# Speech Therapy Group Intake Form Joseph B. O'Neal, Jr. Stroke Center

#### Hello,

My name is Jennifer Ostergren. I am a speech-language pathologist (SLP for short). You can call me Jennifer, Jenn, Dr. O, or Dr. Ostergren (whichever is easiest for you). I teach at California State University, Long Beach (CSULB) and specialize in treating individuals with brain injuries. I am very excited to be offering group, speech therapy sessions. Below is a questionnaire that helps me get to know you. Feel free to have someone assist you in completing this form, if necessary. I can also help you when we meet. I look forward to meeting you and having you join the group.

## **BACKGROUND INFORMATION**

Items You Use for Assistance. Check all that apply.
□ Glasses for reading
□ Glasses for distance
□ Hearing aid
□ Walker, cane, etc.
Communication notebook
Communication computer or device
□ Other:
□ Other:

Do you have seizures or other medical conditions I should know about? <u>Please describe.</u>

#### HOBBIES

Tell me about the things you like to do. \_\_\_\_\_

### PERSONALITY

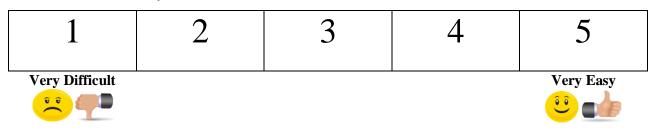
How would you describe your personality? For example, are you....out-going, shy, funny, serious, caring, crazy, thoughtful, a thinker, etc.

## JOB (PAST OR PRESENT)

What did you do (or do you currently do) for a living?

## LISTENING

How difficult is it for you to UNDERSTAND WHAT OTHERS ARE SAYING? Circle one.



#### SPEAKING

How difficult is it for you to SPEAK? Circle one.

1	2	3	4	5
Very Difficult				Very Easy
				<u></u>

What speaking situations are MOST DIFFICULT for you? *Mark all that apply.* 

- $\Box$  Talking on the phone
- $\Box$  Conversations with family or friends
- $\Box$  Conversations with strangers
- □ Discussions about personal business
- □ Community transactions (bank, pharmacy, travel agent, bus driver, etc.)
- $\Box$  Restaurants
- □ Doctor/Medical settings
- $\Box$  Work
- $\Box$  Giving directions
- □ Other: \_\_\_\_\_\_
- □ Other: \_\_\_\_\_
- □ Other: \_\_\_\_\_

### **SPEAKING** (continued)

What things would you like to talk about? These can be topics you would enjoy talking about during the group, at home, in your community, with your family/friends, and so forth. <u>Mark all</u> <u>that apply.</u>

- □ Funny stories about your children
- □ Your adventures as a young child/growing up
- $\Box$  Dating and getting married
- $\Box$  Being in the military
- $\Box$  Your worst jobs
- □ Your most important job/career
- $\Box$  Moving or traveling
- □ Family history/ancestry/genealogy
- $\Box$  Current events
- $\Box$  Sports
- $\Box$  Politics/the economy/the government
- $\Box$  Weather
- □ Favorite meals/restaurants
- $\Box$  My house/home town/things to fix
- $\Box$  My stroke and/or other medical issues
- □ Other: \_\_\_\_\_
- □ Other:
- □ Other: \_\_\_\_\_\_
- □ Other:

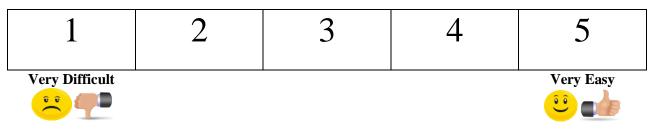
## READING

How difficult is it for you to **READ**? *Circle one*.

1	2	3	4	5			
Very Difficult	<u> </u>			Very Easy			
What kinds of materials would you like to READ? Mark all that apply.							
Popular Magazines. What Titles:							
Daily Newspaper. What Sections:							
Personal Letters							
□ Professional articles or journals							
Fiction Topics:							
Nonfiction Topics:							
$\Box$ Email							
□ Other:							
□ Other:							
□ Other:							

## WRITING

How difficult is it for you to WRITE? *Circle one*.



What kinds of things would you like to WRITE? <u>Mark all that apply.</u>

- $\hfill\square$  Lists of things to buy or appointments to remember
- $\hfills$  and forms
- $\Box$  Cards
- □ Short personal letters
- $\Box$  Long letters
- $\Box$  Stories
- □ Business documents (letters, requests, manuscripts)
- $\Box$  Journals or diary entries
- $\Box$  Email
- □ Other:\_\_\_\_
- □ Other:\_\_\_\_\_
- □ Other: