



Checklist of Warning Signs for Older Adults that may Indicate you have a Communication, Swallowing or Hearing Disorder

If you answer yes to any number of these questions, a speech-language pathologist or audiologist may be able to provide assistance:

SPEECH/LANGUAGE

- | | | |
|--|-------------------------------------|------------------------------------|
| Do you have difficulty finding the right words when you are speaking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you find that people ask you to repeat yourself when you are speaking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel that your speech is unclear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any trouble understanding what people are saying to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have more difficulty understanding what you read now (not related to diminished vision) compared to the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have more difficulty writing (not related to physical limitations) now compared to the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HEARING

- | | | |
|--|-------------------------------------|------------------------------------|
| Do you often ask people to repeat themselves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you find that people mumble or don't speak clearly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty hearing on the telephone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty understanding speech in noisy situations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you experience frequent dizziness or ringing in the ears? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SWALLOWING

- | | | |
|---|-------------------------------------|------------------------------------|
| Do you have any problems swallowing foods or drinks and avoid them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you experience coughing or choking when eating or drinking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you ever have the sensation of food sticking in your throat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have problems with repeated chest infections or pneumonia with no explanation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have difficulty chewing or moving food around in your mouth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you become short of breath while or after eating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel food or fluid coming back up after you eat or drink? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a history of stroke, head/neck surgery, head injury neurological disease (e.g. Parkinson's, Huntington's, etc.), intubations for feeding or to assist with breathing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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