Onset date of communication difficulty: ________  □ Gradual onset  □ Sudden onset

Did it follow an illness / family problem / traumatic event?  □ YES  □ NO
If yes, please explain: ______________________________________________________
________________________________________________________________________

Has it changed over time?  □ NO  □ YES  □ Worse  □ Better

Is the difficulty consistent?  □ NO  □ YES  Please explain: ______________________
________________________________________________________________________

Current Communication method?

□ Speech  
□ Writing  
□ Gestures  
□ Communication Board  
□ Letter Board

Are you able to read and understand:

□ Words  □ NO  □ YES  
□ Sentences  □ NO  □ YES  
□ News articles  □ NO  □ YES  
□ Books  □ NO  □ YES

Are you able to write:  □ NO  □ YES  What type of writing do you do? ____________
________________________________________________________________________

Are you having trouble hearing others?  □ NO  □ YES

Do you wear hearing aids?  □ NO  □ YES

Have you ever had a hearing evaluation?  □ NO  □ YES

Are you having trouble “finding words” when speaking?  □ NO  □ YES

Does your speech sound “slurred”?  □ NO  □ YES

Do you grope for the sounds when speaking?  □ NO  □ YES

Has your voice changed?  □ NO  □ YES

Please describe the quality of your voice:  □ hoarse  □ breathy  □ too soft  
□ strained  □ loss of voice  □ other

Please write down any additional information you feel will be helpful:
________________________________________________________________________
________________________________________________________________________

Speech Pathologist’s Notes: ___________________________________________________
________________________________________________________________________