

UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC
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APHASIA CASE HISTORY QUESTIONNAIRE

I. Identifying Information

Client's Name _____ Date _____

Birthdate _____ Age _____ Sex _____ Email _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Spouse work number (if applicable) _____

Patient's present or former occupation _____

Patient's hobbies _____

Marital Status _____ Spouse's name _____

Spouses age _____ Present health of spouse _____

Members of family _____

Who lives with the patient? _____

Patient's education (last year completed) _____

Responsible Party _____ Relationship _____

Physician's name, address, and zip code _____

Relationship to the client of person completing questionnaire _____

Have you been to this clinic before? If so, when? _____

Who referred you to this clinic? Name _____

Are you a veteran of the US Armed Services? _____

Do you need an interpreter at the time of your appointment? If so, what kind? _____

II. Information on the Patient's Condition

1. What is regarded as the cause of the patient's condition? Give the medical diagnosis, if known.

2. When did the accident (operation, illness, etc.) occur? _____

3. Does the patient have any paralysis? _____ Describe: _____

4. How does the patient get around? (Wheelchair, cane, walker, no assistive device needed)

5. Is the patient receiving therapy services at this time? _____ If so, describe the

types of therapy (i.e., physical, occupational): _____

6. Does (s)he complain of headaches, faintness, or dizziness? _____

7. Is (s)he taking medication? _____ If so, list each medicine and the dosage:

8. Has (s)he ever had convulsive seizures? _____ If so, when did the last seizure occur?

9. Is (s)he active? _____ Describe: _____

10. Does (s)he tire easily? _____ Describe: _____

11. Does (s)he complain that (s)he cannot see _____, hear _____, or feel _____ things properly?

12. Does the patient wear glasses? _____ Dentures? _____ Hearing aids? _____

13. Past serious medical problems? _____ Describe _____

III. Information on Patient's Speech and Language

1. Describe the patient's communication: _____

Is English the dominant language of the patient? _____

Other languages spoken? _____

2. Has the patient had previous speech therapy? _____ If so, when and where?

3. Does the patient try to use words? _____ Sentences? _____ or does (s)he just
point? _____

4. How well does the family understand what (s)he is saying? Describe: _____

5. Does (s)he do as much talking now as (s)he did before the accident? _____

6. How well is (s)he able to write? Which hand does (s)he use? _____

7. Can (s)he follow simple requests and instructions?

8. Does (s)he seems to understand what (s)he reads? _____

9. How well does (s)he grasp what is said on the radio and television? _____

10. Can (s)he make change (money transactions)? _____

11. How has the patient reacted to his/her injury? _____

12. Have any personality changes occurred? _____ If so, describe: _____

13. Is there anything else about this patient and/or his speech problems that you think we

should know? _____
