

University of Oregon
HEDCO Clinic
Speech-Language-Hearing Center

CHILD HISTORY QUESTIONNAIRE

CONFIDENTIAL

According to our record, you have requested a speech examination for your child. In preparation for this examination, we would like you to provide us with the following information. This information will assist the Center staff in planning for and conducting a more meaningful examination.

Please answer the questions as fully and accurately as possible. Many parents have found the child's baby book helpful in remembering particular dates. If you are not sure of a particular date, please write the date that you think is right and put a question mark after it.

All the following information is for the confidential use of the Center staff only.

Mail to: University of Oregon
HEDCO Clinic
1655 Alder Street, Suite 170
Eugene, OR 97403-5207

Telephone: (541) 346-0923
Fax: (541) 346-6772

Name of Person Filling Out This Questionnaire: Kay

Relationship to Child: mother

Signature _____

Date 11/16/13

I. IDENTIFYING INFORMATION

Name of Child Matthew
(First) (Middle) (Last)

Birthdate _____ Age 4 1/2

Race/Ethnicity (optional):

☐ White ☐ African-American
☐ American Indian and Alaska Native (please indicate tribe if available)
☒ Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian)
☐ Native Hawaiian or Other Pacific Islander (Guamanian, Chamorro, Samoan, other Pacific Islander)
☐ Multiracial ☐ Other ☐ Unknown

Address _____
City _____ County LA State _____
Zip C Daytime Phone _____

Parents:	Name	Age	Occupation
Father	<u>Mike</u>	_____	_____
Mother	<u>Kay</u>	_____	_____

Please indicate if the address of either parent is different from that of the child:

Other Children in the Family:

Name	Sex	Age	School / Grade
<u>1</u>	<u>F</u>	<u>8</u>	<u>Adams / 3rd</u>

Who referred you to this center? Big Little School
Address (if professional) _____
Child's Doctor: Dr. _____
Address: _____

Would you like a copy of our report sent to your child's doctor? Yes ☐ No ☒
Other professional persons or agencies to send reports to: _____

II. STATEMENT OF THE PROBLEM

Please describe in your own words what problem your child is having with speech, language, and/or hearing:

After being adopted from China at 13 mo., he did no babbling until he was 2 1/2-3 yrs. He was deemed profoundly speech delayed. Has worked with EC cares since then, but is still far behind his peers and is getting more frustrated & embarrassed.

When was the problem first noticed? Arrival home - 18 months old.

Who noticed the problem? parents & EC Cares evaluators

What changes in your child's language and/or speech have you noticed since that time?

Some improvement w/ early letter sounds, will say the same word over and over when he can't get the words out "Mama... Mama... Mama..." or "uh... mmm... uh... mmm..."

How does your child seem to feel about his/her speaking or hearing ability?

He is starting to be self conscious about it. He is bright, hard working, and has a lot to say, but can't get the words out

What reactions do parents, siblings, and/or friends have towards the problem?

They used to say "He's a boy." or "He'll talk in time." but I ignored them. Now they think he's getting better but they still can't understand him.

Do you have any thoughts as to the cause of the problem? We were told it was a motor problem - his hearing is fine

What have you done to try to help your child's problem and has it helped? Games - Zingo, Spot It! et choices, encouraging enunciation, etc. I don't know if it has helped. repeating back, reading, etc.

If your child's speech/language/hearing varies, under what circumstances does it become

a. better

b. worse

I don't know...

Have you ever sought professional advice about your child's speech/language/hearing problem before?

☒ Yes

☐ No

Was it for an evaluation or therapy?

Name of Professional or Agency: EC Cares

Address: _____

When? (13 mo)

For how long? still ongoing

What recommendations were given? too numerous to list.

What has been done since then? I've done everything they asked - 3 years of various strategies, interventions, and aids.

Check the items that your child seems to do more than other children the same age:

- ☒ Avoids speaking at school.
- ☒ Avoids speaking in play situations.
- ☐ Avoids speaking at home.
- ☐ ? Avoids speaking to children (male ___ female ___)
- ☐ Avoids speaking to adults (male ___ female ___)
- ☐ Avoids saying certain words. *27 wants to say lots of words, but they don't come out.*
- ☒ Cries when unable to communicate. *sometimes*
- ☒ Becomes aggressive when unable to communicate. *- mainly when he's really frustrated.*

Have any relatives had problems similar to that of your child's?

His sister, also from China, talked early.

Relationship to Child: _____ Type of Problem: _____

N/A - adopted.

☒ No

Results of any therapy for the relative: _____

III. MEDICAL HISTORY (check all that apply)

	Age	Mild	Moderate	Severe		Age	Mild	Moderate	Severe
Mumps					Adenoidectomy				
Pneumonia					Mastoidectomy				
Allergies					High Fevers				
Asthma					Blood Disease				
Influenza					Encephalitis				
Measles					Headaches				
Meningitis					Chronic Colds				
Orthodontia					Tonsillectomy				
Cross-Eyed					Tonsillitis				
Whooping Cough					Rheumatic Fever				
Polio					Scarlet Fever				
Croup					Muscle Disorder				
Dental Problems					Nerve Disorder				
Diphtheria					Ear Infections				
Earaches					Chicken Pox				
					Heart Problems				

Describe any other illnesses, accidents, injuries, operations, and/or hospitalizations of your child. Include the age of the child at the time of the event. _____

My child's health is: ☒ Good

☐ Fair

☐ Poor

Is your child on any medication or undergoing any medical treatment?

