

Stuttering Questionnaire for Parents

Student: _____ **Date:** _____ **Parent completing form:** _____

When did you first notice your child stuttering?

Does anyone in your family or extended family stutter?

What makes your child's speech better? What makes it worse?

How do you feel about your child's stuttering?

How does your child feel about her/his stuttering? Is she/he aware of the stuttering?

What do you think caused your child to stutter?

Have you talked about stuttering with your child?

Do you do anything to help your child when she/he stutters? What helps?

Have there been any stressful events or changes in your family recently? (eg: new baby, relocation, family changes). Have these changes impacted your child's fluency?

Please list any medications your child takes on a regular basis:

Are there any other health or learning concerns for your child?

Below are some examples of stuttering/disfluent speech: (check all that apply)

- has frequent interjections (um, like, you know, well-um, etc)
- repeats the beginnings of words (b-b--ball, p-p-puppy, da-da-daddy)
- repeats whole words (I-I-I, he-he-he, we-we-we)
- repeats phrases (I want to- I want to- I want to go, and then- and then- and then we went)
- prolongs sounds (Sssssaturday, nnnnnnobody)
- blocks or gets stuck and is not able to get the sounds and words out. (tension is noticed)
- revises phrases – (starts to talk, then stops, then starts over again- sometimes changing the words)
- has unusual breathing patterns
- has unusual face or body movements (i.e., head nods, eye blinks/eye movements, facial grimaces)

Describe:

My child is disfluent or stutters when she/he: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> feels upset | <input type="checkbox"/> talks with friends |
| <input type="checkbox"/> feels excited | <input type="checkbox"/> talks on the telephone |
| <input type="checkbox"/> feels nervous | <input type="checkbox"/> reads aloud |
| <input type="checkbox"/> feels tired | <input type="checkbox"/> talks with adults |
| <input type="checkbox"/> answers questions | |
| <input type="checkbox"/> talks with specific people: (please list) | |