



Speech Pathology Assessment Questions:

Please answer the following questions by circling "yes" or "no":

1. Does your *speech sound different* now?
Yes / No
2. Do people find it *hard to understand your speech*?
Yes / No
3. Do you have difficulty *finding the words* you want to say?

Yes / No
4. Do you have difficulty *expressing your ideas* while you are talking to people?
Yes / No
5. Do you sometimes *get confused* when people talk to you in your native language?
Yes / No
6. Did you often *read or write before* coming into hospital?
Yes / No
7. Is it *harder to read or write* now?
Yes / No
8. Do you have *difficulty chewing* your food?
Yes / No

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9. Do you ever *cough while you are eating* food?
Yes / No

10. Do you have to *avoid eating* some types of food now?
Yes / No

11. Do you have difficulty *swallowing drinks*?
Yes / No

12. Do you *cough while you are drinking*?
Yes / No

13. Have you had any recent *chest infections*?
Yes / No

*Please give this completed form to your nurse.
Thank you for your help*

Speech Pathologist

Date: