Procedure for TOMS rating

You will receive videos in pairs, e.g. R01-01 A1 and R01-01 B1 (both of the same participant)

1) Use a timer to watch only the first 10 minutes of the first video in the pair and score according to the activity scale of the TOMs for Aphasia
- Start at the top or bottom of the TOMs scale based on your first impression of whether it is good/poor and work up or down through the descriptors.
- Remember that you can select a score half way between two of the written descriptors (scoring .5)
- Focus on the underlined part of the descriptors as these can be judged through watching a video

2) Use a timer to watch only the first 10 minutes of the second video of the pair and score according to the activity scale of the TOMs for Aphasia
- Start at the top or bottom of the TOMs scale based on your first impression of whether it is good/poor and work up or down through the descriptors.
- Remember that you can select a score half way between two of the written descriptors (scoring .5)
- Focus on the underlined part of the descriptors as these can be judged through watching a video

3) Check you are happy with the scores you have allocated for both videos. Modify if needed to ensure that if one video seemed better than the other, that the scores reflect this (NB this is likely to be a small change to the score only)

4) Document the final scores for both videos before moving on to the next pair of videos

Prompting/cueing includes:

- Therapist checking what the patient meant if it was ambiguous
- Therapist giving cues (e.g. semantic or phonemic)
- Therapist providing lead in phrases

    NOT summarising/recapping what has been said in the conversation

TOM descriptors with clarifications following benchmarking session

KEY QUESTIONS to help choose starting point:
   1) **How successful is the participant at getting their message across?**
   2) **How much help do they need in order to do this?**

0	Unable to communicate in any way. No effective communication. No interaction.
1	Occasionally able to make *basic needs known with familiar persons or trained listener in familiar contexts. Minimal communication with maximal assistance. ***Basic needs** = everyday needs such as needing the toilet/ a drink
2	Limited functional communication. Consistently able to make *basic needs/conversation understood but is heavily dependent on cues and context. Communicates better with trained listener or family members or in familiar settings. Frequent repetition required. Maintains meaningful interaction *related to here and now. ***Basic needs/conversation** = everyday needs/simple conversation ***Related to here and now** = things that are in the immediate physical environment and can be pointed to/shown to the listener
3	Consistently able to *make needs known but can sometimes convey more information than this. Some inconsistency in unfamiliar settings. Is less dependent for intelligibility on cues and context. Occasional repetition required. *Communicates beyond here/now with *familiar persons; needs cues and prompting. ***Make needs known** = or able to engage in simple conversation ***Communicates beyond here/now** = talking about things are outside the immediate physical environment i.e. things that can be seen/heard from where the conversation is had. (This would include talking about things in the past/future but would not be limited to this). ***Familiar person =** or trained listener
4	Can be understood most of the time by any listener despite communication irregularities. Holds conversation; requires occasional prompts, particularly with a wider range of people.
5	Communicates effectively in all situations

*Half points can be allocated