



## ADOLESCENT & ADULT STUTTERING CASE HISTORY FORM

### Personal Information

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F

Mailing Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Home telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cellular telephone: Client: \_\_\_\_\_ Parent(s)/Guardian(s): \_\_\_\_\_

Parent(s)/Guardian(s) Work telephone: \_\_\_\_\_

Emergency name and telephone number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Send a copy of your report to your physician? (Y/N) \_\_\_\_\_

Referred by: \_\_\_\_\_

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### I. History of Stuttering

1. Are there other individuals in your immediate or extended family who stutter? If so, please describe their experience with stuttering as best you can?

\_\_\_\_\_  
\_\_\_\_\_

2. At what age was the stuttering first noticed by others? At what age do you remember stuttering?

\_\_\_\_\_

3. Who first noticed or mentioned the stuttering?

\_\_\_\_\_

4. To the best of your recollection, describe your speech as a young child.

\_\_\_\_\_  
\_\_\_\_\_

5. How did you feel about your speech as a child?

\_\_\_\_\_  
\_\_\_\_\_

6. Is there anything that you think may have caused you to start stuttering? If yes, what? (for example, family history, significant life change or stressful event). If any sort of injury, see question #7.

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7. Did you have any injury or complication during or after your birth (e.g. traumatic birth, low oxygen, etc)? Have you had any illnesses or injuries later on that seemed to cause the problem or seemed to make it worse?

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8. Have you had any emotional problems that you think may be related to the problem? Have you ever seen a counsellor, psychologist, or psychiatrist about any problem that may be related to your stuttering? If so, can you tell me the nature of the problem? If so, has the problem been resolved? Has resolution of the problem had any effect on your stuttering?

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9. Describe the stuttering when it first started (Where was the tension? Blocks? Prolongations?)

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10. When stuttering **first** began, was there any avoidance of speaking because of it? Give examples if any. \_\_\_\_\_

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11. Are you currently receiving therapy for stuttering? \_\_\_\_\_ If yes, with whom, when and where?

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12. Have you ever had therapy for the stuttering? \_\_\_\_\_ If yes, with whom, when and where?

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13. If you had therapy, what techniques did you learn to control your stuttering? Did these techniques seem to be effective?

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14. What did you like about these therapy techniques, if anything? What did you dislike about them, if anything?

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## II. Development of Stuttering

1. In general, since it first began has the stuttering gotten better, worse, or stayed about the same?

2. Since the onset, have there been any changes in stuttering behaviours?

Please check.

- a. Increase in number of repetitions per word \_\_\_\_\_
- b. Changes in amount of force used? Increased \_\_\_\_\_ Decreased \_\_\_\_\_
- c. Increase in amount of stuttering \_\_\_\_\_
- d. Increase in length of block \_\_\_\_\_

- e. Periods of no stuttering \_\_\_\_\_
- f. More precise in speech attempts \_\_\_\_\_
- g. Lowered voice loudness \_\_\_\_\_
- h. Slower rate of speech \_\_\_\_\_
- i. Change in location of force when stuttering \_\_\_\_\_
- j. Looking away from listener \_\_\_\_\_
- k. Reduced length of speaking/sentences \_\_\_\_\_
- k. Other \_\_\_\_\_

3. Please provide additional details regarding items you checked on question #1, if applicable.

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4. Were there any periods of your life when stuttering disappeared or was barely noticeable? \_\_\_\_\_ If so, describe any conditions or situations you associate with the decrease in stuttering. How long did these periods last before the problem re-appeared?

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5. Were there any periods of your life when stuttering increased? \_\_\_\_\_ How severe did it become? \_\_\_\_\_ Describe any conditions or situation you associate with the increase in stuttering. How long did these periods last?

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### III. Reaction and Beliefs about the Problem

1. Please describe your feelings about your stuttering (e.g., feelings of embarrassment, anxiety, anger, fear, etc.)?

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2. How have others reacted to stuttering?

- a. Parents \_\_\_\_\_
- b. Siblings \_\_\_\_\_
- c. Spouse \_\_\_\_\_
- d. Children \_\_\_\_\_
- e. Employers/employees/co-workers \_\_\_\_\_
- f. Friends \_\_\_\_\_
- g. Teachers/professors \_\_\_\_\_
- h. Strangers \_\_\_\_\_

3. How do you react when they react in those ways (e.g., irritation, withdrawal, pity, amusement, etc.)?

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4. In general, what do you believe people are thinking when you stutter?

