

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

(DRAFT VERSION November 15, 2004)

Instructions: You are being asked to participate in a research study to help speech therapists develop a new way to understand what it's like to be a child or teen who stutters. We are gathering information from as many kids who stutter as we can, from many different settings (e.g., schools, speech clinics, support groups) so we can improve this new tool.

The form takes about 20 minutes to fill out. Just mark the answers that apply to you and skip any items that you do not want to answer. Your participation is voluntary, and you may stop at any time. Completing the form offers no risks or benefits to you. Your answers will be completely anonymous, so *please do not mark your name anywhere on the form*. Provide only the following information: AGE _____ GRADE _____ SEX M F Date _____

If you or your parents or your speech therapist have any questions, can contact Dr. J. Scott Yaruss at (412) 383-6538 or via email at jsyaruss@csd.pitt.edu. Thanks for your help!

Section I: General Information

A. Information about your speech	Always	Sometimes			Never
1. How often can you talk fluently (without stuttering)?	1	2	3	4	5
2. How often does your speech sound natural to you (i.e., like the speech of others in your class)	1	2	3	4	5
3. How often do you use the techniques or strategies you learned in speech therapy?	1	2	3	4	5
4. How often do you say exactly what you want to say even if you think you might stutter?	1	2	3	4	5

B. How much do you know about...?	A Lot		Some		Nothing
1. Stuttering in general	1	2	3	4	5
2. What helps people stutter less often	1	2	3	4	5
3. What makes people stutter more often	1	2	3	4	5
4. What happens with your mouth when you stutter	1	2	3	4	5
5. Treatment for stuttering	1	2	3	4	5
6. Support groups for people who stutter	1	2	3	4	5

C. In general, how do you feel about...?	Good		Okay		Bad
1. Your speech	1	2	3	4	5
2. How well you can get your point across to other people	1	2	3	4	5
3. How you talk with other people	1	2	3	4	5
4. The way you sound when you talk	1	2	3	4	5
5. What you have learned in speech therapy	1	2	3	4	5
6. Being able to use what you learned in speech therapy	1	2	3	4	5
7. Being a person who stutters	1	2	3	4	5
8. The speech therapy you are in now	1	2	3	4	5
9. Being called a person who stutters	1	2	3	4	5
10. Support groups for people who stutter	1	2	3	4	5

Section II: Your Reactions to Stuttering

A. When you think about your stuttering, how often do you feel...? <i>(Please complete both columns in this section)</i>															
	Never					Sometimes					Always				
1. helpless	1	2	3	4	5	6. sad/upset	1	2	3	4	5				
2. angry	1	2	3	4	5	7. defensive	1	2	3	4	5				
3. ashamed	1	2	3	4	5	8. embarrassed	1	2	3	4	5				
4. alone	1	2	3	4	5	9. guilty	1	2	3	4	5				
5. nervous/anxious	1	2	3	4	5	10. frustrated	1	2	3	4	5				

B. How often do you...?	Never	Sometimes	Always
1. Feel tension in your muscles when you stutter	1	2	3
2. Feel tension in your muscles even when you are not stuttering	1	2	3
3. Blink your eyes, make a fist, move your head, or do other things when you stutter	1	2	3
4. Look away from people when you are talking or stuttering	1	2	3
5. Stop talking when you think you might stutter	1	2	3
6. Stay away from activities or situations when you think you might stutter	1	2	3
7. Not say what you want to say (e.g., change words, not answer questions, order something you don't want, etc.)	1	2	3
8. Use words like "um" or "uh" or clear your throat to try not to stutter	1	2	3
9. Stutter more just after you stutter on a word	1	2	3
10. Let other people talk for you	1	2	3

C. How often do you...?	Never	Sometimes	Always
1. Think about your stuttering	1	2	3
2. Think that people only care about your stuttering	1	2	3
3. Think that you can't do things you want to do because you stutter	1	2	3
4. Wish you could make sure that nobody would find out that you stutter	1	2	3
5. Think there is nothing you can do to help yourself with your speech or your stuttering	1	2	3
6. Think it is better to not talk if you might stutter	1	2	3
7. Think that when you grow up, you should choose a job that does not require you to talk a lot	1	2	3
8. Think you don't speak as well as other people	1	2	3
9. Have difficulty dealing with stuttering	1	2	3
10. Think you can't say what you want to say	1	2	3

Section III: Communication in Daily Situations

(In this section, indicate how much difficulty you experience in these situations, not how fluent you are.)

