

# Speech - General

REDCap ID

---

Visit date:

---

Visit Type:

Initial visit     Medial visit  
 Final visit

Diagnostic Category

Other Neuro  
 Parkinsons  
 Pediatric Other  
 Speech  
 Stroke

Diagnostic Complexity

Non-complex (Single Body Part Sprain/Strain)  
 Complex (Multi-body part, fracture, nerve symptoms)  
 Post surgical

Patient has had surgery for the current condition?

Yes     No

---

**Answer the following questions based on your current abilities. Select "Not Applicable" if your condition does not affect a particular category.**

**At this time:**

	No Difficulty	Slightly Limited	Moderately Limited	Severely Limited	Unable	Not Applicable
1. I can express myself clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can understand what others are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can safely swallow regular food and liquids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can interact with others socially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can remember information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please stop here and return the tablet or form to staff member.