



School of Allied Health Professions

Department of Communication Disorders, Speech Language Pathology
1900 Gravier Street, 9th Floor, New Orleans, La 70112

Case History Questionnaire

Date: \_\_\_\_\_

Patient' name \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_

Birthplace \_\_\_\_\_ Highest Grade Completed in School \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

Birthplace \_\_\_\_\_ Highest Grade Completed in School \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

List siblings

Table with 5 columns: Name, Sex, Age, Grade in school, Any Problems. Multiple rows for listing siblings.

Pre-natal History

Was pregnancy normal? \_\_\_\_\_ Were there any illnesses during pregnancy \_\_\_\_\_

Type of delivery \_\_\_\_\_ What was the patient's birth weight? \_\_\_\_\_

**Birth History/Birth**

Did labor come before or after due date? \_\_\_\_\_ How early or late? \_\_\_\_\_

Describe any complications during birth: \_\_\_\_\_

**Developmental History:**

Were milestones (walking, sitting alone, talking) achieved at appropriate times? Yes \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Medical History**

Indicate the illness the patient has had and the age at the time he/she had them.

Age	Age	Age
_____ Measles	_____ Pneumonia	_____ Clumsiness or weakness
_____ Serious high fever	_____ Chicken pox	_____ Frequent Colds
_____ Meningitis	_____ Allergies	_____ Speech difficulties
_____ Tonsillitis	_____ Hearing difficulties	_____ Bed wetting
_____ Mumps	_____ Asthma	_____ Vomiting or headaches
_____ Earache or draining ear	_____ seizures; please describe _____	
_____ Describe any other or additional medical problems _____		

What medication is the child taking? \_\_\_\_\_

List names, date of services of physicians and/or other agencies of treatment

Physicians or Agency	Date Seen
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Surgical History**

Surgery

Date

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**Education History**

Name of the present school \_\_\_\_\_ Address \_\_\_\_\_

Previous schools attended:

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Age entered \_\_\_\_\_ Grade entered \_\_\_\_\_ Current grade \_\_\_\_\_

School performance, please select one \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Is your child \_\_\_ Left-handed \_\_\_ Right-handed \_\_\_ No hand preference

Is the patient receiving resource services (if yes, please describe below)

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**Social**

Describe any behavioral problem(s)

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Please give any information you think would be helpful to us.

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**ATTENTION/BEHAVIOR/COORDINATION/LANGUAGE****ATTENTION**

A1. Does your child fidget with his/her hands or feet or squirm in his/her seat? (in adolescents this may be limited to subjective feelings of restlessness)

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A2. Does your child have difficulty remaining in his/her seat when required to do so?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A3. Does our child have difficulty awaiting his/her turn in games or group situations?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A4. Does your child blurt out answers to questions before they have been completed?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A5. Does your child have difficulty following through with instructions from others, or fail to finish chores (not due to oppositional behavior or failure to comprehend)?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A6. Does your child have difficulty sustaining attention to tasks or activities?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

A7. Does your child shift from one uncompleted activity to another?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A8. Does your child have difficulty playing quietly?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A9. Does your child talk excessively?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A10. Does your child interrupt or intrude on others (e.g., butts into other's games)?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A11. Does your child seem not to listen to what is being said to him/her?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A12. Does your child lose things necessary for tasks or activities at school or at home? (toys, pencils, books, homework, clothes)

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

A13. Does your child engage in physically dangerous activities without considering the possible consequences? (not thrill-seeking, e.g. runs into street without looking)

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**BEHAVIOR**

B1. Does your child lose his/her temper?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B2. Does your child argue with adults?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B3. Does your child actively defy adults, refuse requests or break rules?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B4. Does your child deliberately do things to annoy other people?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B5. Does your child blame others for his/her mistakes?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B6. Is your child touchy or easily annoyed?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B7. Is your child angry or resentful?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B8. Is your child spiteful or vindictive?

Always \_\_\_ Often \_\_\_ Sometimes \_\_\_ Occasionally \_\_\_ Never \_\_\_

**Comments:** \_\_\_\_\_

B9. Does your child show mark distress over changes in routine or environment?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B10. Does your child lack interest in imaginative activities e.g. playing a role in a game, or in stories about imaginary events?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B11. Does your child have difficulty making friends his/her own age?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B12. Does your child have difficulty getting to sleep or sleeping through the night?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B13. Does your child have nightmares?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B14. Is your child reluctant to go to school?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

B15. Is you child distressed when separated from home?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

**COORDINATION**

C1. Does your child have difficulty dressing: buttons, laces, tie, etc.?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C2. Does your child have difficulty with ball games: kicking, tennis, etc.?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C3. Does your child find it hard to do physical activities such as cartwheels?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C4. Does your child bump into things and people?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C5. Is your child having difficulty forming letters for printing or cursive?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C6. Does your child suffer from travel sickness?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C7. Does your child wet the bed?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

C8. Does your child have trouble with left/right when giving/receiving directions?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_



**LANGUAGE**

L1. Does your child find it difficult to pronounce some sounds in words correctly?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L2. Does your child find it difficult to say long words correctly?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L3. Does your child find it difficult to learn new words i.e. to broaden his/her spoken vocabulary?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L4. Does your child find it difficult to find the words he/she wants to say?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L5. Does your child find it difficult to construct sentences accurately when speaking?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L6. Does your child find it difficult to ask questions (not through shyness)?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L7. Does your child have difficulty initiating or carrying on a conversation with others?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L8. Does your child lack confidence in speaking?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L9. Does your child find it hard to look at the person they are speaking or listening to?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L10. Does your child lack self-confidence in situations other than speaking?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L11. Does your child have difficulty with reading?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L12. Does your child have difficulty spelling words correctly?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

L13. Does your child find it difficult to write down his/her thoughts on paper when they know what they want to say?

Always\_\_\_ Often\_\_\_ Sometimes\_\_\_ Occasionally\_\_\_ Never\_\_\_

**Comments:** \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature: \_\_\_\_\_