



Northwestern University
School of Communication

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NORTHWESTERN
 UNIVERSITY

Intensive Aphasia Program Application

Please send completed applications by mail to Northwestern University Aphasia Institute, 2240 Campus Dr., 1-347, Evanston, IL 60208 or by email to a-wilkins@northwestern.edu or b-hadziselimovic@northwestern.edu.

Name:

Gender:

Date of birth:

Address:

Phone:

Email:

Medical Information

What caused your communication problems (e.g., stroke, traumatic brain injury, etc.)?

When did this event occur?

Please list all hospitals and rehabilitation centers where you were treated following this event:

Hospital:	Approximate dates:

As a result of your stroke/accident/illness:

Do you have any trouble with swallowing? YES NO

If yes, please describe:

Are you on a special diet? YES NO

If yes, please describe:

Do you have trouble with walking: YES NO

If yes, please describe:

Do you use a wheelchair? YES NO

If so, do you use it independently? YES NO

Do you use a cane or walker? YES NO

Do you have weakness or paralysis of your arm/hand: YES NO

If so, which side?

Please describe any other long-standing medical issues, if applicable:

Please list current medications and dosages:

Do you have any allergies? YES NO

If yes, please describe:

Communication Information

For the following, please check all that apply and provide additional information as appropriate.

Which of the following best describes your verbal expression abilities?

- Able to use sentences most of the time
- Able to put two or three words together
- Able to say single words
- Unable to speak

Which of the following errors, if any, occur when you speak?

- Incorrect word comes out (e.g., "spoon" for "fork")
- A non-word comes out (e.g., "gork" instead of "fork")
- Sentences are not complete or grammatically correct
- Sounds or syllables come out in the wrong order (e.g., "nabana" for "banana")
- Speech sounds slurred, breathy, or strained

Additional information:

Which of the following best describes your ability to understand speech?

- Able to understand all conversations
- Able to understand conversations some of the time
- Able to understand and follow short, simple directions
- Often unable to understand conversation or directions

Additional information:

Which of the following best describes your ability to read?

- Able to read books

- Able to read newspapers and magazine articles
- Able to read sentences (e.g., short instructions, newspaper headlines)
- Able to read single words
- Unable to read

Additional information:

Which of the following best describes your ability to write?

- Able to write multiple complete sentences (e.g., e-mail messages, short notes)
- Able to write some short sentences and phrases
- Able to write single words
- Able to write name and address
- Unable to write

Additional information:

Did you have any communication problems before the stroke/accident/illness?

- YES NO

If yes, please describe.

Has your hearing been tested recently? YES NO

If so, when?

Do you wear a hearing aid? YES NO

Have you experienced any visual changes since your stroke/accident/illness?

- YES NO

If yes, please describe.

What are your goals for communication at this time?

Personal Information

Who do you live with (indicate name and relationship)?

What is/was your most recent occupation?

Are you currently employed? YES NO

If so, where?

Were you employed at the time of your stroke/accident/illness? YES NO

If yes, where?

Please indicate your highest level of education:

- 8th grade or less
- 9th –11th grade
- High school graduate
- Some college but not a college graduate
- College graduate (4 year program)
- Advanced degree

Is English your first language? YES NO

Did you ever speak another language fluently? YES NO

If yes, which language(s)?

Describe what you do in an average day:

What kind of leisure activities/hobbies do you enjoy?

What kinds of activities would you like to be able to do but have difficulty with?

Is there anything else that would be helpful for your therapists to know?