

UCLA Speech Pathology Clinic Adult Neurological Intake Questionnaire

1. Please describe what brings you in today.

2. Have you had speech therapy before? If so, when?

3. Please circle anything that has changed for you since the onset of your speech, language, or other communication symptoms.

- | | | | |
|---------------------|---------------------|-----------------------|-------------------|
| Remembering | Talking loud enough | Making judgements | Reading |
| Pronouncing words | Making sentences | Organizing thoughts | Writing |
| Finding words | Initiating speech | Using correct grammar | Concentrating |
| Understanding jokes | Using my voice | Recognizing people | Staying organized |

Other (describe):

4. What would you like to achieve in speech therapy?

5. Please list your current responsibilities (e.g. fixing meals, working, cleaning, taking care of children/pets, managing finances, shopping, etc.)

[Please see reverse side]

6. Do you receive any help with any of your daily responsibilities? If so, which tasks do you receive help with?

7. Do you have any difficulties swallowing?

8. Who is in your support system?

9. What is your education level?

10. What is (or was) your occupation?

11. Do you wear glasses? Hearing aids?

12. Are you left or right handed?

13. Are you currently receiving occupation or physical therapy?

14. Are you currently receiving home health services?

15. Do you have any pain associated with the reason you are here?

16. Is there anything else you would like to share with us?

Thank you for filling out this questionnaire!