☐ Yes

☒ No

IV. SPEECH, LANGUAGE, AND HEARING DEVELOPMENT

Did the child make "baby talk" sounds during his/her first 6 months? unknown
At what age did your child say his/her first word? ~2 (but we didn't understand what he was trying to say until months later)
What were the child's first words? water, mama, dada, no, go
Did the child continue to add words once he started to talk? very slowly
At what age did the child begin using 2 and 3 words sentences? not sure, at least 3 yrs old
Did speech learning ever seem to stop for a period of time? no, ?

My child talks: Frequently Occasionally Rarely/Never
My child prefers to: Talk Gesture Both
My child most often uses:
Sounds Single Words 2-3 Word Sentences 4+ Word Sentences

Does your child make sounds incorrectly? If so, which ones? so many, s, t, f, all blends, g, h, l, r, p, v, z
Does your child hesitate, repeat, or stutter on sounds or words? hesitates a lot, repeats some sounds
Does your child seem to understand what you say to him/her? yes
Does your child ever have trouble remembering what you have told him/her? no
Does your child read books or listen to music very often? a lot
How often do you read to your child? every day

V. MEDICAL EXAMINATION TREATMENT

Month/Year of Last Physical Exam: 3/2013 Doctor: _____
Results: normal
Month/Year of Last Eye Exam: 5/2010 Doctor: un portland
Results: normal
Month/Year of Last Hearing Test: 5/2011 Doctor: _____
Results: _____
Did/does the child wear a hearing aid? Yes No Glasses? Yes No

VI. EDUCATIONAL HISTORY

My child attends: Daycare Nursery Kindergarten Grade School
School Middle School High School Not Yet In School

X School School Grade Level 4's class - preschool

My child's work in school is: Below Average Average Above Average
What are your child's best and worst subjects? Art, learns fast but trouble speaking
Does your child receive any special assistance at school? Yes No
Describe: speech therapist & special educator via EC Cares

Has he/she ever repeated a grade? N/A

What is your impression of your child's learning abilities? extremely capable and bright

VII. DAILY BEHAVIOR (check all that apply)

	Yes	No	Explain: (ages if possible)
Eating Problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	sometimes doesn't like bkfst
Sleeping Problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	transitioning out of naps
Toilet Training Problems		<input checked="" type="checkbox"/>	
Difficulty Concentrating		<input checked="" type="checkbox"/>	
Needs a lot of Discipline	<input checked="" type="checkbox"/>		strong will, need to be consistent, follow through
Underactive		<input checked="" type="checkbox"/>	
Overactive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	very active, but I don't think overly so
Excitable		<input checked="" type="checkbox"/>	not overly so
Laughs Easily	<input checked="" type="checkbox"/>		He is happy!
Excessive Crying		<input checked="" type="checkbox"/>	unless he mad and/or hurt feelings
Difficult to Manage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	not excessively so.
Sensitive	<input checked="" type="checkbox"/>		self-conscious, kind, sweet, thoughtful
Personality Problem		<input checked="" type="checkbox"/>	He's perfect! Great personality. Fun.
Gets Along Well w/Children	<input checked="" type="checkbox"/>		does well, thoughtful.
Gets Along Well w/Adults	<input checked="" type="checkbox"/>		does well
Emotional		<input checked="" type="checkbox"/>	sensitive but not overly emotional
Makes Friends Easily		<input checked="" type="checkbox"/>	a little cautious, maybe shy?
Generally Happy	<input checked="" type="checkbox"/>		very!
Irritable	<input checked="" type="checkbox"/>		mainly when tired or feeling stubborn or mad
Prefers to Play Alone		<input checked="" type="checkbox"/>	very social

Describe any other type of behavior you consider to be a problem: _____

What games and toys does your child prefer? Legos, art, games, books, etc

How many hours each day does the child watch television? < 30 minutes, some often

Which programs does he/she watch the most? PBS, Franklin, Max & Ruby

VIII. FAMILY

Who disciplines the child the most? Mom, Dad does too, but a little less

What are the usual types of discipline? 1-2-3 magic & redirection, etc.

What types are the most effective? all are - must have consistent follow-through

What is the child's reaction to discipline? sometimes he tests, usually ok - most be positive

Which parent spends the most time in activities with the child? Mom for now

How does the child get along with brothers and/or sisters? LOVES sister - some testing/bickering

What kinds of activities do the whole family participate in? hiking, games, picking fruit, legos

What things does the child do particularly well? rides a bike (no training wheels), Jiu Jitsu, yard, etc

Adapted from Meisus, L.J. & Weinberg, B. (Eds.), *Diagnosis in Speech-Language Pathology*. Baltimore: University Park Press, 1983.

writing / drawing
figuring how things work
Legos, etc.
puzzles