

OMNIE WEB PAGE

Diagnostic Protocol

2009

Additional Forms are Available at.....

www.fluencyfriday.org

Note: The Diagnostic Protocol was compiled with the permission of the various authors. All are acknowledged & FFP thanks them for their generosity in helping us help kids who stutter. Additionally protocols are contributed by Rod Gabel.

Real-Time Analysis of Speech Fluency

(Yaruss, Journal of Speech-Language Pathology, 1998)

- Diagnostic assessment typically looks at frequency of disfluency, duration, types, and severity of disfluency in spontaneous speech. Diagnosis also includes potential interactions between fluency and speech/language development and oral-motor skills. Also the client's reaction to stuttering and attitudes about speaking.
- The two most fundamental measures include frequency of disfluency and types of disfluency.
- Thorough evaluation is important for planning treatment.

Purpose of Real-Time Analysis

- Provide a measure of the frequency of various types of disfluency occurring in a speech sample.
- Does not require a transcription.
- Quick and easy to perform.
- Provides information important to clinical decision-making.
- Flexible by allowing the clinician to select syllable or word measurement; the behaviors measured (types of disfluency vs. stuttering); and sample size. Other measures such as duration and number of iterations can also be measured.
- Transcribed analysis is time consuming and Real-Time Analysis can be done more frequently, thus is a better tool for session-to-session documentation.

Procedures for Conducting Real-Time Analysis

- Basic procedure involves observing a speech sample and counting fluent and disfluent words (either video tape, audio tape or in person).
- **Step 1:** Observe the client speaking for a few minutes to become familiar with the general speaking style and pattern of disfluencies in the speech.
- **Step 2:** Begin coding speech with a dot (.) or a dash (-) for fluent words and an (x) or coding symbol for a disfluent word.

Coding Symbols: R = repetitions rv = revision

P = prolongations F = filler/starter

B = blocks p = long pause

- **Representative Sample**. Do not worry about missing words or maintaining pace with the speaker. Focus on obtaining a representative sample.
- **Disfluency Count Sheet**: word count or syllable count-most differentiate between less typical and more typical disfluencies.
- **Specific Considerations**:

.multiple iterations of a single disfluency – mark with type of disfluency & number

.disfluencies involving several words (not always a correlation between number of disfluencies and words)

.multiple disfluency types on a single word or phrase; options include selecting the most severe type of disfluency, entering a code for each type of disfluency, or develop a code for disfluency combinations.

.formulaic utterances/lexicalized phrases

.repetitions that are not disfluencies

.toy noises

.unintelligible utterances

.non-representative samples

.additional markings: vertical slash for utterance breaks, superscripts for number of iterations, heavy dots for the presence of visible or audible tension.

- Intrajudge agreement is important.

Yaruss, J.S. (1998), "Real-Time Analysis of Speech Fluency: Procedures and Reliability Training." AJSLP, Vol. 7, No. @, pp25-37.

Yaruss, J.S., Max, M., Newman, R. and Cambell, J.H. (1998). "Comparing Real-Time and Transcript-Based Techniques For Measuring Stuttering", Journal of Fluency Disorders, 23, pp. 137-151.

FLUENCY FRIDAY PLUS: TYPES OF DISFLUENCIES (Gregory, et. al.)

More Typical Disfluencies (Disfluencies without tension; Counted but separated from disfluencies with tension)

- **Hesitations:** silent pause of 1 second or longer
(ie: I.. *(pause)*..want the red one)
- **Interjections:** meaningless words irrelevant to the message [um/like/well/uh]
(ie: I *um* want the red one)
- **Revisions:** change in content, grammar, or pronunciation of a message
(ie: I want the *blue...the red* one)
- **Unfinished words:** a word that is abandoned and not completed later in the message
(ie: I want the *oran....red* one)
- **Phrase repetitions:** repetition of at least 2 complete words of the message
(ie: *I want...I want* the red one)
- **Word repetitions** (up to 2x): repetition of a whole word in a slow casual way
(ie: *I I* want the red one)

