



# Fluency Child Case History Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Pronouns \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Native Language \_\_\_\_\_ Primary Language \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_

Home Work Cell (CIRCLE ONE)

Phone \_\_\_\_\_

Home Work Cell (CIRCLE ONE)

Alternate Phone \_\_\_\_\_

Home Work Cell (CIRCLE ONE)

Alternate Phone \_\_\_\_\_

Home Work Cell (CIRCLE ONE)

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_

Family members living in the home: \_\_\_\_\_

Languages spoken regularly in the home: \_\_\_\_\_

## Insurance:

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Policy # \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Subscriber DOB \_\_\_\_\_ Subscriber DOB \_\_\_\_\_

Subscriber Phone Number & Address \_\_\_\_\_

## DEVELOPMENTAL HISTORY

1. How would you describe pregnancy and birth?

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2. Has the child had any serious health problems or conditions since birth? (e.g. pneumonia, heart defects, epilepsy, asthma, diabetes, head injuries, allergies, etc.) Give details, dates and if hospitalization was required.

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3. Has the child ever had any facial tics, jerks of other parts of the body or any other type of involuntary muscle movements?  
If yes, give specifics (type, when).

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4. Is the child on any medication now? If yes, please specify

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5. In general, do you regard the child's health now as:  
Good \_\_\_ Fair \_\_\_ Poor \_\_\_

6. Child's handedness:  
Right \_\_\_ Left \_\_\_ Mixed \_\_\_ Undetermined \_\_\_

7. Overall, how do you regard the child's motor development?  
Below Average \_\_\_ Average \_\_\_ Above Average \_\_\_

8. Overall, would you say that the child's speech development was:  
Below Average \_\_\_ Average \_\_\_ Above Average \_\_\_

9. Has the child ever exhibited any of the following at a level to cause concern, or at age inappropriate levels?  
Check items where appropriate.

- |   |  |
|---|--|
| <input type="checkbox"/> Sleeping problems  | <input type="checkbox"/> Eating difficulties |
| <input type="checkbox"/> Unusual fears      | <input type="checkbox"/> Destructiveness     |
| <input type="checkbox"/> Temper tantrums    | <input type="checkbox"/> Excessive shyness   |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Excessive crying    |
| <input type="checkbox"/> Refusal to talk    | <input type="checkbox"/> Withdrawn behavior  |
| <input type="checkbox"/> Restlessness       |  |

10. In comparison to other children, how much energy does this child have?  
Below Average \_\_\_ Average \_\_\_ Above Average \_\_\_

11. In terms of overall maturity, is this child:  
Below Average \_\_\_ Average \_\_\_ Above Average \_\_\_

### STUTTERING HISTORY

12. When was the stuttering first noticed?

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13. Who first noticed the child's stuttering?

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14. Was the onset sudden (over one – seven days) or gradual (two weeks or more)?

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15. Describe the speaking situation present when you first noticed the stuttering.

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16. In your opinion, what was the most important cause of the stuttering?

17. Describe what the child was doing in his/her speech when he/she first began stuttering.

18. Indicate whether or not the following behaviors or characteristics were observed when the child first began stuttering:

<b>Behavior</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Transitory</b>
Repeating sound/ syllable (ba-ba-baby)	1	2	3	4
Repeating short words (and-and)	1	2	3	4
Repeating phrases or longer words	1	2	3	4
Prolonging vowels (aaa)	1	2	3	4
Prolonging consonants (sss, mmm)	1	2	3	4
Silent blocks (b-aby)	1	2	3	4
Abandoned words (ba-)	1	2	3	4
Revisions (I want) I need to go	1	2	3	4
Interjecting (ah, um)	1	2	3	4
Other _____	1	2	3	4

19. Were any of the following behaviors or characteristics observed at the onset of stuttering?

<b>Behavior</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Transitory</b>
Facial grimaces	1	2	3	4
Eye closing/blink	1	2	3	4
Eyes wide open	1	2	3	4
Tense lips	1	2	3	4
Tense tongue	1	2	3	4
Wide-opened mouth	1	2	3	4
Tension in jaw	1	2	3	4
Tremor in lips, jaw	1	2	3	4
Tension in throat	1	2	3	4
Respiratory irregularities	1	2	3	4
Upward swings in vocal pitch during disfluencies	1	2	3	4
Tilt head	1	2	3	4
Tense movement of arms/legs	1	2	3	4
Loss of eye contact with listener	1	2	3	4
Giving up on talking	1	2	3	4
Comments about speech difficulty	1	2	3	4

20. Was the child stuttering primarily on the first words of sentences or on words throughout the sentence?

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21. When stuttering first began, was the child using force or tension to get the word out?

