

UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC
3871 HOLMAN ST.
HOUSTON, TEXAS 77204-6018
(713) 743-0915

STUTTERING CASE HISTORY FORM – ADULT AND ADOLESCENT

Name: _____ Today's Date: _____

Birthdate: _____ Gender: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Marital Status: _____

Occupation: _____ Employer: _____

Person completing this form: _____ Relationship to the client: _____

Referred by: _____ Relationship of referral source: _____

Physician's Name: _____ Physician's phone number: _____

Report to be sent to: _____

Have you been to our clinic before? If so, when? _____

Are you a veteran of the US Armed Forces? _____

Do you need an interpreter at the time of your appointment? If so, what kind? _____

Describe the fluency concern briefly in simple terms.

HISTORY OF STUTTERING

Age of onset: _____

Describe any circumstances that might be associated with onset _____

What were the first signs of your stuttering?

Who first noticed this problem? _____ When? _____

How old were you when the stuttering was noticed?

At the time when stuttering was first noticed, what was your reaction?

Awareness that my speech was different? _____ Indifference to it? _____

Surprise? _____ Anger or Frustration? _____ Fear of Stuttering
Again _____

Shame? _____ Other?

Describe _____ your _____ reaction:

What treatment have you received? _____

Results of previous treatment: _____

Has any stuttering specialist ever evaluated you? _____ If so, when? _____

Who was the specialist? Specify name and location:

Results of the evaluation: _____

Describe the general course of your stuttering – has it become better or worse? _____

Do your stutters seem to be located in the tongue, lips, chest, diaphragm or the throat? _____

Approximately how long does each block (on one word) seem to last?

Do you avoid speaking because of your stuttering? If so, give examples: _____

Is your stuttering easy or is there force? _____

Were the words stuttered upon the words which began the sentences, or were the stutters scattered throughout the _____ sentence?

Describe any circumstances that alter the stuttering symptoms: _____

Do you consider your stuttering severe, moderate, or mild? _____

Describe your current stuttering characteristics:

A. Repetitions of the whole word? (boy-boy-boy) _____

B. Repetitions of the first letters? (b-b-b-boy) _____

C. Repetitions of the first syllable? (ca-ca-cat) _____

D. Complete blocks on the first letter? (b....oy) _____

E. Prolongation of the vowel (caaaaaaat) _____

F. Visible attempt to speak (e.g.mouth movement but no sound forthcoming)? _____

Have you been criticized about your stuttering? _____

If so, by whom? _____

When and what were the circumstances? _____

What was your reaction to the criticism? _____

How do others in your family view your speech difficulties? _____

Do people have difficulty understanding you when you talk with them? _____

Was English your first language? _____ If English was not your first language, when did you learn English? _____

What other languages do you speak? _____

DEVELOPMENT OF STUTTERING

Since the onset, has there been any change in your stuttering symptoms? Check those that apply:

- | | |
|---|--|
| <input type="checkbox"/> Increase in number of repetitions per word | <input type="checkbox"/> Change in amount of force used |
| <input type="checkbox"/> Increase in amount of stuttering | <input type="checkbox"/> Increase in length of block |
| <input type="checkbox"/> Periods of no stuttering | <input type="checkbox"/> More precise in speech attempts |
| <input type="checkbox"/> Lowered voice | <input type="checkbox"/> Slower rate of speech |
| <input type="checkbox"/> Change in localization of force | <input type="checkbox"/> Looking away from listener |

Describe any of the above: _____

Do you ever use facial grimaces or body movements to help you get through a difficult word or speaking situation? _____ If so, describe: _____

Are you ever unable to get any sound started without resorting to a starter or another device such as “ah,” “um,” “like,” or “you know”? _____

Do you usually know the words that you will have difficulty saying? _____

Are there times when your speech is better? _____ If so, when? _____

Were there any periods (weeks/months) when the stuttering disappeared? _____ If so, describe: _____

Were there any periods (weeks/months) when the stuttering increased? _____ If so, describe: _____

Are there any situations that are particularly difficult? _____ If so, describe: _____

List any situation that never cause speaking difficulty _____

Answer the following “yes” or “no” as they apply to your stuttering. Do you stutter when you:

Talk to young children? _____ Say your name? _____ Answer direct questions? _____

Talk to adults, superiors at work, teachers? _____ Use new words that are unfamiliar? _____

Telephoning? _____ Reading Aloud? _____ Reciting memorized material? _____

Ask questions? _____ Talk to strangers? _____ Talk when tired? _____

Talk when excited? _____ Talk to family members? _____ Talk to friends? _____

Do you usually know the words that you will have difficulty saying before you say them? _____

Describe, if you can, what your stuttering looks and sounds like. _____

MEDICAL HISTORY

Personal physician: _____

Address: _____ Phone Number: _____

Others professionals who have treated you: _____

Address: _____ Phone Number: _____

Do you remember or have you been told of any problems you had as a child (such as late to walk, food allergies, feeding concerns, etc.): _____

Please list all illnesses, injuries, and operations:

Name	Date	Fever	Complications	Treatments	Physician
------	------	-------	---------------	------------	-----------

Are you right or left handed? _____ Has anyone ever tried to change the hand you write with? _____

SCHOOL HISTORY

Educational level completed: Elementary _____ Junior High _____ Senior High _____
College _____ Vocational Training _____ Other _____

Favorite Subjects in School: _____

Difficult Subjects in School: _____

SOCIAL HISTORY

Hobbies: _____ Sports: _____

Leisure time activities: _____

Do you know anyone who stutters? _____ If so, state relationship _____

Do you feel that stuttering alters your daily life? _____ If so, describe _____

FAMILY HISTORY

If there is any family history of chronic illnesses, allergy, speech deficit, learning difficulties, stuttering, and/or other. If so, please list members and describe condition(s): _____

If you enroll in therapy, what do you hope to accomplish? _____

Please provide any additional information that may contribute to a better understanding of your speech difficulties and therapy planning? _____