Less Typical Disfluencies (Disfluencies with tension; considered as stuttered words)

- **Word repetitions** (3x or more): repetitions of a whole word
(ie: *I I I I* want the red one)
- **Interjections:** (used as a starter, or 3x or more, or used rapidly)
(ie: *Um Um Um* I want *well well well* the red one)
- **Syllable repetitions:** more than a sound repetition and less than a word repetition
(ie: I *wa wa* want the red one)
- **Sound repetitions:** repetition of a phoneme that does not stand alone as a word
(ie: I want the *r r r* red one)
- **Prolongations:** duration of a phoneme (may include pitch rise and tension)
(ie: *IIIIIIII* want the red one, or I *waaaaaaa*ant the red one)
- **Blocks:** inappropriate timing for initiation of a phoneme or release of a stop element
(ie: I want.....the red one) [can include fixed articulatory posture and tension]
- **Multi-component:** combination of disfluencies right in a row (less or more typical types)
(ie: *I I I waaaaa*ant the red one, or *I, uh uh, wa wa wa* want the red one)

Tips for Counting Stutters

- A **Repetition** of a sound, syllable, or word is **one disfluency** regardless of the number of iterations. (i.e.: Um um um um I wa wa wa want the red uh one = 2 stutters and 5 syllables)
- A **Prolongation** of a sound is one disfluency.
- A **Block** on a word is one disfluency regardless of the duration.
- An unnaturally **long pause** is one disfluency if the pause is longer than comfortable for the listener.
- A revision is one disfluency.
- In reading, the omission, modification, or addition of a word or words is one disfluency.
- Fillers and starters are counted as disfluencies; several fillers words used to initiate a word are counted as one disfluency.

Age: _____

Date of Sample: _____

Speaking Condition: play _____ monologue _____ conversation _____

Communication Partner: clinician _____ parents _____ peers _____

Was the student asked to use a fluency strategy prior to the sample? Yes or No

Instructions:

- Use calculator to count 300 syllables (1+1 =, then press = after that for each syllable)
- Do not count stutters as part of your syllables
- Use clicker/mark on paper to count stutters
- Divide # of stutters by 300 syllables (ie: 16 stutters/300 syllables = .053333)
- Multiply answer x 100 (ie: .053333 x 100 = 5.333%)
- Obtain percentage of stuttered syllables (ie: 5.3%)

Sample 1: _____%

Sample 2: _____%

Sample 3: _____%

Types of stutters used: (mark with X)

_____ Word repetitions 3x or more and rapid

_____ Interjections used as starters

_____ Syllable repetitions

_____ Sound repetitions

_____ Prolongations

_____ Blocks

_____ Multi-components of these

Further description of stuttering: (visible tension, pitch rise, 2ndary behaviors)

Student: _____

Age: _____

Date of Sample: _____

Speaking Condition: play _____ monologue _____ conversation _____

Communication Partner: clinician _____ parents _____ peers _____

Was the student asked to use a fluency strategy prior to the sample? Yes or No

Instructions:

- Use stopwatch to time the speaking sample (1 or 2 minutes): only time when student is speaking, turn stopwatch off when student stops talking or when you talk.
- Use clicker or mark with pen # of stutters during timed period
- Divide # of stutters by # of minutes to get stuttered words per minute (swpm)
(ie: 9 stutters in 2 minutes = 4.5 swpm, or 10 stutters in 1 minute = 10 swpm)

Sample 1: _____ swpm

Sample 2: _____ swpm

Sample 3: _____ swpm

Types of stutters used: (mark with X)

_____ Word repetitions 3x or more and rapid

_____ Interjections used as starters

_____ Syllable repetitions

_____ Sound repetitions

_____ Prolongations

_____ Blocks

_____ Multi-components of these

Further description of stuttering: (visible tension, pitch rise, 2ndary behaviors)

