವಿರ ರೂಪಾಯಿ	Ondu Savera Roopayi
17. ಇದು ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ	Idu Vaak ShravaNa Samste
18. ನನಗೆ ಚಲನ ಚಿತ್ರ ನೋಡುವುದಕ್ಕೆ ಇಷ್ಟ	Nanage Chalana Chitra NoDuvudakke IsTha
19. ನನ್ನ ಜನ್ಮ ಸ್ಥಳ	Nanna Janma StaLa_____
20. ರಾವಣನು ಸೀತೆಯನ್ನು ಅಪಹರಿಸಿದನು	RavaNanu Seeteyannu Apaharisidanu

Table 10: Treatment recording sheet illustrating one of the activities for the repetition domain

Sl. No	Activity	Stimulus Mode	Response mode	Target response	No. of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	Months	A+V	V	May	0	0	0	1/2	1/2	1/2	1	1	1	1	55%
2															
3															
4															
5															
6															
7															
8															
9															
10															

Note: On similar lines, record the scores for other activities in this section.

NAMING (N)

This section is divided into three parts:

- A. Confrontation naming
- B. Lexical generative naming
- C. Responsive naming

Cueing hierarchy and scoring

Named without any cues-4

Named with phonemic cues-3

Named with orthographic cues-2

Semantic cue-1

No response with all the cues- 0

Progress criteria: 75% of the total score

Repair strategies: Appropriate strategies can be selected (from pages 29, 30). These should be used to strengthen the responses.

Pictures: Refer vocabulary subsection of auditory comprehension domain.

Treatment recording sheet illustrating the activity of this domain is shown in table 13

Stimulus hierarchy

- Combination of visual and auditory (V+A)
- Auditory mode only (A)

Response hierarchy

- Verbal only (V)

A. Confrontation naming

Task: Show the picture to the person with aphasia one by one and ask “what is this?” or “can you name this?”. Initially provide maximum cues.

Stimuli: Refer to vocabulary sub section under semantic level of auditory comprehension domain.

B. Responsive naming

Task: Ask the person with aphasia to respond to the question asked by the clinician.

Stimuli: Refer to identification of objects described by function, which is a subsection under syntax level of auditory comprehension domain.

C. Lexical generative naming

This is again divided into two subgroups

- a) Word fluency
- b) Phoneme fluency

Note: The activities given in each subpart are with an example. Similar activities can be carried out using other categories also.

a) Word fluency

Level 1: a) Name all the animals you know.

b) Name all the fruits you know.

Level 2: a) Name all the animals you know in a minute.

b) Name all the fruits you know in a minute.

Level 3: a) Name all the domestic animals you know.

b) Name all the wild animals you know.

Level 4: a) Name all the domestic animals you know in a minute.

b) Name all the wild animals you know in a minute.

Level 5: Name all the words related to the word e.g., cycle/scooter

Expected response (wheels, handle, seat, horn etc).

Level 6: Name all the words related to the word e.g., cycle/scooter within a minute.

Level 7: a) Name all the items you see in a room.

b) Name all the items you see in a market.

c) Name all the items you see in a kitchen.

d) Name all the items you see in a stationery shop.

Level 8: a) Name all the items you see in a room within a minute.

b) Name all the items you see in a market within a minute.

c) Name all the items you see in a kitchen within a minute.

d) Name all the items you see in a stationery shop within a minute.

b) Phoneme fluency

Level 1: Name all the words from /m/

Level 2: Name all the words from /m/ in a minute.

Level 3: a) Name all the vegetables from /b/

b) Name all the animals from /m/

c) Name all the vegetables from /b/ and animals from /m/ in a minute.

Level 4: a) Name all the colours from /k/ in a minute.

b) Name all the body parts from /k/ in a minute.

c) Name all the colours and body parts from /k/ in a minute.

Level 5: a) Name two body parts two vegetables and two animals from /h/ in a minute.

b) Name two fruits from /m/ two vegetables from /s/ and two colours from /k/ in a minute.

c) Name two vegetables from /b/ and five body parts from /k/ in a minute.

