



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 return this completed form to:
St Joseph's Hospital, Speech Pathology Outpatient Department,
PO Box 211, Regents Park NSW, 2143.
Thank you for your help

Speech Pathologist

Date: