



NAME: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Fluency Case History Attachment

**Description of problem:** Check all that apply: Repetitions of ☐ sounds ☐ words ☐ phrases

☐ Prolonged sounds ☐ Silent pause/block in speech

Are there particular sounds or words that are difficult? \_\_\_\_\_

**Onset of stuttering** \_\_\_\_\_ **Circle one:** Gradual or Sudden  
(Date)

Did it follow any illness/family problem/traumatic event? ☐ No ☐ Yes (describe): \_\_\_\_\_

How long have you been stuttering? \_\_\_\_\_

Has it changed over time? \_\_\_\_\_

Is the problem: ☐ consistent ☐ intermittent

Can you anticipate stuttering? ☐ No ☐ Yes

Do you do anything to control your stuttering? \_\_\_\_\_

When is your speech the best/worst? \_\_\_\_\_

What bothers you most about your stuttering? \_\_\_\_\_

Please describe any situations you avoid because you stutter: \_\_\_\_\_

### **Family and Social History**

How does your stuttering affect your school/work? \_\_\_\_\_

Is there a history of stuttering in your family? \_\_\_\_\_

Do relatives and others say negative things about your stuttering? \_\_\_\_\_

### **Previous Therapy History**

Have you received previous therapy? ☐ No ☐ Yes

When: (Date) \_\_\_\_\_ By whom? \_\_\_\_\_

Why was therapy discontinued? \_\_\_\_\_

What helped your speech the most? \_\_\_\_\_

Are there any techniques you still use? \_\_\_\_\_

What are your expectations for therapy at this time? \_\_\_\_\_

Please write down any additional information you feel will help us

Speech Pathologist's Notes: \_\_\_\_\_