Table 11: Treatment recording sheet illustrating one of the activities for the naming domain

Sl. No	Activity	Stimulus Mode	Response mode	Target response	No. of trials										% correct responses
					1	2	3	4	5	6	7	8	9	10	
1	Responsive naming Q : 1	A+V	V	Gadiyaara	0	0	0	½	1/2	1/2	1	1	1	1	55%
2															
3															
4															
5															
6															
7															
8															
9															
10															

Note: on similar lines, record the scores for other activities in this section.

EXPRESSION (E)

Main aim of this domain is to reduce paraphasias, perseverations, neologisms, and jargon utterances. The material and strategies designed to improve the expression skills have been chosen keeping the therapy techniques as base to improve the communication skills.

Treatment of Aphasic Perseveration (TAP) is a specific therapy technique to reduce paraphasia. The training material for this technique can be chosen from vocabulary sub-section under the semantic level of auditory comprehension domain given in this manual.

De-blocking is a special kind of stimulation, which uses an intact channel to eliminate a block in understanding or expression via other channels response is evoke in an intact channel.

The activities for TAP technique and De-blocking can be extended by using other materials from this manual such as:

Auditory comprehension domain

I Semantic level

A) Word level

- Antonyms
- Synonyms
- Syntagmatic and paradigmatic relations

II syntax level

- PNG markers

- Tenses
- Sentence types

III Discourse level

- Listening comprehension
- Reading comprehension

Repetition domain (R)

- Automatic speech
- Vocabulary
- Phrases and sentences

Naming domain (N)

- Confrontation naming
- Responsive naming
- Lexical generative naming

Treatment for Wernicke's aphasia (TWA)

Training materials that can be used for this technique from this manual are;

Auditory comprehension domain

III Discourse level

- Reading comprehension

I Semantic level

A) Word level

- vocabulary

- Antonyms
- Synonyms

II syntax level

- PNG markers
- Tenses

Repetition domain

- Automatic speech
- Vocabulary
- Phrases and sentences

Context Based Approach

Training materials that can be used for this technique from this manual are:

Functional Communication Domain

- Activities of daily living (ADL)
- Activities of independence (AOI)

Auditory Comprehension Domain

I Semantic level

A) Word level

- vocabulary
- Antonyms
- Synonyms

- Syntagmatic and paradigmatic relation

II Syntax level

- PNG markers
- Tenses
- Sentence types

III Discourse level

- Listening comprehension
- Reading comprehension

READING AND WRITING (R&W)

This domain is subdivided into four sub-sections as listed below:

- A. Functional reading and writing
- B. Advanced reading
- C. Advanced writing
- D. Arithmetic skills

Reading

Stimulus hierarchy

- Combination of visual, auditory and graphic (V+A+G)
- Auditory and graphic (A+G)
- Graphic mode only (G)

Response hierarchy

- Combination of pointing and verbal (P+V)
- Verbal only (V)

Writing

Stimulus hierarchy

- Combination of visual, auditory and graphic (V+A+G)
- Combination of graphic and auditory (G+A)
- Auditory mode only (A)

Response hierarchy

- Graphic mode only (G)

Scoring

- 0 = No response/ incorrect response/ unintelligible response
- 1/2= Partially correct and intelligible response
- 1 = Fully correct and intelligible response

Progress criteria: 75% of the total score

Repair strategies: Appropriate strategies can be selected (from pages 29, 30). These should be used to strengthen the responses.

No Pictures are provided for this domain. However, the clinician is free to use any appropriate picture from this manual.

A. Functional reading and writing (Adopted from MANAT-H)

Reading

1. Recognizing ones own name on the rehabilitation card

Level 1: Write each alphabet of aphasic person's name in bold on separate cards.

Present each card one by one till the aphasic person is familiar with each alphabet.

Level 2: Present the entire alphabets written together.

Level 3: Write out the whole name on the same card in a big size.

2. Reading the appointment time

Level 1: Write out numbers from 1 to 10 in bold on separate cards. Present each card one by one.

Level 2: Write the appointment time in numbers on separate cards.

Level 3: Present on one card, complete time written in bold.

3. Reading signs on office boards

Carry out the activities steps in activity 1, now with doctor's name, etc.

4. Reading newspaper headlines

Level 1: Write all the alphabets on separate cards and present them one by one.

