



13611 Skinner Road, Suite 250
 Cypress, Texas 77429
 1110 Enclave Parkway
 Houston, TX 77077
 (832) 593-6767
 (832) 593-6868 FAX

Fluency Questionnaire (13 years and older)

Please complete in addition to the General Adult Case History

Client: _____ **DOB:** _____ **Age:** _____ **Date:** _____

1. Please indicate the type(s) of speech difficulty you experience.

2. When did the speech problem start?

3. This problem has become-- (Please check one.)
 ___ Worse ___ Better ___ Remained the same

4. Are there people in your family who stutter? _____
 If so, who are they? (Father, aunt, mother's father/paternal grandfather, etc.)

Types of disfluencies: (Please check.)	Seldom	Sometimes	Often
a. Hesitations – Pauses as if thinking about what to say before or during speaking.	_____	_____	_____
b. Interjections – Adds sounds, syllables or words when speaking. (“Well, I want to, well, go home.” “ Do you, do you, want some?”)	_____	_____	_____
c. Revisions of phrases or sentences Changes what is said. (“ I want to, I'd like to go somewhere, can I go with you?”)	_____	_____	_____
d. Phrase repetitions (“Mom can I, can I, get some candy?”)	_____	_____	_____
e. One-syllable word repetitions --Two or less with no tension. (Can I get, get, get some candy?)	_____	_____	_____

		Seldom	Sometimes	Often
f.	Part-word syllable repetitions -- Two or less, no tension.	_____	_____	_____
g.	One syllable word repetitions — Three or more <u>or</u> uneven stress. (“Mom, can, can, can, I get some candy?” or “Mom can, CAN I get some candy?”)	_____	_____	_____
h.	Part-word syllable repetitions -- Three or more <u>or</u> uneven stress. (“I want a pu, pu, puppy.” Or, “ I want a pu, P Uppy.”)	_____	_____	_____
i.	Sound repetitions, especially “uh”. (M, m, m, mom, can I go?” or Uh, uh, can I, uh, go, uh, uh, home?”)	_____	_____	_____
j.	Prolongations – Stretching or holding onto a sound. (“MMMMMMMMom, I want that.”)	_____	_____	_____
k.	Increased muscle tension noted in the mouth, throat or lips. (Child seems to press lips together tightly or force words out.)	_____	_____	_____
l.	Non-speech behaviors. (Blinks eyes, slaps body, bends or moves body in some way to get speech started.)	_____	_____	_____

Are there any actions you do to get speech started (i.e., eye blink, tap foot)?

7. What people or speaking situations do you avoid? (Using the phone, making oral reports, etc.)

8. Do you have difficulty with certain sounds or words? If so, which ones?

9. Please describe the times when your speech is ...
Much better

Much worse

9. How do people in your life react to your speech?

Spouse/boyfriend/girlfriend: _____

Father: _____ Mother: _____

Grandparents/extended family: _____

Brothers/sisters: _____

Friends: _____

Boss/Coworkers: _____

Others: _____

10. What have you tried to do to help? Does this help?

11. Do you consider yourself to be more sensitive than others?

_____ Yes _____ No

12. Are you likely to be upset if you can't do something well?

_____ Yes _____ No

13. Do you have other comments or concerns?

Please return this form to: _____ at _____.

This form was designed by Kathy Swiney, M.A., CCC-SLP, and reviewed by Hugo Gregory, Ph.D. in August 2000. It includes information from: Gregory, H. H. & Hill, D. (1993). *Differential evaluation — Differential therapy for stuttering children*. In R.F. Curlee (ed.) *Stuttering and Related Disorders of Fluency*. New York: Thieme.

The Speech Emporium reworded this form for adult clients.