



## Adult Fluency Case History Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Referred By: \_\_\_\_\_ Primary Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Please describe your speech:

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What information do you hope to obtain from this evaluation?

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Do you have trouble with any of the following? Please circle all that apply.

Finding the right word

Getting to the point

Organizing your thoughts

What motivated you to seek advice or help regarding your speech?

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### FAMILY HISTORY

Is there a family history of stuttering or any other speech, language, learning, reading, attention, or hearing problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe.

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## MEDICAL HISTORY

As far as you know, was your speech and language development normal? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe any difficulties: \_\_\_\_\_

How is your present health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Have you ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Do you have any chronic or current medical problems? If yes please list:

\_\_\_\_\_

Are you presently taking medication? If yes, please list:

\_\_\_\_\_

## FLUENCY PROBLEM

A. Onset

1. When was the problem first noticed? \_\_\_\_\_

2. By Whom? \_\_\_\_\_

3. What do you believe caused the problem? \_\_\_\_\_

B. Type of Stuttering

1. Please check or describe symptoms which apply to your stuttering:

\_\_\_\_\_ Repetitions of sounds ("I want the b-b-b-all.")

\_\_\_\_\_ Repetitions of single syllable words ("I-I-I-I want to go.")

\_\_\_\_\_ Repetitions of syllables ("So-so-so-soldier")

\_\_\_\_\_ Repetitions of entire words ("I want-want-want the ball.")

\_\_\_\_\_ Repetitions of phrases ("I want -I want -I want to go.")

\_\_\_\_\_ Prolongation of sounds ("ssssssssssoldier")

\_\_\_\_\_ Use of "filler words" ("um," "and then," "you know")

\_\_\_\_\_ Faulty Breathing Describe: \_\_\_\_\_

\_\_\_\_\_ Changes in loudness. Describe: \_\_\_\_\_

\_\_\_\_\_ Facial movements. Describe: \_\_\_\_\_

\_\_\_\_\_ Hand movements. Describe: \_\_\_\_\_

\_\_\_\_\_ Other body movements. Describe: \_\_\_\_\_

\_\_\_\_\_ Struggle and tension during speech. Describe: \_\_\_\_\_

Other. Describe: \_\_\_\_\_

2. Describe any changes in the problem since it began? \_\_\_\_\_

3. If possible, list three situations in which you have noticed the speech problem is worse than usual
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
4. If possible, list three situations in which you have noticed the speech problem is better than usual.
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
5. List any persons around whom you have greater difficulty talking and their relationship to you.
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
6. List any persons around whom you have the least difficulty talking and their relationship to you.
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
7. What is your typical reaction to your fluency problem? \_\_\_\_\_
8. List prior treatment for your dysfluent speech. \_\_\_\_\_
9. How often do you stutter? \_\_\_\_\_
10. Do you have periods of time when you do not stutter? Yes \_\_\_\_\_ No \_\_\_\_\_
- a. How long do they last? \_\_\_\_\_
- b. Are they related to who is listening? \_\_\_\_\_
- c. Are they related to what you are talking about? \_\_\_\_\_
- d. Are they related to your physical state at the time? \_\_\_\_\_
- e. Are they related to your emotional state? \_\_\_\_\_
11. Once a stuttering episode has started, do you try to stop it? If so, how? \_\_\_\_\_

## **SOCIAL HISTORY**

1. What is your occupation? Briefly explain your job responsibilities.

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2. Who do you live with? Please include ages of children, if applicable.

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3. Please list any hobbies or interests

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Additional Comments/Information: \_\_\_\_\_

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