Level 2: Join alphabets to make simple words and present them on separate cards.

Level 3: Present 2-3 of the above cards to make sentences of the order subject-object-verb (SOV).

Writing

1. Writing one's own name (copywriting)

Level 1: Write out the alphabets of the aphasic person's name on separate cards with arrows marked in the direction of strokes. Ask the person with aphasia to make the strokes in the direction of the arrows by overwriting on the alphabet written on the card.

Level 2: Ask the person with aphasia to copy the same alphabet on a separate card following the arrows.

Level 3: Join the alphabet of the aphasic person's name and write them together on the same card for him to overwrite.

Level 4: Ask the person with aphasia to write out his name on another card.

2. Writing one's name spontaneously

Present the card with the aphasic person's name written on it once and withdraw. Ask the person with aphasia to write his/her name.

3. Copying other words

Level 1: As in activity (1), write the common alphabets on separate cards with arrows marked for the aphasic person to overwrite.

Level 2: Ask the person with aphasia to copy alphabets on separate cards following arrows.

Level 3: Join them to form two letter words, marked with arrows for the aphasic person to overwrite.

Level 4: Ask the person with aphasia to copy the word on a separate card.

4. Writing words from dictation.

Level 1: Present the cue card along with the verbal stimulus.

Level 2: Withdraw cue card and request the aphasic person to write the word through verbal presentation alone.

B. Advanced reading

1. Recognition of all the alphabets at word level

This sub-section is divided into three sections namely,

Level 1: Words containing bisyllables

Level 2: Words containing trisyllables

Level 3: Words containing polysyllables

Task: Ask the person with aphasia to fill in the missing alphabet in the given word from a choice of three alphabets given in the bracket. Also, follow the stimulus and response hierarchy.

Level 1

1.	ಮರ	-	ಮ _____	(ರ, ಪ, ಬ)
	Mara-		Ma_____	(Ra, Pa, Ba)
2.	ಇಲಿ	-	ಇ _____	(ಅ, ಇ, ಲಿ)
	Ili	-	Ii	(A, Ii, Li)
3.	ಊಟ	-	_____ ಟ	(ಎ, ಊ, ಒ)
	Oota	-	_____ta	(ye, Oo, O)
4.	ಎಲೆ	-	_____ಲೆ	(ಈ, ಔ, ಎ)
	Yele	-	_____le	(E, Ow, ye)
5.	ಮೇಜು	-	ಮೇ _____	(ಯ, ಜು, ಜೈ)
	Meju	-	Me_____	(Ya, Ju, Jai)
6.	ತಟ್ಟೆ	-	ತ _____	(ಪ್ಪ, ಅ, ಟ್ಟೆ)
	TaTTe	-	Ta_____	(Ppa, A, Tte)
7.	ನಾಯಿ	-	_____ಯಿ	(ಈ, ಆ, ನಾ)
	Nayi	-	_____yi	(E, Aa, Naa)
8.	ಹಲ್ಲು	-	_____ಲ್ಲು	(ಆ, ಲೂ, ಹ)
	Hallu	-	_____llu	(Aa, Loo, Ha)
9.	ಕಾಲು	-	ಕಾ _____	(ಕು, ಮ, ಲು)
	Kalu	-	Ka_____	(Ku, Ma, Lu)
10.	ಫ್ಯಾನು	-	ಫ್ಯಾ _____	(ನು, ಗ, ಚ)
	Fanu	-	Fa_____	(Nu, Ga, Cha)

Level 2

1.	ಅರಸ	-	ಅರ _____	(ಮ, ಪ, ಸ)
	Arasa	-	Ara_____	(Ma, Pa, Sa)
2.	ಅಳಿಲು	-	ಅ _____ಲು	(ಇ, ಳಿ, ಲೆ)
	Alilu	-	A_____lu	(E, Li, Le)
3.	ಅಗಸ	-	_____ಗ ಸ	(ಉ, ನ, ಅ)
	Agasa	-	_____gasa	(O, Na, Aa)

