Stuttering Case History Form

**History of Stuttering**

Give approximate age at which stuttering was first noticed ______________________________  
Who first noticed or mentioned the stuttering? _________________________________________  
In what situation was the stuttering first noticed? _____________________________________  
Describe any situations or conditions that might be associated with the onset of stuttering______  
____________________________________________________________________________  
_____________________________________________________________________________  
Under what circumstances did the stuttering occur after initial onset? ______________________  
_____________________________________________________________________________  

Were the first signs of stuttering (check all that apply)  
☐ Repetitions of the whole word? (boy-boy-boy) ☐ Repetitions of the first letter? (b-b-b-boy)  
☐ Repetitions of the first syllable? (ca-ca-cat) ☐ complete blocks on the first letter? (b…oy)  
☐ Prolongation of the vowel? (caaaaaaat) ☐ Visible attempt to speak (e.g., mouth movement) but no sound forthcoming

Was the stuttering always the same, or did it occur in several different ways? ______________  
If it occurred in different ways, how were they different from one another? Describe__________  
_____________________________________________________________________________  

Approximately how long did each block (on one word) seem to last? _______________________  
Was the stuttering easy or was there force at the time when the stuttering was first noticed? ____  
_____________________________________________________________________________  

Were the words that were stuttered at the beginning of sentences, or were they scattered throughout the sentence being said? ________________________________________________________  

When stuttering first began, was there any avoidance of speaking because of it? Give examples, if any.__________________________________________________________________________  
_____________________________________________________________________________  

At the time when stuttering was first noticed, what was the child’s reaction? (check all that apply)  
☐ Awareness that speech was different? ☐ Surprise?  
☐ Fear of stuttering again? ☐ Anger or Frustration?  
☐ Indifference? ☐ Shame / embarrassment?  
Other? Describe ________________________________________________________________  

What attempts have been made to treat the stuttering problem (either formally or informally)?  
_____________________________________________________________________________  

Does the child have articulation or pronunciation problems in addition to stuttering? If so, please describe ________________________________________________________________  
_____________________________________________________________________________
Development of Stuttering

Since the onset of stuttering, has there been any change in stuttering symptoms? Check those that apply:

- Change in amount of force used
  - Increased?
  - Decreased?
- Change in amount of force used
  - Increased?
  - Decreased?
- Increase in number of repetitions per word
  - Lowered voice?
- Increase in amount of stuttering?
  - Increase in length of block?
- Periods of not stuttering?
  - Longer periods of stuttering?
- More precise in speech attempts?
  - Slower speech rate?
- Looking away from the listener?
  - Change in location of force when stuttering
    (if voice has been present)?

Describe any of the above that apply________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Were there any periods (weeks / months) when the stuttering disappeared? _________________

Were there any periods (weeks / months) when the stuttering increased?____________________

Can you give any explanation for these “worse” periods? ________________________________

Are there any situations that are particularly difficult? If so, describe _______________________

List any situations that never cause difficulty _________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Answer “yes” or “no” to the following as they apply to your (your child’s) stuttering:

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| ☐   | ☐  | Describe your relationship _________________

Do you feel that stuttering interferes with your (your child’s):
(circle Yes or No)  Y / N daily life?  Y / N Social relationships?  Y / N Success in school?