Parent Questionnaire for Fluency

Student: _________________________  DOB: __________  Age: ______  Date: __________

Name of adult completing this questionnaire: ________________________________

Relationship to student: ________________________________________________

1. Please indicate the type(s) of speech difficulty your child has.

2. When did the speech problem start?

3. This problem has become-- (Please check one.)
   _____ Worse?    _____ Better?    _____ Remained the same?

4. Are there people in your family who stutter? __________
   If so, who are they? (Father, aunt, mother’s father/paternal grandfather, etc.)

Types of disfluencies: (Please check.)

<table>
<thead>
<tr>
<th>Types of disfluencies</th>
<th>Seldom Or Not Observed</th>
<th>Sometimes</th>
<th>Often</th>
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</thead>
<tbody>
<tr>
<td>a. Hesitations – Pauses as if thinking about what to say before or during speaking.</td>
<td>_______</td>
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<td>b. Interjections – Adds sounds, syllables or words when speaking. (“Well, I want to, well, go home.” “ Do you, do you, want some?”)</td>
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| c. Revisions of phrases or sentences
   Changes what is said. (“ I want to, I’d like to go somewhere, can I go with you?”) | _______                | _______   | _______ |
| d. Phrase repetitions (“Mom can I, can I, get some candy?”) | _______                | _______   | _______ |
| e. One-syllable word repetitions -- Two or less with no tension. (Can I get, get, get some candy?) | _______                | _______   | _______ |
| f. Part-word syllable repetitions -- Two or less, no tension. | _______                | _______   | _______ |
| g. One syllable word repetitions — Three or more or uneven stress. (“Mom, can, can, can, I get some candy?” or “Mom can, CAN I get some candy?”) | _______                | _______   | _______ |
h. Part-word syllable repetitions --
Three or more or uneven stress.
("I want a pu, pu, puppy." Or,
"I want a pu, PUppy.")

i. Sound repetitions, especially "uh".
(M, m, m, mom, can I go?" or
Uh, uh, can I, uh, go, uh, uh, home?)

j. Prolongations – Stretching or
holding onto a sound.
("MMMMMMMMMom, I want that.")
k. Increased muscle tension noted
in the mouth, throat or lips.
(Child seems to press lips together
tightly or force words out.)
l. Non-speech behaviors. (Blinks eyes,
slaps body, bends or moves body in
some way to get speech started.)

What does your child do with his or her body to get speech started?

6. How aware is your child of his/her speech difficulty? (Please check.)

_____ My child shows little or no awareness of his/her speech difficulties.

_____ My child shows some awareness of his/her speech difficulties. (More surprise than fear or
embarrassment.)

_____ My child is annoyed by his/her speech difficulties.

_____ My child shows fear of speaking and embarrassment after stuttering

_____ My child shows very strong negative feelings about his/her speech. (My child is avoiding some
people or situations to keep from stuttering.) If you check this item, please answer the question
below.

7. What people or speaking situations does your child avoid? (Using the phone, making oral reports,
etc.)

8. Does your child have difficulty with certain sounds or words? If so, which ones?
9. Please describe the times when your child’s speech is ...
   Much better

   Much worse

9. How do special people in your life react to your child’s speech?
   Father: ___________________ Mother: ___________________
   Grandparents: ____________________________
   Brothers/sisters: ___________________________
   Babysitter/Day Care staff: ____________________
   Playmates/cousins/friends: ________________
   Others: ________________________________

10. What have you tried to help your child? Does this help?

11. Do you consider your child to be more sensitive than most children?
   _____ Yes  _____ No

12. Is your child likely to be upset if he or she can’t do something well?
   _____ Yes  _____ No

13. Do you have other comments or concerns about your child?

Please return this form to: ______________________ at ________________.