4.	ಔಷಧ	-	ಔ _____ಧ	(ಸ, ಷ, ಮ)
	Owsadha	-	Ow_____dha	(Sa, Sa, Ma)
5.	ಕಿಟಕಿ	-	ಕಿ ಟಿ _____	(ಕಿ, ಲ, ವ)
	KiTaki	-	Kita_____	(Ki, La, Va)
6.	ಚಮಚ	-	_____ಮ ಚ	(ಪ, ಚ, ಶ)
	Chamacha	-	_____macha	(Pa, Cha, Sha)
7.	ಬಾಗಿಲು	-	ಬಾ ಗಿ _____	(ಅ, ಗ, ಲು)
	Bagilu	-	Bagi_____	(A, Ga, Lu)
8.	ಕ್ಯಾರೆಟ್	-	ಕ್ಯಾ_____ಟ್	(ರೆ, ಮ, ನ)
	KareT	-	Ka_____t	(Re, Ma, Na)
9.	ಹಾಸಿಗೆ	-	_____ಸಿ ಗೆ	(ನಿ, ಹಾ, ಪ)
	Haasige	-	_____sige	(Ni, Haa, Pa)
10.	ಕನ್ನಡಿ	-	ಕ ನ್ನ _____	(ಖ, ಹ, ಡಿ)
	KannaDi	-	Kanna_____	(Kha, Ha, Di)

Level 3

1.	ಗಡಿಯಾರ	-	ಗಡಿ _____ರ	(ಯಾ, ಲ, ಶ)
	GaDiyaara	-	Gadi_____ra	(Yaa, La, Sha)
2.	ಈಳಿಗೆ ಮಣೆ	-	ಈಳಿ_____ಮಣೆ	(ಅ, ಗೆ, ನ)
	ILige Mane	-	Ili_____mane	(A, Ge, Na)
3.	ಬಾಳೆಹಣ್ಣು	-	ಬಾ_____ಹಣ್ಣು	(ಲ, ಸ, ಳೆ)
	BaalehaNnu	-	Baa_____Hannu	(La, Sa, Le)
4.	ಉಪ್ಪಿನಕಾಯಿ	-	_____ಪ್ಪಿನ ಕಾಯಿ	(ಇ, ಉ, ಷ)
	Uppina Kayi	-	_____ppina Kayi	(E, U, Sa)
5.	ತರಕಾರಿ	-	ತರ_____ರಿ	(ಕಾ, ಚ, ಗ)
	Tarakari	-	Tara_____ri	(Ka, Cha, Ga)
6.	ಕಿತ್ತಳೆ ಹಣ್ಣು	-	ಕಿ_____ಳೆ_____ಣ್ಣು	(ಹ, ತ್ತ, ಜ)
	KittaLe Hannu	-	Ki_____le_____nnu	(Ha, Tta, Ja)
7.	ಕ್ಯಾಲೆಂಡರ್	-	ಕ್ಯಾಲೆಂ_____ರ್	(ದ, ನ, ಡ)

	CalenDar	-	Calen _____r	(Da, Na, Da)
8.	ಟೆಲಿಫೋನ್	-	ಟೆ_____ಫೋನ್	(ಪ, ಲಿ, ನಿ)
	Teliphone	-	Te_____Phone	(Pa, Li, Ni)
9.	ದೂರದರ್ಶನ	-	ದೂ_____ದರ್ಶ_____	(ರ, ಸ, ನ)
	Dooradarshana	-	Doo_____darsh_____	(Ra, Sa, Na)
10.	ರೆಡಿಯೋ	-	ರೆ_____ಯೋ	(ಡಿ, ಇ, ರ)
	Rediyo	-	Re_____yo	(Di, E, Ra)

2. Reading names of all the lexical categories

Stimuli: Refer to vocabulary sub-section under semantic level of auditory comprehension domain. Also, follow the stimulus and response hierarchy.

3. Reading at the level of phrases and sentences

Stimuli: Refer to discourse level of auditory comprehension domain. Also, follow the stimulus and response hierarchy

C. Advanced writing

1. Writing all the alphabets at word level

This sub-section consists of two tasks. Orthographic cues may be provided for task 1.

Task 1

Level 1: Ask the person with aphasia to join the dots in order to complete the alphabet and identify the word given by the clinician.