Normative Fluency Data

Hugo Gregory: SDA (Systematic Disfluency Analysis)(see reference)

Severity Level

**Less Typical Types
Qualitative Features**

More Typical Types

(LTT)

(MTT)

Normal	< 2%	> 10%	None
Borderline	2% - 3%	or > 10% of both	Infrequent signs of tension
	More typical audible/visible types of disfluencies (fillers, interjections, etc.)		
Mild	3% - 8%	10% - 15%	
	Signs of visible audible tension; multiple stutters occurring		
Moderate	8% -15%	Greater #'s	More severe stuttering; audible/visible tension
Severe	12% or more	Significantly high	Significant tension

Normal Speakers

- **2 or less stutters in 100 syllables or 2 or less stutters in a minute sample is normal.**
- These are Less Typical Type **(LTT)**: sound/syllable/whole word repetitions, blocks, and prolongations
- **Or.....**
- 8 or less disfluencies in 100 syllables = normal
- This includes the More Typical Types **(MTT)**: interjections, revisions, phrase/word repetitions

Fluency Severity Rating Scale: Bruce Ryan

Use method A for both parts I and II or use method B for both parts I and II.

	(1) Mild	(2) Mild- Mod.	(3) Moderate	(4) Moderate- Severe.	(5) Severe
I. (a) Frequency of Blocks: Include prolongations & repetitions or	2-5%	6-10%	11-18%	19-24%	25% or more
(b) Stuttered words per minute**	.6-5		6-10		11+
II. (a) Duration					

– Average of 3 longest blocks or	Up to 1 sec.	2-4 secs.	5-9 secs.	10-15 secs.	16 secs. or more
(b) Total Words spoken per minute	90-99		70-89		69
III. Secondary Characteristics: Sounds, head moves., facial grimaces, etc.	Not noticed by average person		Distracts from content of communication		Displays obvious/ severe secondaries.

Recommended Procedure: Tape record speech samples of 200 words minimum for baseline. Tally frequency of blocks to compute percentage. Average 3 longest blocks to determine duration.

Attitudinal Scales

A-19 (Grades K-4)

CAT-R (Ages 7-11+)

S-24 (18-Adults)



What are you thinking about communication?

A-19 SCALE

NAME: _____ **DATE:** _____

- | | | | |
|----|---|-----|----|
| 1. | Is it best to keep your mouth shut when you are in trouble? | Yes | No |
| 2. | When the teacher calls on you, do you get nervous? | Yes | No |
| 3. | Do you ask a lot of questions in class? | Yes | No |
| 4. | Do you like to talk on the phone? | Yes | No |
| 5. | If you do not know a person, would you tell them your name? | Yes | No |
| 6. | Is it hard to talk to your teacher? | Yes | No |
| 7. | Would you go up to a new boy or girl in your class? | Yes | No |

8.	Is it hard to keep control of your voice when talking?	Yes	No
9.	Even when you know the right answer, are you afraid to say it? No		Yes
10.	Do you like to tell other children what to do?	Yes	No
11.	Is it fun to talk to your dad?	Yes	No
12.	Do you like to tell stories to your classmates?	Yes	No
13.	Do you wish you could say things as clearly as the other kids do?	Yes	No
14.	Would you rather look at a comic book than talk to a friend?	Yes	No
15.	Are you upset when someone interrupts you?	Yes	No
16.	When you want to say something, do you just say it?	Yes	No
17.	Is talking to your friends more fun than playing by yourself?	Yes	No
18.	Are you sometimes unhappy?	Yes	No
19.	Are you a little afraid to talk on the phone?	Yes	No

(Copied with permission from Barry Guitar, Ph.D., 1996)

A-19 Scale For Children Who Stutter

Susan Andre and Barry Guitar- University of Vermont

Establish rapport with the child and make sure that he/she is physically comfortable before beginning administration. Explain the task to the child and make sure he/she understands what is required. Some simple directions might be used: **“I am going to ask you some questions. Listen carefully and then tell me what you think; Yes or No. There is no right or wrong answer. I just want to know what you think.”**

To begin the scale, ask the questions in a natural manner. Do not urge the child to respond before he/she is ready, and repeat the question if the child did not hear it or you feel that he/she did not understand it. Do not reword the question unless you feel it is absolutely necessary, and then write the question you asked under that item.

