

SPEACS-2 Assessment

Sensory

Does patient use glasses/hearing aids?
Are they available?

Point / Write

Point to your feet / picture / person
Write your name / favorite color

ETT vs. Oral Movement

Count from 1 to 10
What was your first job?

Attention / Cognition

Is patient alert / following commands?
Raise your arm and make a fist
Blink your eyes twice
Does patient need comprehension support?

Clear Yes / No

How does patient signal yes / no?
Are patient's responses reliable?

Speaks / Reads English

Any language barriers?
Is patient Literate?