Level 2: Ask the person with aphasia to complete the missing part in the given alphabet and identify the word given by the clinician.

Task 2: Ask the person with aphasia to write the word when its picture is shown. The clinician can select any picture given in this manual.

2. Spontaneous writing

Task: Ask the person with aphasia to perform the following activities:

- Write your full name
- Write your name in a complete sentence
- Write all names of your family members
- Write your home address and phone number

3. Copywriting

Task: Ask the person with aphasia to copy write words/sentences from reading and writing domain or any other domain of this manual. The hierarchy of copy writing should be from simple words to more complex words and sentences.

4. Writing from dictation

Task: Ask the person with aphasia to write the words/sentences dictated to him. The clinician can choose any words from reading and writing or any other domain in this manual. The hierarchy of dictation should be from simple words to more complex words and sentences.

D. Arithmetic skills

Level 1: Arithmetic problems- Theoretical context

1. Addition

Task: Ask the person with aphasia to add the given numbers and pick out the right answer from the choices given.

Level 1: Simple one-two digit addition problems

Stimuli

1. $1+1 = \underline{\quad}$ (3,2,8)
2. $2+2 = \underline{\quad}$ (4,6,9)
3. $2+3 = \underline{\quad}$ (7,5,10)
4. $5+4 = \underline{\quad}$ (9,11,13)
5. $10+5 = \underline{\quad}$ (16,15,10)
6. $10+10 = \underline{\quad}$ (30,20,40)
7. $11+8 = \underline{\quad}$ (21,19,30)
8. $12+8 = \underline{\quad}$ (20,13,12)
9. $14+4 = \underline{\quad}$ (18,12,3)
10. $20+20 = \underline{\quad}$ (40,50,60)

Level 2: Complex three digit and above addition problems

Stimuli

1. $50+50 = \underline{\quad}$ (120,100,80)
2. $100+50 = \underline{\quad}$ (150,120,60)
3. $110+3 = \underline{\quad}$ (125,113,98)
4. $121+4 = \underline{\quad}$ (136,150,125)
5. $135+3 = \underline{\quad}$ (138,140,152)
6. $146+4 = \underline{\quad}$ (160,150,140)
7. $152+9 = \underline{\quad}$ (160,161,159)
8. $1000+28 = \underline{\quad}$ (12800,1028,2100)
9. $2052+5 = \underline{\quad}$ (2057,2000,1987)
10. $10,000+100 = \underline{\quad}$ (10987,10100,9000)

2. Subtraction

Task: Ask the person with aphasia to subtract the given numbers and pick out the right answer from the choices given.

Level 1: simple one-two digit subtraction problems

Stimuli

1. $2-1 = \underline{\quad}$ (1,2,5)
2. $3-2 = \underline{\quad}$ (4,1,6)
3. $1-1 = \underline{\quad}$ (1,0,2)
4. $5-4 = \underline{\quad}$ (1,4,5)
5. $9-5 = \underline{\quad}$ (5,4,0)
6. $10-5 = \underline{\quad}$ (5,8,1)
7. $20-10 = \underline{\quad}$ (21,10,3)
8. $15-5 = \underline{\quad}$ (20,5,15)
9. $20-5 = \underline{\quad}$ (15,5,10)
10. $50-20 = \underline{\quad}$ (40,30,60)

Level 2: complex three digit and above subtraction problems

Stimuli

1. $75-50 = \underline{\quad}$ (19,25,10)
2. $100-75 = \underline{\quad}$ (25,18,34)
3. $150-50 = \underline{\quad}$ (1,0,100)
4. $125-20 = \underline{\quad}$ (9,105,5)
5. $162-150 = \underline{\quad}$ (12,24,65)
6. $512-502 = \underline{\quad}$ (5,8,10)
7. $1000-700 = \underline{\quad}$ (200,300,600)
8. $2200-500 = \underline{\quad}$ (1700,1900,2000)
9. $9000-900 = \underline{\quad}$ (8000,8100,7000)
10. $10,000-4500 = \underline{\quad}$ (5500,9000,4000)

3. Multiplication

Task: Ask the person with aphasia to multiply the given numbers and pick out the right answer from the choices given.

