

**Adult Speech – Language Case History Attachment**

Name: \_\_\_\_\_

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 having trouble understanding others?  NO  YES

**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 “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