ASSESSMENT TOOL: Ranking Severity, Speech Pathology Areas of Involvement (Patient Version)

Instructions: Patient, please rank the severity of each condition, as it is presenting itself currently. The ranking is the same as the “pain scale,” where a “0” indicates no difficulties in an area, a “2-4” means a mild involvement, a “5-6” means a moderate involvement, and “7-9” is more on the severe-side. A “10” ranking is for the most difficulty a person could have in an area of speech pathology.

- **Articulation**
  - I have difficulty making speech sounds: _______/10
  - People have difficulty understanding what I say, and they ask me to repeat myself _______/10
  - My speech sounds slurred or dis-coordinated _______/10

- **Receptive Language**
  - I have difficulty following directions _______/10
  - I have difficulty following what others are saying _______/10
  - I have difficulties answering others’ questions to me _______/10

- **Expressive Language**
  - I have difficulty saying single words _______/10
  - I have difficulty saying phrases _______/10
  - I have difficulty saying sentences _______/10
  - I have difficulty thinking of words, although I know the words _______/10
  - I have difficulty saying what I need and want _______/10
  - I say sentences that do not make sense to me _______/10
  - I say sentences that do not make sense to others _______/10

- **Cognition**
  - I have memory difficulties _______/10
  - I have difficulty keeping a thought or idea for when I need it _______/10
  - My cognition difficulties impact my daily functioning _______/10
  - I have difficulty remembering the month, year, or day of the week _______/10
  - I have difficulty organizing due to memory issues _______/10
  - I have safety issues because of memory loss _______/10
  - I have difficulty communicating needs due to memory problems _______/10
• Oral Swallowing
  I pocket food _______/10
  I spit food out because I cannot chew it _______/10
  I drool _______/10
  I have difficulty chewing regular diet consistency foods _______/10
  I do not have adequate tongue strength for swallowing _______/10
  I have behavior patterns which impact my swallowing _______/10

• Throat Phase of Swallowing
  I cough on liquids _______/10
  I cough on food _______/10
  I have a history of choking _______/10
  I feel food gets stuck in my throat _______/10
  I have a history of pneumonia, or other respiratory conditions _______/10
  I get strangled on my saliva _______/10
  I have a change in my voice after I swallow _______/10
  I have pain when I swallow _______/10
  I fear swallowing wrong _______/10
  I have been told I have a diagnosis of aspiration _______/10

• Esophageal Phase of Swallowing
  I experienced frequent heartburn _______/10
  Medications do not control my frequent heartburn _______/10
  I have feelings of pressure in my chest after I swallow _______/10
  My food comes up after swallowing _______/10
  I have been told I need surgery on my esophagus _______/10

• Stuttering
  I have difficulties with speaking in a fluent manner _______/10
  I stutter _______/10
  I have movements I make with my body to “get myself out” of a stutter _______/10
  I fear certain speaking situations because I might stutter _______/10
  Stuttering is a new issue that has developed for me recently _______/10
• Voice/Resonance
  My voice doesn’t sound like a typical voice _____/10
  My voice is hoarse _____/10
  My voice is gravely _____/10
  My voice tends to not be loud enough _____/10
  My voice hurts when I speak _____/10
  My voice has an unusual sound _____/10
  My voice patterns change in different situations _____/10
  I have a nasal sound when I speak _____/10

• Need for Alternative Means of Communication
  I have severe difficulty communicating as others do _____/10
  I need a system to communicate that will assist me _____/10
  I cannot get my needs met in the traditional oral manner of communication _____/10

• Pragmatics
  I have difficulty with social language _____/10
  I have difficulty responding in different social situations _____/10
  I do not feel confident in speaking in social situations _____/10
  I oftentimes feel I am misunderstood in social situations by others _____/10
  I cannot ask for what I need due to social difficulties _____/10

MOST CONCERNING AREA TO ADDRESS IN THERAPY FIRST: _______________________
(patient perspective)
Of any above areas that were ranked at a “1” or above, please list the time that present level of difficulty presented itself (3 months ago, 2 weeks ago, etc.) and the ranking of the area prior to the change.
• Area: ____________________________________________

  Length of time the present level of difficulty presented itself ________________________

  Ranking of the area prior to the change _____/10

• Area: ____________________________________________

  Length of time the present level of difficulty presented itself ________________________

  Ranking of the area prior to the change _____/10
SLP-chosen for you, from the Nicespeechlady.com library

SPEECH PATHOLOGY PATIENT: ____________________________

SPEECH PATHOLOGIST: ________________________________

SPECIAL INSTRUCTIONS: ______________________________

____________________________________________________ DATE: ________

• Area: __________________________________________________________________________________________________________________________
  Length of time the present level of difficulty presented itself ______________________________
  Ranking of the area prior to the change ______/10

• Area: __________________________________________________________________________________________________________________________
  Length of time the present level of difficulty presented itself ______________________________
  Ranking of the area prior to the change ______/10

• Area: __________________________________________________________________________________________________________________________
  Length of time the present level of difficulty presented itself ______________________________
  Ranking of the area prior to the change ______/10

• Area: __________________________________________________________________________________________________________________________
  Length of time the present level of difficulty presented itself ______________________________
  Ranking of the area prior to the change ______/10

• Area: __________________________________________________________________________________________________________________________
  Length of time the present level of difficulty presented itself ______________________________
  Ranking of the area prior to the change ______/10