Level 1: Simple one-two digit multiplication problems

Stimuli

1. $2*2 = \underline{\quad}$ (5,7,4)
2. $1*4 = \underline{\quad}$ (4,1,2)
3. $5*2 = \underline{\quad}$ (5,10,2)
4. $3*3 = \underline{\quad}$ (9,3,6)
5. $6*3 = \underline{\quad}$ (12,18,9)
6. $7*7 = \underline{\quad}$ (60,49,50)
7. $8*5 = \underline{\quad}$ (40,30,20)
8. $9*3 = \underline{\quad}$ (27,37,55)
9. $10*5 = \underline{\quad}$ (60,50,40)
10. $10*10 = \underline{\quad}$ (100,30,60)

Level 2: Complex three digit and above multiplication problems

Stimuli

1. $11*2 = \underline{\quad}$ (22,42,50)
2. $12*4 = \underline{\quad}$ (65,48,90)
3. $13*4 = \underline{\quad}$ (70,55,52)
4. $14*6 = \underline{\quad}$ (84,56,43)
5. $15*2 = \underline{\quad}$ (30,70,32)
6. $16*6 = \underline{\quad}$ (60,96,6)
7. $17*2 = \underline{\quad}$ (65,34,55)
8. $18*10 = \underline{\quad}$ (180,190,18)
9. $20*40 = \underline{\quad}$ (800,400,500)
10. $100*100 = \underline{\quad}$ (10000, 10, 0)

4. Division

Task: Ask the person with aphasia to divide the given numbers and pick out the right answer from the choices given.

Level 1: Simple one-two digit division problems

Stimuli

1. $2/1 = \underline{\quad}$ (5,2,4)
2. $4/2 = \underline{\quad}$ (4,1,2)
3. $18/3 = \underline{\quad}$ (5,10,6)
4. $24/8 = \underline{\quad}$ (9,6,3)
5. $25/5 = \underline{\quad}$ (12,5,9)
6. $36/6 = \underline{\quad}$ (6,4,5)
7. $49/7 = \underline{\quad}$ (4,7,2)
8. $80/10 = \underline{\quad}$ (27,8,10)
9. $100/2 = \underline{\quad}$ (60,50,40)
10. $100/4 = \underline{\quad}$ (100,75,60)

Level 2: Complex three digit and above division problems

Stimuli

1. $136/2 = \underline{\quad}$ (68,70,80)
2. $162/3 = \underline{\quad}$ (54,17,20)
3. $188/2 = \underline{\quad}$ (94,100,2)
4. $190/5 = \underline{\quad}$ (90,61,38)
5. $220/2 = \underline{\quad}$ (110,200,100)
6. $316/2 = \underline{\quad}$ (158,600,800)
7. $660/6 = \underline{\quad}$ (120,110,100)
8. $1200/100 = \underline{\quad}$ (12,8,10)
9. $2250/5 = \underline{\quad}$ (60,50,450)
10. $5000/50 = \underline{\quad}$ (1000,75,60)

Level 2: Arithmetic problems-practical situation

Task: Ask the person with aphasia to identify the money cards shown. Then, carry out role play activities using different situations. The person with aphasia has to use money in these given situations appropriately.

Suggested situation setting

Setting: vegetable market

C: enu beeku?

P: 1 kg iiruLLi koDi.

C: 20 rupayi

P: (gives 100 rupee note)

C: (Asks the person with aphasia, how much money he has to get back)

P: 80 rupayi koDi

Other situations in which such role play activities can be carried out are:

- Going to a restaurant and paying the bill
- Buying bus/train tickets
- Paying electricity/telephone/ hospital bills

Table 12: Treatment recording sheet illustrating one of the activities for the reading and writing domain

Sl. No	Activity	Stimulus Mode	Response mode	Target response	No. of trials										% correct responses	
					1	2	3	4	5	6	7	8	9	10		
1	Addition Level 1:Q-1	A+V+G	P	2	0	0	1/2	1/2	1	1	1	1	1	1	1	70%
2																
3																
4																
5																
6																
7																
8																
9																
10																

Overall treatment recording sheet

Domain	% Correct responses	Overall progress (%)
Functional communication		
Auditory comprehension		
Repetition		
Naming		
Expression		
Reading and writing		

