



**Fluency Parent Questionnaire**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Who is accompanying the child to the evaluation? \_\_\_\_\_

**Please answer the following questions related to your child's stuttering behavior.**

**Has Part-word syllable repetitions -- Three or more or uneven stress. ("I want a pu, pu, puppy." Or, " I want a pu, pu, Puppy.")**

- Often  Sometimes  Rarely  Never

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

- Often  Sometimes  Rarely  Never

**Has Prolongations – Stretching or holding onto a sound. ("MMMMMMMMom, I want that.") \***

- Often  Sometimes  Rarely  Never

**Has Increased muscle tension noted in the mouth, throat or lips. (Child seems to press lips together tightly or force words out.) \***

- Often  Sometimes  Rarely  Never

**Has Non-speech behaviors. (Blinks eyes, slaps body, bends or moves body in some way to get speech started.) \***

- Often  Sometimes  Rarely  Never

Other stuttering behaviors noticed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Stuttering questions**

**When did you first notice your child's stuttering?** \_\_\_\_\_

**Since it started, the problem has become:**

- Better  Worse  Comes and goes  Remained the same

**Please list any other people in the family that stutter or have a history of stuttering. If none, type none.**

\_\_\_\_\_

\_\_\_\_\_

**How aware is your child of his/her stuttering?**

- My child shows little or no awareness
- My child shows some awareness (more surprise than fear or embarrassment)
- My child is annoyed by his/her stuttering
- My child shows fear of speaking and/or embarrassment after stuttering
- My child shows strong negative feelings about his/her speech. (Avoids some talking to some people or situations to keep from stuttering).
- Other: \_\_\_\_\_
- Other Value \_\_\_\_\_

**If your child avoids people or situations, please explain (i.e. using phone, reading out loud in school):**

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**Does your child have difficulty with certain sounds or words?**

If so, which ones?

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**Please describe the times when your child's speech is Much worse:**

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**Please describe the times when your child's speech is Much better:**

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**How do special people in your life react to your child's speech?**

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**What have you tried to help your child? Does this help?**

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**In general, Do you consider your child to be more sensitive than most children?**

yes  no

**Implements therapy plans effectively during sessions.**

In general, Is your child likely to be upset if he or she can't do something well?

yes  no

**Implements therapy plans effectively during sessions**

Do you have other comments or concerns about your child?

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