

CHILD HISTORY - STUTTERING

Child's name: \_\_\_\_\_

Informant: \_\_\_\_\_ Date : \_\_\_\_\_

1. Child's birthdate \_\_\_\_\_ Sex \_\_\_\_\_

2. Names and ages of other children in the home:  
\_\_\_\_\_

3. Are both parents living at home? \_\_\_\_\_

4. Is mother at home full time? \_\_\_\_\_

5. Is the child enrolled in school, daycare, etc.? If so,  
where? \_\_\_\_\_

FLUENCY CONCERNS

1. When was stuttering first noticed? \_\_\_\_\_

2. Who first noticed it? \_\_\_\_\_

3. Others who noticed it. \_\_\_\_\_

4. What was the problem like at first? \_\_\_\_\_

5. Since then, how has it changed? \_\_\_\_\_

6. What is it like now? \_\_\_\_\_

7. How does it vary? (time of day, different people,  
situations, etc.) \_\_\_\_\_

8. When trouble occurs, does the child:  
\_\_\_ make faces; \_\_\_ make gestures or body movements; \_\_\_ stop  
completely or get stuck; \_\_\_ change loudness; \_\_\_ change  
pitch; \_\_\_ show irregular, broken speech rhythm; \_\_\_ draw  
out or prolong sounds; \_\_\_ other: \_\_\_\_\_

CHILD REACTIONS

1. Is the child obviously aware of the problem? \_\_\_\_\_  
\_\_\_\_\_

2. If answer to #1 is "no", do you think the child is aware but covering it up? \_\_\_\_\_  
\_\_\_\_\_

3. How does the child label or describe the problem? \_\_\_\_\_  
\_\_\_\_\_

4. What kinds of reactions does the child have when the trouble occurs (none, surprise, frustration, irritation, fear, anxiety, shame, etc.)? \_\_\_\_\_  
\_\_\_\_\_

5. When trouble occurs, does the child continue speaking, quit, etc.? \_\_\_\_\_  
\_\_\_\_\_

6. Since the problem developed, has the child changed in willingness to talk, time spent in talking, etc.? \_\_\_\_\_  
\_\_\_\_\_

ENVIRONMENTAL REACTIONS

1. What has been done to help the problem? How well have they worked? How has the child reacted to them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have any persons outside the home reacted to or been involved with the child's speech problem? \_\_\_\_\_  
\_\_\_\_\_

3. Any problems with imitation, interruption, ridicule, etc. from other children? \_\_\_\_\_  
\_\_\_\_\_

OTHER AREAS

1. Describe general pattern of overall growth and development: \_\_\_\_\_  
\_\_\_\_\_

2. Discuss general health history: \_\_\_\_\_  
\_\_\_\_\_

3. Describe general speech development (timing, course, present): \_\_\_\_\_  
\_\_\_\_\_

4. Are there any other speech/language problems now? \_\_\_\_\_  
\_\_\_\_\_

5. What is school performance like? \_\_\_\_\_  
\_\_\_\_\_

6. In general, what kind of a person is the child, what is his/her behavior like? \_\_\_\_\_  
\_\_\_\_\_

7. Does anybody else in your family stutter? Who? \_\_\_\_\_  
\_\_\_\_\_

PLEASE FEEL FREE TO WRITE MORE ON THE BACK OF THE PAGES.

Do You Have Any Questions?