

**UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC**  
*A UNITED WAY FACILITY*  
100 Clinical research Center  
HOUSTON, TEXAS 77204-6018  
(713) 743-2898

**APHASIA CASE HISTORY QUESTIONNAIRE**

**I. Identifying Information**

Client's Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Spouse work number (if applicable) \_\_\_\_\_

Patient's present or former occupation \_\_\_\_\_

Patient's hobbies \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's 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 \_\_\_\_\_

Who referred you to this clinic? Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. Information on the Patient's Condition**

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

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

3. Does the patient have any paralysis? \_\_\_\_\_ Describe: \_\_\_\_\_

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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 types of therapy (i.e. physical; occupational) \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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

12. Does the patient wear glasses? \_\_\_\_\_ Dentures? \_\_\_\_\_ Hearing Aids? \_\_\_\_\_

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13. Past serious medical problems? \_\_\_\_\_ Describe: \_\_\_\_\_

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**III. Information on Patient's Speech and Language**

1. Describe the patient's communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was English the dominant language of the patient? \_\_\_\_\_ Other languages  
spoken regularly by the patient or by family in the home? \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
Describe: \_\_\_\_\_

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 seem to understand what (s) he reads? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How well does (s) he grasp what (s) he hears on radio and television? \_\_\_\_\_

