FLUENCY HISTORY

Parent Interview/Completion

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupations: Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

Others involved in your child’s care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Onset/History**

When did your child begin to talk?

How long have you observed the problem? At what age was your child?

Who first observed/mentioned the disfluency?

Has the disfluency been consistent or intermittent?

Can you recall any unusual event or change near the onset of the problem?

new baby\_\_\_\_\_starting school\_\_\_\_\_\_separation from parents\_\_\_\_\_

new home\_\_\_\_\_family illness\_\_\_\_\_\_ company visiting\_\_\_\_\_

illness\_\_\_\_\_\_\_\_family tension\_\_\_\_\_fearful situation\_\_\_\_\_

hospitalization\_\_\_\_\_new situation\_\_\_\_\_toilet training\_\_\_\_\_

new demands\_\_\_\_\_nightmares\_\_\_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the behaviors noticed when you first became concerned:

What did you/others do when the behaviors were first noticed?

ignored it\_\_\_\_\_reacted calmly\_\_\_\_\_ filled in words\_\_\_\_\_

finished sentences\_\_\_\_\_ give the child time to finish\_\_\_\_\_

maintain eye contact\_\_\_\_\_ avoid eye contact\_\_\_\_\_

spoke more slowly\_\_\_\_\_ showed concern (How?)\_\_\_\_\_\_

told the child to: slow down\_\_\_\_\_ stop and start over\_\_\_\_\_

think about what s/he was trying to say\_\_\_\_\_

Has your child ever discussed this problem with you? What was discussed?

Has your child had a previous speech evaluation? If yes, please share finding and recommendations here:

Has your child received any previous therapy? If yes, please related what you learned from that experience.

Has/Does your child have/had any medical problems?

What medications does your child take?

Is there a family history of stuttering? Please list:

1. **Present Time**

Please describe the behaviors that you see now.

Do you feel that your child is aware of the problem? If yes, how does he/she demonstrate that awareness? Does your child seem bothered by it?

How often does your child ask questions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child start activities or conversations with others?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned about any of your child’s other speech and language skills? Describe:

Please mark with an “X” any of the following words that describe how you feel about your child’s communication problem at this time:

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| Concerned |  |  |
| Anxious |  |  |
| Well-informed |  |  |
| Confused |  |  |
| Relaxed |  |  |
| Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

1. **Factors judged to disrupt fluency:**

Please observe your child’s communications, and circle any of the following things that seem to negatively affect fluency:

INTERNAL FACTORS EXTERNAL FACTORS

fatigue being interrupted

illness getting listener attention

excitement being rushed/time pressure

fears being put on the spot to talk

competition talking to strangers

increased rate of speaking talking to specific people

making statements talking to peers

making requests talking to adults

word retrieval talking to mother

being understood talking to father

language formulation talking to siblings

lack of confidence talking in small groups

lack of competency talking in large groups

tolerance for waiting conflict situations

getting attention surprise/unexpected events

talking on the telephone

show/tell

dinner table

high expectations for behavior

unstructured events/routines

inattentive listener

1. **Environmental Characteristics**

If you were to describe your family environment in 5 words or less, what would you say?

Please describe an average day for your child:

Awakens: Morning routine:

Lunch with: Afternoon activities:

Dinner with: Evening activities:

Bedtime: Bedtime routine:

When does your child communicate best?

If your child attends school, what does he/she seem to like best about it?

Best?:

Least?:

1. **Personal Characteristics**

Explain how your child gets you to do what s/he wants.

Describe your child’s favorite play activity.

If you were to describe your child to a friend who has never met him/her, what would you say?

How does your child get along with other children?

Is your child difficult to discipline?

1. **Additional Information**

Has anything happened which makes you think stuttering is keeping your child from talking? If yes, please explain.

Has anyone every called your child a “stutterer”?

Has anyone ever teased your child about stuttering?

What are some of your feelings when you watch your child stutter?

Tell me some things that you have done that seem to help your child when s/he stutters.

Have you ever known another person who stutters?

Thank you for your time in filling out this questionnaire. On the back of this page, please list any questions/concerns or additional information you feel may be helpful for me to know.