UNIVERSITY SPEECH, LANGUAGE AND HEARING CLINIC:
A UNITED WAY FACILITY
100 Clinical Research Center
HOUSTON, TEXAS 77204-6018
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Please provide, to the best of your ability, the following information about your child. If a question is not applicable to your child, place an NA (not applicable) in the space provided. If you need more space to answer a particular question, please attach an additional sheet.

CHILD and PRE-TEEN STUTTERING CASE HISTORY FORM

Name _____ Birthdate_____Male or Female_____

Parents' Names: _____

Address _____City _____ , State _____ Zip_____

County _____ Home Phone:_____

Mother's Work Phone:_____ Father's Work Phone:_____

Cell phone number:_____ Email address:_____

Name of person completing this form_____

Relationship to child_____

Who referred you to this clinic?_____

Siblings (List names and ages):_____

_____

_____

STUTTERING HISTORY

1) Please give approximate age at which stuttering was first noticed?_____

2) In what situation was stuttering first noticed?_____

_____

3) Since your child started to stutter, has the problem (check one):

❑ Improved ❑ Stayed the same ❑ Worsened

4) Were there any periods (weeks/months) when stuttering disappeared? ❑yes ❑ no

6) Were there any periods (weeks/months) when stuttering increased? ❑yes ❑ no

If yes, please describe?_____

_____

7) Does anyone in your family stutter or do you know of any history of stuttering in your child's maternal or paternal family line? ❑yes ❑ no

If yes, please list those persons below and indicate whether they are on your child's maternal (m) and paternal (p) side:

a)_____stuttering recovered ❑ stuttering persistent ❑

b)_____stuttering recovered ❑ stuttering persistent ❑

c)_____stuttering recovered ❑ stuttering persistent ❑

8) How concerned are you about your child's stuttering?

❑Not at all ❑ moderately ❑ very much

9) What attempts have been made to treat the stuttering problem? _____

_____

10) Has there been previous speech/language therapy? ____ _If yes by whom?_____

When? _____ Where? _____

Describe results: _____

_____

_____

Please answer the following questions about your child's speech:

11) At any times in the past month have you noticed any of the following in your child's speech:

a) Many repetitions of the first letter or syllable of a word ❑yes ❑ no

(e.g., "m-m-m-m-mummy" or "ca-ca-ca-car")

b) Repetitions of a single word (e.g., " I want-want-want-want to play") ❑yes ❑ no

c) Repetitions of phrases (e.g., "can I go-can I go swimming?") ❑yes ❑ no

d) Prolongation of sounds ,(e.g., "Thaaaaaat's a cat") ❑yes ❑ no

e) Periods of silence, or "blocks" when trying to speak ❑yes ❑ no

If yes, how long did each block last _____

f) Blinking, facial twitches, or grimacing when trying to speak ❑yes ❑ no

g) Have you noticed other behaviors not mentioned above? ❑yes ❑ no

If yes, please describe:_____

12) Please answer "yes" or "no" to the following as they apply to your child's stuttering.

Does your child stutter when he/she:

Talks to young children? ❑yes ❑ no Says his/her name ❑yes ❑ no Answers direct questions? ❑yes ❑ no

Talks to adults, teachers ❑yes ❑ no Uses new words that are unfamiliar? ❑yes ❑ no

Uses the telephone? ❑yes ❑ no Reads out loud? ❑yes ❑ no

Recites memorized material ❑yes ❑ no Talks to peers? ❑yes ❑ no

13) Does your child avoid speaking? ❑yes ❑ no

If YES, please an give example:_____

14) Has your child said anything or have you noticed anything, that made you think your child has:

Lost control of the ability to speak for short periods of time ? If so, please describe:_____

_____

15) Does stuttering interfere with your child's daily life? Social life? Success in school? _____ If so, please describe:_____

_____

_____

16) Please rate your child's fluency, as it is **at this time**, on a scale of 1 to 10 (where 1 is no stuttering and 10 is the most stuttering you can imagine):

No stuttering _____ **Most stuttering**

1 2 3 4 5 6 7 8 9 10

17) Do you have any other concerns about your child's language or clarity of speech? ❑yes ❑ no

If YES, please describe:_____

DEVELOPMENTAL HISTORY

18) Were there any events in the child's life that coincided with the onset of stuttering and which could have been contributing factors? ❑yes ❑ no

If yes, please describe:_____

19) Does your child have any developmental problems or behavioral problems? ❑yes ❑ no

If yes, please describe: _____

20) How would you describe your child's temperament? Check all the boxes that apply

❑ Shy ❑Extroverted/outgoing ❑Sensitive ❑ Introverted

❑Warms up quickly ❑ Engages easily ❑ Highly reactive to environment or changes in the environment

21) Is your child left handed or right handed? ❑left ❑ right

22) Which hand does the child use to: Write? _____ Throw a ball _____ Eat?_____ Use tools?_____

23) Has child shifted from one hand to the other? _____

24) Are any relatives left-handed? _____ If yes, list and state relationships:_____

_____

25) What are your child's talents, favorite activities? _____

26) What are your child's special interests, favorite toys, and activities:_____

_____

MEDICAL HISTORY

27) Physician's name:_____Physician's phone number:_____

Physician's Address:_____ Phone number:_____

28) Are there any serious medical problems? _____If so, describe_____

_____

29) Have any of the following labels been applied? **Please check all those that apply**

❑Mental retardation (MR) ❑ Pervasive Developmental Delay-Not Otherwise Specified PDD-NOS

❑ Attention Deficit Hyperactivity Disorder (ADHD ❑Cerebral Palsy

❑Chronic Middle Ear Infection ❑ Language Learning Disability (LLD)

❑Attention Deficit Disorder(ADD) ❑Austism ❑Down Syndrome

❑Central Auditory Processing(CAP) ❑Learning Disablility (LD)

❑Emotional Disability (ED) ❑Cleft Palate ❑Developmental Delay Disorder (DD)

30) Any tendencies to print letters or numerals backwards?_____

If so, please describe:_____

31) Any tendencies to read words or numerals backwards_____ Is paper work neat? _____

LANGUAGE PROFILE OF THE CHILD

32) What is/are the child's first language(s)?_____

33) What other languages does the child speak/understand?_____

34) What language(s) does the child speak at home?_____

35) What language(s) does the child speak at school?_____

SCHOOL HISTORY

36) SchoolAttending:_____ Grade_____Teacher_____

37) Educational performance: ❑good ❑average ❑poor

38) Grades failed (if any)?_____

39) History of school problems? ❑yes ❑ no

If yes, please describe:_____

40) Does your child have difficulty with any of the following? **Please check those that apply**

❑Reading ❑ Math ❑ Writing ❑Spelling ❑ Behavior

41) Is your child receiving any special education services at school? ❑yes ❑ no

Is yes, please check those that apply:

❑ Speech therapy ❑Occupational therapy ❑ Resource assistance

❑ Physical therapy ❑ Content Mastery ❑ ESL ❑Other

If other please describe:_____

42) Is there anything else you believe would be helpful to mention?_____

43) What specific questions do you have about your child that you would like us to try to answer?_____