Circle the answer that corresponds with the child’s response. Be accepting of the child’s response because there is no right or wrong answer. If all the child will say is “I don’t know”, even after prompting, record that response next to the question.

For the younger children (kindergarten and first grade), it might be necessary to give a few simple examples to ensure comprehension of the required task:

- | | | |
|----------------------------|-----|----|
| a. Are you a boy? | YES | NO |
| b. Do you have black hair? | YES | NO |

Similar, obvious questions may be inserted, if necessary, to reassure the examiner that the child is actively cooperating at all times. Adequately praise the child for listening and assure him/her that a good job is being done.

It is important to be familiar with the questions so that they can be read in a natural manner.

The child is given one point for answers that match those given below. The higher a child's score, the more probable it is that he/she has developed negative attitudes toward communication. In our study, the mean score of the K through 4th stutterers (N=28) was 9.07 (S.D. = 2.44), and for the 28 matched controls, it was 8.17 (S.D.=1.80).

Score one point for each answer that matches these:

- | | |
|--------|---------|
| 1. YES | 10. NO |
| 2. YES | 11. NO |
| 3. NO | 12. NO |
| 4. NO | 13. YES |
| 5. NO | 14. YES |
| 6. YES | 15. YES |
| 7. NO | 16. NO |
| 8. YES | 17. NO |
| 9. YES | 18. YES |
| | 19. YES |

(copied with permission from Barry Guitar,
Ph.D., 1996).

SCALE OF COMMUNICATION ATTITUDES

- | | TRUE | FALSE |
|---|-------|-------|
| 1. I usually feel I am making a favorable impression when I talk. | _____ | _____ |
| 2. I find it easy to talk with almost anyone. | _____ | _____ |
| 3. I find it very easy to look at my audience while speaking. | _____ | _____ |

- | | | | |
|-----|---|-------|-------|
| 4. | A person who is my teacher or my boss is hard to talk to. | _____ | _____ |
| 5. | Even the idea of giving a talk in public makes me afraid. | _____ | _____ |
| 6. | Some words are harder than others for me to say. | _____ | _____ |
| 7. | I forget all about myself shortly after I begin to give a speech. | _____ | _____ |
| 8. | I am a good mixer. | _____ | _____ |
| 9. | People sometimes seem uncomfortable when I am talking to them. | _____ | _____ |
| 10. | I dislike introducing one person to another. | _____ | _____ |
| 11. | I often ask questions in a group discussion. | _____ | _____ |
| 12. | I find it easy to keep control of my voice when speaking. | _____ | _____ |
| 13. | I do not mind speaking before a group. | _____ | _____ |
| 14. | I do not talk well enough to do the kind of work I'd really like to do. | _____ | _____ |
| 15. | My speaking voice is rather pleasant and easy to listen to. | _____ | _____ |
| 16. | I am sometimes embarrassed by the way I talk. | _____ | _____ |
| 17. | I face most speaking situations with complete confidence. | _____ | _____ |
| 18. | There are few people I can talk with easily. | _____ | _____ |
| 19. | I talk better than I write. | _____ | _____ |
| 20. | I often feel nervous while talking. | _____ | _____ |
| 21. | I find it very hard to make talk when I meet new people. | _____ | _____ |
| 22. | I feel pretty confident about my speaking ability. | _____ | _____ |
| 23. | I wish that I could say things as clearly as others do. | _____ | _____ |
| 24. | Even though I know the right answer, I have often failed to give it because

