

Fluency History Form

The following information is for professional use and will be handled confidentially. This information will assist the speech language pathologist in completing your evaluation.

Please complete the following questions as fully and accurately as possible.

General Information

Date: _____
Parent or Guardian completing form _____

Patient _____

Date of Birth _____ Age _____ Primary Language _____

Onset/History

How long has the speech disfluency persisted? _____

Has the disfluency been: "consistent" or "intermittent"?

Can you recall any unusual event or change near the onset of the disfluency? (such as a move, new baby, traumatic event, illness, new demands, etc)

What did you do or others do when the disfluency was first noticed? _____

Fluency History

If the patient is a child, has your child ever discussed the speech difficulty with you?
"Yes" "No".

What was discussed? _____

Has there been previous therapy? If yes, please relate what was learned from the intervention.

Is there a family history of stuttering? "yes" "no" "unsure"

Present Fluency Status

Please describe the speech difficulties at this time. _____

Please circle any of the following that may seem to make the speech difficulties worse:

INTERNAL FACTORS

- fatigue
- illness
- excitement
- fears
- competition
- increased rate of speaking
- other _____

EXTERNAL FACTORS

- being interrupted
- getting listener attention
- being rushed/time pressure
- being put on the spot to talk
- talking to strangers
- talking with specific people
- conflict situations
- talking on the phone
- dinner table
- talking with peers
- other _____

Environmental Characteristics

Describe your family environment _____

Describe the average day routines:

Morning _____

Afternoon _____

Evening _____

Additional Information

Have you had other people comment about your stuttering? If yes, please describe the experience _____

Are there things you do to improve your speech difficulties? _____

Parents:

Has anyone ever teased your child about their speech? If yes, please describe _____

How do you respond to your child when your child is having speech difficulties?

Do you think your child's speech difficulties is impacting their desire to talk? If yes, please explain _____