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5. Do you avoid any situations or people (e.g. presentations, opposite sex, people in authority) because of your stuttering? If so, please describe.

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6. Have you ever heard anyone else stutter? \_\_\_\_\_ If yes, who and how often?

How do you feel when they stutter?

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#### **IV. Precipitating Factors**

1. Describe any speaking or social situations when you are sure you could talk without stuttering:

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2. Describe any speaking situations in which you know you will definitely stutter:

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3. Are there any speaking situations in which you believe that sometimes you would stutter and sometimes you would not?

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4. Do you think stress, tension, or anxiety causes or aggravates your stuttering problem?

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5. Are there any particular words that you seem to stutter more on than others?

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6. Are there any speech sounds that you seem to stutter more on than others (e.g., /p/, /s/, /t/, etc.)?

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7. Can you generally predict when you will stutter or does it seem to come "out of the blue?"

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8. Are there times of day when your speech is better or worse? Please describe:

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#### **V. Current Stuttering Behaviours**

1. Presently, how severe do you feel the stuttering is? Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

2. What do you do when you stutter? (Describe what you typically do when you experience an episode of stuttering):

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3. What other symptoms or kinds of stuttering have you experienced, if any? Do you do those now?

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4. What does it feel like physically when you're in a stuttering episode? (e.g., a feeling of loss of breath, etc.)

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5. Do you have any particular places in your body that feel tight or tense when you stutter? For example, do you use facial grimaces or body movements to get through a difficult speaking situation?

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6. Does anything else happen to you physically when you stutter (sweating, flushing, butterflies, heart pounding, etc.)?

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7. To get a sound out do you sometimes have to resort to using a starter or another device, such as "ah", "um", or "you know"?

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8. Do you usually know the words you will have difficulty saying? If so, please explain.

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9. Do you substitute other words for those you expect to have difficulty saying?

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10. Do you ever pause, pretend to think, or recollect your thoughts in order to avoid speech difficulties?

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11. Describe any other devices or special tricks you use to control stuttering.

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12. How would you describe your moments of stuttering? Check all that apply:

- a. Complete audible blocks\_\_\_\_\_
- b. Complete inaudible blocks\_\_\_\_\_
- c. Repetitions of whole words\_\_\_\_\_
- d. Repetitions of the first letter in words\_\_\_\_\_
- e. Repetitions of the first syllable in words\_\_\_\_\_
- f. Prolongations of consonants\_\_\_\_\_
- g. Prolongations of vowels\_\_\_\_\_

13. Answer "yes" or "no" as the following apply to your stuttering:

a.) Do you stutter when you:

1. Talk to young children? \_\_\_\_\_
2. Say your name? \_\_\_\_\_
3. Answer questions? \_\_\_\_\_
4. Talk to adults, superiors at work? \_\_\_\_\_
5. Use new words that are unfamiliar \_\_\_\_\_
6. Use the telephone/cell phone \_\_\_\_\_
7. Read aloud? \_\_\_\_\_
8. Recite memorized material? \_\_\_\_\_
9. Ask questions? \_\_\_\_\_
10. Talk to strangers? \_\_\_\_\_
11. Speak when tired? \_\_\_\_\_
12. Speak when excited? \_\_\_\_\_
13. Talk to family members? \_\_\_\_\_
14. Talk to friends? \_\_\_\_\_
15. Talk to pets? \_\_\_\_\_

b.) Do you feel stuttering interferes with your career goals? \_\_\_\_\_ If yes, how?

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c.) Do you feel stuttering interferes with your social relationships? \_\_\_\_\_ If yes, how?

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d.) Do you feel stuttering interferes with your success in school? \_\_\_\_\_ If yes, how?

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e.) Do you feel stuttering interferes with your success on the job? \_\_\_\_\_ If yes, how?

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f.) Do you feel stuttering interferes with your daily life? \_\_\_\_\_ If yes, how?

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## VI. Expectations

1. What would you most like to improve or gain while attending speech-language therapy?

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2. What are your goals/expectations regarding fluency?

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3. How much time each day and week are you willing to spend on improving your speech fluency?

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4. How long do you expect it will take to make improvements and reach your above goals?

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5. Please provide any additional information that may contribute to a better understanding of your speech difficulties.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_