I was afraid to speak out. | _____ | _____ |

SCORE _____

NUMBER of RESPONSES that Match the C.A. Inventory -Key

"NORMS" FOR S24 COMMUNICATION ATTITUDES INVENTORY

(Andrews and Cutler, 1974 revision of Erickson, 1959 text)

36 ADULT MALE STUTTERERS

25 ADULT MALE NONSTUTTERERS

Prior to Treatment

Mean = 19.22

Mean = 9.14

Range = 9 - 24

Range = 1-21

S.D. = 4.24

S.D. = 5.38

After Treatment

Mean = 14.27

Fluency range = 0-24

Instatement S.D = 5.73

After Transfer Phase Mean = 9.11

Fluency Range = 1-18

Phase S.D. = 5.18 C.A. Inventory – Key PWS Responses:

1. F	6. T	11. T	13. F	18. F	23. F
2. F	7. T	12. F	14. F	19. T	24. T
3. F	8. F	13. F	15. T	20. F	
4. T	9. F	14. F	16. F	21. T	
5. F	10. T	15. T	17. T	22. T	

Other Diagnostic Tools

1. Assessment of the Child's Experience of Stuttering (ACES)

Developed by Scott Yaruss, Bob Quesal and Craig Coleman; For more information about Dr. Yaruss go to <http://www.stutteringcenter.org>.

2. CALMS Rating Scale for School-Aged Children who Stutter

Developed by Charlie Healy and Lisa Trautman, University of Nebraska. Copies can be reviewed at <http://www.unl.edu/fluency>.

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Compiled by D. Games

Assessment of Stuttering and Disfluent Behaviors-Older Children
(Gabel, 2002)

Client: _____

Date: _____

Clinician: _____

Assessment Period: _____
(initial, midterm, final)

Type of Measure	Monologue in Clinic	Reading in Clinic	Conversation in Clinic	Conversation with Parent	Conversation out of Clinic
1. Number of Words Spoken					
2. Speech Rate: Total words per minute					
3. Artic Rate: Time spent in articulating per minute					
4. Total Stuttering Disfluencies					
5. Total Number of Nonstuttering Disfluencies					
6. Percentage of Stuttering Disfluencies					
7. Percentage of Total Disfluencies					
8. Mean Duration of Three Longest Stuttering Moments					
9. Naturalness Rating (1=unnatural to 7=natural)					

Assessment of Stuttering and Disfluent Behaviors-Younger Children
(Gabel, 2002)

Client: _____

Date: _____

Clinician: _____

Assessment Period: _____
 (initial, midterm, final)

Type of Measure	Therapist High Stress	Therapist Low Stress	Conversation with Parent	Sample out of Clinic
1. Number of Words Spoken				
2. Speech Rate: Total words per minute				
3. Artic Rate: Time spent in talking per minute				
3. Total Stuttering Disfluencies				
4. Total Number of Nonstuttering Disfluencies				
5. Percentage of Stuttering Disfluencies				
6. Percentage of Total Disfluencies				
7. Mean Duration of Three Longest Stuttering Moments				
8. Naturalness Rating (1=unnatural to 7=natural)				

BOWLING GREEN STATE UNIVERSITY
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STUTTERING CASE HISTORY - CHILD FORM*

NOTE: In order to give you and your child our best service, and to keep the time spent in evaluations at a minimum, we ask you to provide us with the information below. Please return this questionnaire to the Clinic AS SOON AS POSSIBLE and we will contact you to schedule an appointment for your child's evaluation. PARENTS: Please answer all items with the "you" or "your" reference in relation to what your child is experiencing.