- No force or tension  
 Moderate force or tension  
 Slight force or tension  
 Excessive force or tension

22. Rate the severity of the very early stuttering, on a scale of 0 being normal, and 7 being severe stuttering:

Normal		Mild		Moderate		Severe	
0	1	2	3	4	5	6	7

23. Was the child aware and concerned about the stuttering?

- Not aware  
 Slightly aware  
 Highly aware  
 Aware and bothered

24. What did you do when you first noticed your child's stuttering?

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#### DESCRIPTION OF CURRENT FLUENCY

25. How has your child's fluency changed since its onset?

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26. Circle the characteristics that describe your child's stuttering:

Behavior	Never	Sometimes	Frequently	Transitory
Repeating sound/ syllable (ba-ba-baby)	1	2	3	4
Repeating short words (and-and)	1	2	3	4
Repeating phrases or longer words	1	2	3	4
Prolonging vowels (aaa)	1	2	3	4
Prolonging consonants (sss, mmm)	1	2	3	4
Silent blocks (b-aby)	1	2	3	4
Abandoned words (ba-)	1	2	3	4
Revisions (I want) I need to go	1	2	3	4
Interjecting (ah, um)	1	2	3	4
Other _____	1	2	3	4

27. Have you observed any of the following behaviors or characteristics in your child's current speech?

<b>Behavior</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Transitory</b>
Facial grimaces	1	2	3	4
Eye closing/blink	1	2	3	4
Eyes wide open	1	2	3	4
Tense lips	1	2	3	4
Tense tongue	1	2	3	4
Wide-opened mouth	1	2	3	4
Tension in jaw	1	2	3	4
Tremor in lips, jaw	1	2	3	4
Tension in throat	1	2	3	4
Respiratory irregularities	1	2	3	4
Upward swings in vocal pitch during disfluencies	1	2	3	4
Tilt head	1	2	3	4
Tense movement of arms/legs	1	2	3	4
Loss of eye contact with listener	1	2	3	4
Giving up on talking	1	2	3	4
Comments about speech difficulty	1	2	3	4

28. What amount of force or tension characterizes your child's disfluency?

- No force or tension
- Moderate force or tension
- Slight force or tension
- Excessive force or tension

29. Rate the severity of your child's stuttering, on a scale of 0 being normal, and 7 being severe stuttering:

Normal	Mild	Moderate	Severe				
0	1	2	3	4	5	6	7

30. Is your child stuttering primarily on the first words of sentences or on words throughout the sentence?

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31. Describe situations in which your child's stuttering is worse:

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32. Do you feel your child is aware of stuttering? If yes, please explain:

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33. Is there a history of stuttering in your family? If yes, please explain:

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34. What is your reaction to your child's stuttering?

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35. How does disfluency make you feel?

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36. Do you speak for your child? Do others?

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37. Do you understand your child? Do others?

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38. How does your child react to new places? To new people?

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39. How does he/she get along with other children? Who are his/her favorite playmates?

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40. Does he/she prefer children his/her own age? \_\_\_\_\_

41. Is he/she a leader or a follower? \_\_\_\_\_

42. How does he/she get along with his/her siblings?

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43. Who in the family does he/she relate to more easily?

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44. What do you like about your child? What aspects do you find difficult?

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45. What types of activities do you enjoy as a family?

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46. How does your child express his/her feelings?

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47. How does he/she react if something goes wrong?

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48. How would your life be different if he/she wasn't disfluent?

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49. What are your child's hobbies?

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50. Can you describe what a "typical" day is like in your household?

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51. What would your goals be for your child if he is enrolled in therapy for stuttering?

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52. Do you have any specific questions about your child you would like us to try to answer?

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