I. General Information

Title of the test: The Catherine Bergego Scale (CBS)


Publisher: Neuropsychological Rehabilitation Journal

Time required to administer: Varies. At least 30 minutes.

Cost of the Test: Free, if you have access to the journal article.

II. Description of Test

Type/Purpose of Test: To assess the presence and extent of neglect on a sample of real everyday-life activities. A functional scale consisting of 10 items related to neglect in everyday life (such as dressing, washing, eating, communicating, exploratory activities and moving around) is used. The same scale was designed as a questionnaire. By comparing the therapist’s observations and the patient’s self-report, an anosognosia (someone’s awareness or lack of awareness of disability) score can be calculated. It was created because conventional tests of neglect were not good predictors of everyday difficulties.

Population: Individuals who have experienced a CVA

Focus of measurement:

- X Organic systems  X Abilities  ___ Participation/life habits  ___ Environmental Factors

III. Practical Administration

Ease of Administration: Fairly simple. The CBS requires you to observe certain everyday skills so it will take time to do, but the tasks are simple to observe and identify. The questionnaire that is included in the CBS is very easy to administer. It is a 10 question questionnaire that the client completes.

Clarity of Directions: Directions are very clear.

Scoring Procedures:

OBSERVATION:

Each of the 10 items is scored on a 4-point scale as follows:

- 0 points = no left neglect was observed
- 1 point = mild neglect was observed (patients always exploring right hemi-space first and going slowly and hesitating towards the left)
- 2 points = moderate neglect (constant and clear left-sided omissions or collisions; still able to cross midline, but performance in left hemi-space was incomplete and ineffective)
- 3 points = severe neglect (only able to explore right hemi-space)

Total score calculated from the average score of the valid questions, using the formula: sum of individual scores of valid questions, divided by the number of valid questions, multiplied by 10 (to obtain a total score ranging from 0 to 30)
QUESTIONNAIRE:
Each of the 10 answers from the questionnaire is scored on a 4-point scale as follows:
- 0=no difficulty
- 1=mild difficulty
- 2=moderate difficulty
- 3=severe difficulty
The total anosognosia score is calculated by recording the difference between the observer’s (therapist) and the patient’s scores.

Examiner Qualification & Training
A training period is recommended before scoring patients with this scale to get them familiar with neglect.

IV. Technical Considerations

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<tr>
<th>Standardization:</th>
<th>Norms</th>
<th>Criterion Referenced</th>
<th>Other</th>
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**Reliability:** High inter-rater reliability—Kappa coefficient ranged from 0.59-0.99, Spearman rank correlation coefficient had highly significant correlation ($Rho=0.96$). Internal consistency—Spearman’s Rhos ranged from 0.58 to 0.88→highly significant correlations.

**Validity:** Concurrent Validity—This scale is validated by its correlation with conventional tests of neglect and with the Barthel index as a measure of personal independence.

**Manual:** X Excellent  Adequate  Poor  There isn’t a manual (only an article)

What is (are) the setting/s that you would anticipate using this assessment?
- Client’s home
- Rehabilitation unit

Summary of strengths and weaknesses:
**Weakness:**
- It doesn’t have a manual, but it is mostly laid out in the article
- You must observe the client doing certain activities in order to provide any sort of score
- The ordinal scales might not be an adequate measure because they really are not linear measures and do not represent the same quantity along the entire scale.

**Strengths:**
- Fairly straight-forward (only 10 observations to make and a questionnaire to provide)
- Provides you with a general idea of how severe their neglect is affecting daily occupations
- More sensitive than conventional evaluations