

## Parent Fluency Questionnaire

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of adult completing this questionnaire: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

At what age did you first notice your child's stuttering?

\_\_\_\_\_

How many years or months has your child been stuttering?

\_\_\_\_\_

This problem has become-- Worse? \_\_\_\_\_ Better? \_\_\_\_\_ Remained the same \_\_\_\_\_

Are there people in your family who stutter or have a history of stuttering? \_\_\_\_\_ If so, who are they? (Father, aunt, mother's father/paternal grandfather, etc.)

\_\_\_\_\_

Has anything changed during the last six months or have there been any significant life events (death, divorce, new baby, move etc)?

\_\_\_\_\_

\_\_\_\_\_

Does your child have difficulty with certain sounds or words? If so, which ones?

\_\_\_\_\_

\_\_\_\_\_

Please describe the times when your child's speech is ....

Much better

\_\_\_\_\_

\_\_\_\_\_

Much worse

\_\_\_\_\_

\_\_\_\_\_

What have you tried to help your child? Does this help?

\_\_\_\_\_

\_\_\_\_\_

Do you consider your child to be more sensitive than most children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child likely to be upset if he or she can't do something well? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Types of disfluencies (Please check)				
	Seldom	Sometimes	Often	Not Observed
<b>Hesitations</b> – Pauses as if thinking about what to say before or during speaking.				
<b>Interjections</b> – Adds sounds, syllables or words when speaking. (“Well, I want to, well, go home.” “ Do you, do you, want some?”)				
<b>Revisions of phrases or sentences</b> Changes what is said. (“ I want to, I'd like to go somewhere, can I go with you?”)				
<b>Phrase repetitions</b> (“Mom can I, can I, get some candy?”)				
<b>One-syllable word repetitions</b> --Two or less with no tension. (Can I get, get, get some candy?)				
<b>Part-word syllable repetitions</b> -- Two or less, no tension.				
<b>One syllable word repetitions</b> — Three or more or uneven stress. (“Mom, can, can, can, I get some candy?” or “Mom can, CAN I get some candy?”)				
<b>Part-word syllable repetitions</b> -- Three or more or uneven stress. (“I want a pu, pu, puppy.” Or, “ I want a pu, PUpppy.”)				
<b>Sound repetitions,</b> especially “uh”. (M, m, m, mom, can I go?” or Uh, uh, can I, uh, go, uh, uh, home?”)				

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	Seldom	Sometimes	Often	Not Observed
<b>Prolongations</b> – Stretching or holding onto a sound. (“MMMMMMMMom, I want that.”)				
<b>Increased muscle tension</b> noted in the mouth, throat or lips. (Child seems to press lips together tightly or force words out.)				
<b>Non-speech behaviors.</b> (Blinks eyes, slaps body, bends or moves body in some way to get speech started.)				

Awareness (Please check)					
	My child shows little or no awareness of his/her speech difficulties	My child shows some awareness of his/her speech difficulties. (More surprise than fear or embarrassment.)	My child is annoyed by his/her speech difficulties	My child shows fear of speaking and embarrassment after stuttering	My child shows very strong negative feelings about his/her speech (My child is avoiding some people or situations to keep from stuttering.)
How aware is your child of his/her speech difficulty?					

Do you have other comments or concerns about your child?

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## Parent Fluency Questionnaire

Parent Signature

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### Parent Contact Information

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

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

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