A. In general, how hard is it for you to ...?	Easy		Average		Hard	
1. Talk when you are under time pressure or in a hurry	1	2	3	4	5	
2. Talk with adults (as opposed to other kids)	1	2	3	4	5	
3. Talk when you are upset	1	2	3	4	5	
4. Keep talking even when other people don't seem to be listening to you	1	2	3	4	5	

B. At school, how hard is it for you to ...?	Easy		Average		Hard	
1. Talk when just a few other kids are around	1	2	3	4	5	
2. Talk when a lot of other kids are around	1	2	3	4	5	
3. Give a presentation (e.g., a book report) or talk when standing in front of the class	1	2	3	4	5	
4. Talk to your teacher(s)	1	2	3	4	5	
5. Ask a question when the rest of the class is listening	1	2	3	4	5	
6. Ask a question one-on-one	1	2	3	4	5	
7. Read out loud in class	1	2	3	4	5	
8. Talk in situations outside of class (e.g., at recess or during free time, in the cafeteria, etc.)	1	2	3	4	5	
9. Talk with your speech therapist	1	2	3	4	5	

C. In social activities, how hard is it for you to...?	Easy		Average		Hard	
1. Talk with people you know well (e.g., your friends)	1	2	3	4	5	
2. Talk with people you have just met for the first time	1	2	3	4	5	
3. Talk with another person one-on-one	1	2	3	4	5	
4. Talk with a group of people	1	2	3	4	5	
5. Start a conversation with somebody	1	2	3	4	5	
6. Tell jokes or stories	1	2	3	4	5	
7. Order food (e.g., in a restaurant or drive-thru)	1	2	3	4	5	
8. Talk in other social situations (at parties or family gatherings)	1	2	3	4	5	

D. At home, how hard is it for you to...?	Easy		Average		Hard	
1. Talk on the telephone	1	2	3	4	5	
2. Talk with your parents	1	2	3	4	5	
3. Talk with your brothers/sisters	1	2	3	4	5	
4. Talk with your grandparents or other family members	1	2	3	4	5	

Section IV: Quality of Life

A. Overall, how much is your life affected by...?	None		Some		A Lot
1. The fact that you stutter	1	2	3	4	5
2. How you view your stuttering	1	2	3	4	5
3. How other people react to your stuttering (e.g., bullying or teasing by other people)	1	2	3	4	5
4. The fact that you have to go to speech therapy	1	2	3	4	5

B. How much does stuttering interfere with...?	None		Some		A Lot
1. Your success at school	1	2	3	4	5
2. How many friends you have	1	2	3	4	5
3. Your ability to take part in activities you want to do	1	2	3	4	5
4. Your relationships with your family	1	2	3	4	5
5. Your relationships with your friends	1	2	3	4	5
6. Your relationships with other people	1	2	3	4	5
7. How often you go on dates or social events	1	2	3	4	5

C. How much do you think stuttering will affect...?	None		Some		A Lot
1. Your ability to get a job	1	2	3	4	5
2. Your ability to get married	1	2	3	4	5
3. Your ability to go to college	1	2	3	4	5
4. Your ability to have a good life	1	2	3	4	5

D. How often does stuttering stop you from saying what you want to say...?	Never		Sometimes		Always
1. At home	1	2	3	4	5
2. At school	1	2	3	4	5
3. In social situations	1	2	3	4	5
4. With your parents	1	2	3	4	5
5. With your teachers	1	2	3	4	5
6. With your friends	1	2	3	4	5

E. How much does stuttering get in the way of ...?	None		Some		A Lot
1. Your confidence in yourself	1	2	3	4	5
2. Your ability to make your own decisions	1	2	3	4	5
3. Your overall health or well-being	1	2	3	4	5
4. Your energy and excitement for life	1	2	3	4	5

How long did it take you to fill out this form? _____ Was this form: Easy Okay Hard (circle one)