

Speech and Oral Functioning Questionnaire

Name _____ Date _____ Age _____ ID# _____
(dd/mmm/yy)

Name of respondent _____ Relationship to child _____

Yes No

1a. Does your child have gagging episodes?

1b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

2a. Does your child have difficulty coughing and/or clearing his/her throat?

2b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

3a. Does your child have difficulty sneezing and/or blowing his/her nose?

3b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

4a. Does your child have difficulty laughing?

4b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

5a. Does your child have difficulty with chewing, swallowing and/or feeding (i.e., food coming out his/her nose, choking on certain consistencies like liquids)?

5b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

6a. Does your child have difficulty sticking out his/her tongue and/or pushing out his/her lips (e.g., when giving a kiss, using a straw when drinking, blowing bubbles)?

6b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

7a. Does your child's speech often sound "nasal" (i.e., sounds like s/he talks "through" his/her nose and/or snorts air out of his/her nose when talking)?

7b. What about when s/he was younger? At what age(s)? _____

Please describe if answered "yes" to either a or b: _____

8a. Does your child have little or no speech or is his/her speech hard for strangers to understand?

8b. What about when s/he was younger?

Please describe if answered "yes" to either a or b: _____

8c. At what age did s/he develop clear speech? _____