

University of Central Arkansas Stuttering Center

Department of Speech-Language Pathology  
University of Central Arkansas

**Stuttering Intake Form**

Child's Name \_\_\_\_\_ Research #: \_\_\_\_\_

Date: \_\_\_\_\_  
Yr mo day

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_  
Yr mo day

Onset in months: \_\_\_\_\_

CA: \_\_\_\_\_  
Yr mo day

Mos. Post-Onset: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

City: \_\_\_\_\_

Work phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address if different: \_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_

Referral: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

School SLP: \_\_\_\_\_

G.P.: \_\_\_\_\_

### Stuttering History

1. When was the stuttering first noticed? Probe for accurate dating through surrounding circumstances?
2. Who first noticed the child's stuttering?
3. Was the onset sudden or gradual?
  - a. Sudden: one day
  - b. Sudden: 2-3 days
  - c. Sudden: 1 week
  - d. Gradual: Two weeks
  - e. Gradual: 3-4 weeks
  - f. Gradual: 6 weeks or more
4. Was the child ill or unusually fatigued when he/she began stuttering?
5. Were there any identifiable emotionally upsetting events in the child's or family's life just prior to or at the time of stuttering onset?
6. In general, was the child under some pressure/stress during the period when he/she began stuttering? (e.g., new baby, pregnancy of mother, sibling rivalry, giving up thumb sucking, or other changes of habits at that time)
7. Was the onset of stuttering associated with noticeable changes or development in the child's general speech and language skills?
8. At the time when stuttering began, was the child experiencing difficulties in thinking/finding the right words to express him/herself?

9. Describe and/or imitate what the child was doing in his/her speech when he or she first began stuttering?

10. Classify the main characteristics of the disfluencies at stuttering onset.

|                           |  |
|---------------------------|--|
| a. Part word repetitions  | e. Approximate number of repetitions   |
| b. Whole word repetitions | f. Interjections/hesitations/revisions |
| c. Prolongations          | g. Other                               |
| d. Blocks                 |  |

11. Were secondary characteristics associated with the disfluencies at onset?

12. Tension present? Where?

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

### **Present Situation**

14. Describe how the stuttering has changed since onset.

15. Classify the main characteristics of the disfluencies now.

|                           |  |
|---------------------------|--|
| a. Part word repetitions  | e. Approximate number of repetitions   |
| b. Whole word repetitions | f. Interjections/hesitations/revisions |
| c. Prolongations          | g. Other                               |
| d. Blocks                 |  |

16. In your opinion, is the child aware of the disfluencies? If so, when did this awareness take place?

17. When is the disfluency the worst?

18. When is the child more fluent?

19. Do you refer to the problem, and if so, how?

20. What do you say when your child is disfluent?

Parents:

Others:

21. How does it make you feel? Or, what is the worst thing about it for you?

22. On a scale of 0-7 where 0 is normal and 7 is very severe, how severe is the disfluency?

0    1    2    3    4    5    6    7

23. On a scale of 0-7 where 0 is not at all worried and 7 is extremely worried, where are you now?

0    1    2    3    4    5    6    7

**Previous Therapy Experiences**

24. Has he/she received speech-language therapy for stuttering before?
25. Describe what was done in previous therapy sessions.
26. Describe what happened with your child's speech during these therapy sessions.
27. Are there any other problems apart from stuttering? (e.g., speech, language, etc)
28. Has the child received speech-language therapy for these problems?
29. What are you hoping for today?

**General Health Issues**

30. How is your child's general health? Any issues to be noted?

Hearing:

Concentration:

Co-ordination:

Allergies:

Asthma:

Childhood illnesses:

Medication:

**Communication**

31. Do you feel that your child has/had other communication/speech/language problems?

32. Does he or she speak as well as other children of the same age? Clarity? Rate?

33. Would you describe him/her as chatty or more quiet?

### **Behavior**

34. Any behavior difficulties to be noted (e.g., eating, sleeping, toileting, etc)?

35. Does he/she sleep in own bed? Does he/she get enough sleep?

### **Motor Development**

36. Indicate the age in months when the child acquired the following skills:

- |                             |  |
|-----------------------------|--|
| a. Turned over _____        | e. Pedal a tricycle _____                    |
| b. Sat w/o support _____    | f. Jumped (2 feet clearing the ground) _____ |
| c. Crawled _____            |  |
| d. Walked w/o support _____ |  |

37. Child's handedness:

38. Overall, how do you rate the child's motor development?

39. In terms of speech, at what age did the following occur?

Babbling \_\_\_\_\_ First word \_\_\_\_\_ Combined 2-3 words \_\_\_\_\_

40. Overall, how would you rate the child's speech development?

41. In comparison to other children, how much energy does the child have?

42. In terms of overall maturity, is this child:

- a. below average      b. average      c. above average

**Personality**

43. How would you describe your child's personality?

|          |               |                 |                  |
|----------|---------------|-----------------|------------------|
| Happy:   | Sensitive:    | High standards: | Perfectionist:   |
| Worrier: | Easily upset: | Temper:         | Likes to please: |

44. Who does he/she take after (mother or father)?

45. If temper tantrums occur, how do you deal with the situation?

46. Any of the following to be noted:

|        |        |                   |
|--------|--------|-------------------|
| Fears: | Fussy: | Routines/rituals: |
|--------|--------|-------------------|

Difficulties in separating:

Coping with change:

**Relationship with Peers**

47. How does your child get along with other children?

48. To your knowledge, is your child teased or bullied?

49. To your knowledge, is your child teasing or bullying?

**Relationship with Siblings**

50. What is the child's position in the family?

51. Names and ages of siblings:

52. How do they get along?

53. Do you have any concerns about their relationship(s)?

54. Do any of the siblings have any particular problems?

**Family Structure and History**

55. To your knowledge, is there any history of stuttering in the family?  
(List grandparents, aunts, uncles, cousins, parents, and siblings of the child. Indicate any relative who ever stuttered. Also register those who are currently stuttering.)

Pedigree:

56. How long have you been together/married?

57. How would you describe your home environment?

58. Are there any family difficulties that I should know about?

59. How do you spend your evenings and weekends? Are you able to spend time together on your own?

60. How do you resolve problems in the family?

**Single Parent**

61. Level of contact with other parent
62. When did you separate?                      63. How did it affect the child (children)?
64. Have there been any custody problems?
65. Are you in another relationship now?
66. How does your child feel about this?

**Parent-Child Activities**

67. What do you do with your child?
68. Who takes him/her to school?
69. Does your child help around the house, or have set tasks?
70. Does he/she confide in mother or father?

**Schooling**

71. Any changes in schooling planned?
72. Do you routinely see the staff (teacher, SLP)?
73. How would you rate your child's academic progress?
74. How would you rate his/her academic support?
75. Any concerns at school about stuttering?

76. How does the teacher handle disfluent moments?

### **Final Questions**

77. Any impending changes in the child's life?

78. How would your child's life be different if he/she was not stuttering?

79. How would your life be different if he/she was not stuttering?

---

### **For UCASC Use Only**

#### **Summary**

**Profile:**

**Physiological:**

**Speech and Language:**

**Environmental:**

**Personality:**