ADULT FLUENCY CASE HISTORY FORM

NAME: ____________________________         DATE COMPLETED: __________________

Date of Birth:   __________________     Age in Years: __________________

Who referred you to this Clinic?: _________________________________________

Presenting Problem

1. Could you please describe, to the best of your ability, the speech problem you have?

2. What prompted you to contact this clinic?

History of the Disorder

1. Can you recall when the stuttering problem was first detected and by whom?

2. Do you recall or were you told of any special circumstances that surrounded the onset of stuttering?

3. Have there been any periods of time when the problem disappeared or was barely noticeable. If so, how long did these periods last before the problem came back/re-appeared?

4. Have there been periods of time when the problem was very severe? If so, how long did these periods last? Were there any particular circumstances that seem to cause these severe periods?

5. Have there been any changes in the way you stutter? For example, is it more difficult for you to stutter easily?...or...are you having to do anything in the way you have to position your tongue or lips in order to get a word out?

6. In general, has the problem gotten better, worse, or stayed about the same?

7. Do you think there is anything in your medical history that is related to the problem? For example, have you had any illnesses or injuries that caused the problem or seemed to make it worse?

8. Have you had any emotional problems that you think may be related to the problem? Have you ever seen a counselor, 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?

9. Does anyone in your family stutter or have a speech problem? If so, please describe their experience with stuttering as best you can?

10. Have you ever had therapy for your stuttering problem? If so, when and where?

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

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

Reaction to the Problem

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

2. Why do you think you stutter?...or...What do you think caused your stuttering?

3. In general, how have others reacted to your stuttering: for example...
   a. Parents
   b. Brothers and sisters
   c. Spouse
   d. Children
   e. Employers/employees/co-workers
   f. Friends
   g. Teachers/professors
   h. Strangers

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

5. Do you find yourself avoiding any situations or people because of your stuttering? If so, please describe.

6. Do you feel your stuttering has affected your social life? If so, how?

7. Has your stuttering hampered your education or employment potential? If so, how?
8. How severe do you think your stuttering is?

9. If therapy were indicated, how much time and energy each day or week would you be willing to devote to it?

Precipitating Factors

1. Are there any speaking or social situations in which you can safely say you could talk without stuttering?

2. Are there any speaking situations in which you know you will definitely stutter?

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

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

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

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

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

8. Are there any special or different conditions that seem to assist you in speaking fluently (e.g., singing, choral recitation, etc.)?

Nature of the Disfluency

1. What do you do when you stutter? That is, describe what you typically do when you experience an episode of stuttering?

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

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

4. Do you have any particular places in your body that feel tight or tense when you stutter?

5. Does anything else happen to you physically when you stutter (sweating, flushing, butterflies, heart pounding, etc.)?
6. Do you have any devices or special tricks you use to control stuttering?

7. If therapy seems to be indicated, what would your expectations be with regard to fluency?

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

If you have any specific questions or concerns that you would like us to address or answer, please write them in the space provided below.

Thanks, we look forward to meeting you.