Date _____

Name _____ Social Security Number _____

Parents _____

Date of Birth _____ Age _____ Sex _____

Address _____ Telephone (_____) _____

Email: _____

City _____ County _____ State _____ Zip _____

Referred by (name/address): _____

Siblings: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other persons living in home and relation to family _____

EDUCATIONAL HISTORY

School	Location	Highest grade	Date
1. _____	_____	_____	_____

DESCRIBE YOUR PRESENT HEALTH (Parents describe your child's health):

1. Please list all pertinent medical conditions: _____

2. List periods of hospitalization or medical treatment: _____

Hospital/City/State	Date	Reason
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

3. List all surgical procedures: _____

4. List all prescription/nonprescription medication used over the past year (name the type if you cannot remember the generic name, i.e.: aspirin, allergy pills). _____

5. Have you (your child) had a neurological examination? Yes No

If so, by whom, when, and where? _____

Significant Findings? _____

COMMUNICATION HISTORY

1. If you speak a language other than English, please state the language _____

Are you bilingual? _____ Yes _____ No

2. Please describe in your own words the nature of your problem. _____

3. When did you first notice its presence? _____

What were the circumstances? _____

4. Have any members of your family have/had hearing or speech, language, or hearing problems? _____

5. How do you feel your stuttering has affected your social life? _____

6. How do you feel your stuttering has affected your education? _____

7. How do you feel your stuttering has affected your occupation? _____

8. If you didn't have this problem, how would your life be different? _____

9. Describe the reaction of people, including your immediate family, to your stuttering. _____

10. Have you ever been diagnosed with any other speech, language, or hearing problems besides stuttering? If so, what was the diagnosis? _____

11. List interests you have or activities you engage in (clubs, hobbies, organizations, etc.): _____

STUTTERING SPECIFIC INFORMATION

1. Are there any other members of your family who stutter(ed) (parents, brothers or sisters, near or distant relatives)? Yes _____ No _____

Specifically state their relationship(s) to you _____

3. At what age did you begin to stutter? _____

If you do not recall yourself, at what age do you recall being told you began? _____

4. What is your stuttering like: _____

5. Do you repeat sounds _____, words _____, and/or phrases _____?

Do you have long pauses (silent "blocks")? _____

Do you drag out sounds? _____

Are some sounds particularly hard? _____; if so, are they always the same sounds?

If you feel that you will stutter, do you change a word _____, sentence _____, or the entire idea? _____

6. What things do you do to help you talk better or to avoid stuttering? _____

7. If your stuttering has changed in form, what was it like before?

8. Please describe your stuttering as it is now, in your own words.

9. What are your feelings and attitudes toward your stuttering?

10. Do you think of your stuttering as: severe _____, moderate _____, mild _____.

11. Is your stuttering much worse at some times than at others? _____ Yes _____ No

At what times or in what situations is your stuttering particularly severe? _____

At what times or in what situations do you stutter relatively little?

Describe any situations in which you do not stutter at all:

12. What is the nature of your stuttering when you are:

a) very happy or pleased _____

b) angry _____

c) tired _____

d) excited _____

e) talking to teachers _____

f) talking to pets or animals _____

g) talking before a group _____

h) talking to good friends _____

i) talking to parents _____

14. Did any other people let you know they were aware you stuttered? _____

15. Did you receive any special help for your speech (that is, from parents, a speech therapist, psychologist, teacher, physician, etc.?) _____ Yes _____ No

16. At what age(s) did you receive help? _____

How frequently and for how long did you receive this help? _____

17. Of all the things you have tried, what helped you the most?

What things were least helpful? _____

18. What bothers you the most about your stuttering:

The way stuttering looks? _____

The way stuttering sounds? _____

The way you feel when you stutter? _____

The way others react to your speech? _____

THERAPY HISTORY

1. Have you decided to come to therapy on your own? _____

On the advice of another? _____

2. Have you received any prior services for your stuttering? _____ therapy? _____

Agency: _____ Agency: _____

Address: _____ Address: _____

Dates: _____ Dates: _____

Results: _____ Results: _____

3. How effective has prior therapy been in helping you with your stuttering (what helped the most/least)?

4. If therapy was terminated, describe why: _____

5. How long has the present problem existed: _____

6. Has the nature of the problem changed at any time? _____

Explain: _____

7. Is there anything else which you feel is important about yourself and would help us to know in working with you? _____

