

## Speech Questionnaire

Name: -----

Date:-----

Assessor: -----

Dept.:-----

Please tick the most appropriate description of this person's behaviour at the moment, based on your own experience with them.

### **Section 1: Speech**

- 1) Does he/she produce appropriate spoken responses to familiar serial phrases produced by you, such as, hello, good morning and goodbye?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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- 2) Does he/she say any single words spontaneously (without any help from you)?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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- 3) Does he/she say any single words in response to your questions?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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- 4) Does he/she say yes or no spontaneously?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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- 5) Does he/she say yes and no the right way round?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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- 6) Does he/she say any common everyday phrases, such as hello, goodbye, please and thank you, spontaneously?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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7) Does he/she say common everyday phrases appropriately?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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8) Is his or her conversation appropriate?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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9) Does he/she say phrases spontaneously?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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10) Does he/she say phrases in response to your questions?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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11) Does he/she initiate spoken conversation with you?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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12) Does he/she say sentences spontaneously?

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Often
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13) Does he/she say sentences in response to your questions?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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14) Is his/her speech slow or hesitant?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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## Section 2: Understanding

- 1) Does he/she understand simple instructions given by you using gestures (signs with your hands such as pointing) if necessary?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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- 2) Does he/she understand simple spoken instructions without the use of gestures?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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- 3) Does he/she understand general conversation with you about everyday topics?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often
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- 4) Does he/she understand rapid conversation with more than one person?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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- 5) Does he/she understand complicated ideas and explanations?

<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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Please check that you have answered ALL questions.

### Reference:

Lincoln, N. B. (1982). The Speech Questionnaire: an Assessment of Functional Language Ability. *International Rehabilitation Medicine*. 4: 114-117.