Stuttering Case History Form
(This form is supplemental to Adult/Child Speech 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)
- [ ] Prolongation of the vowel? (caaaaaaat)
- [ ] Complete blocks on the first letter? (b…oy)
- [ ] 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)?
_______________________________________________________________________________
_______________________________________________________________________________

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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?
- 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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| ☐   | ☐  | Do you know any stutterers? 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?

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