CHAPTER IV

SUMMARY AND CONCLUSION

The present manual is designed based on the linguistic characteristics of the fluent aphasics. The main domain addressed in this manual are:

- Functional communication (FC)
- Auditory comprehension (AC)
- Repetition (R)
- Naming (N)
- Expression (E)
- Reading and writing (R & W)

The various subsections under each domains focuses on improving the overall communicative abilities of persons with aphasia. The training materials used are arranged in increasing order of complexity. Stimulus hierarchy, scoring pattern, progress criteria and treatment recording sheet are provided for each sub-section. A progress criterion is also given for the progression from one domain to the other. Finally, an overall treatment recording sheet provides improvement a person with aphasia has made in terms of communication as a whole.

Implications of the study

The manual is quite flexible and can be used by speech language pathologists, student clinician and caregivers of persons with fluent aphasia. Further, the training material in this manual can be easily modified by the clinicians to suit the individual needs of persons with aphasia.

Limitations of the manual

Though the manual has been designed based on the clinical experience and deficits observed in persons with fluent aphasia, it is presumed that the activities will be quite effective and handy for the professionals working in the area of aphasia management. However, this manual has a scope for improvement with reference to its standardization to make it more effective and widely acceptable.

BIBLIOGRAPHY

- Ball, M.J., & Damacio, J.S. (2007). *Clinical Aphasiology: Future Directions*.
New York: Psychology Press, Taylor and Francis Group.
- Bandur, D.L., & Shewan, C.M. (1986). *Treatment of Aphasia: A Language-Oriented Approach*. London: Taylor & Francis Ltd.
- Benson, D.F., & Ardilla, A. (1996). *Aphasia*. New York: Oxford University Press.
- Code, C., & Muller, J. (1989). *Aphasia Therapy*. London: Whurr Publishers.
- Despande, R. (2004). Manual for Adult Non-Fluent Aphasia Therapy-In Hindi. Unpublished masters Dissertation submitted to University of Mysore, Mysore, India.
- Duchan, J.F., & Byng, S. (2004). *Challenging Aphasia Therapies: Broadening the Discourse and Extending the Boundaries*. New York: Psychology Press, Taylor and Francis Group.
- Goodglass, H., & Kaplan, E. (1983). *The Assessment of Aphasia and Related Disorders*. (2nd Ed). Philadelphia: Lea and Febiger.

Goswami, S.P., & George, A. (2006). *ISHA Monograph, Adult Aphasia: Language Intervention*. A publication of the Indian Speech and Hearing Association.

Hegde, M.N. (2003). *Treatment protocols for language disorders in children*. Volume- 2. Social Communication. San Diego: Plural Publishing Inc.

Helm-Estabrooks, N., Fitzpatrick, P.M., & Baressi, B.N. (1982). *Visual Action Therapy for Global Aphasia*. *Journal of Speech and Hearing Disorders*, 47, 385-389.

Helm-Estabrooks, N., & Holland, A.L. (1998). *Approaches to the Treatment of Aphasia*. San Diego: Singular Publishing Group Inc.

Kertesz, A. (1979). *Aphasia and Associated Disorders*. New York: Grune & Stratton, Inc.

LaPointe, L.L. (1990). *Aphasia and Related Neurogenic Language Disorders*. New York: Thieme Publishers, Inc.

Martin, B.R. (1962). *Communicative Aids for the Adult Aphasic*. Illinois: Charles.C.Thomas Publishers.

Prema, K.S. (1997). Reading Acquisition Profile in Kannada. Unpublished
Doctoral Thesis, submitted to University Of Mysore, Mysore,India

Ross, D., & Spencer, S. (1980). *Aphasia Rehabilitation- An Auditory and Verbal
Task Hierarchy*. Illinois: Charles.C.Thomas.

Shinde, P. (2006). Word Retrieval Manual: Hindi Aphasics. Unpublished masters
dissertation submitted to University of Mysore, Mysore, India.

Venugopal. (2005). Manual for Adult Non-Fluent Aphasia Therapy-In Kannada.
Unpublished masters dissertation submitted to University of Mysore,
Mysore, India.