

Parent Questionnaire for Fluency (12 years and under)

Please complete in addition to Child Case History

Student: _____ DOB: _____ Age: _____ Date: _____

Name of adult completing this questionnaire: _____

Relationship to student: _____

1. Please indicate the type(s) of speech difficulty your child has.

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?)	_____	_____	_____
f.	Part-word syllable repetitions -- Two or less, no tension.	_____	_____	_____

		Seldom	Sometimes	Often
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.)	_____	_____	_____

What does your child do with his or her body to get speech started?

6. How aware is your child of his/her speech difficulty? (Please check.)
- _____ My child shows little or no awareness of his/her speech difficulties.
- _____ My child shows some awareness of his/her speech difficulties. (More surprise than fear or embarrassment.)
- _____ My child is annoyed by his/her speech difficulties.
- _____ My child shows fear of speaking and embarrassment after stuttering
- _____ My child shows very strong negative feelings about his/her speech. (My child is avoiding some people or situations to keep from stuttering.) If you check this item, please answer the question below.
7. What people or speaking situations does your child avoid? (Using the phone, making oral reports, etc.)

8. Does your child have difficulty with certain sounds or words? If so, which ones?

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

Much worse

9. How do special people in your life react to your child's speech?

Father: _____ Mother: _____

Grandparents: _____

Brothers/sisters: _____

Babysitter/Day Care staff: _____

Playmates/cousins/friends: _____

Others: _____

10. What have you tried to help your child? Does this help?

11. Do you consider your child to be more sensitive than most children?
_____ Yes _____ No

12. Is your child likely to be upset if he or she can't do something well?
_____ Yes _____ No

13. Do you have other comments or concerns about your child?

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.