TKL Speech and Language Services  
7623 Dunleer Way, Dallas, Texas 75248  

FLUENCY QUESTIONNAIRE

Patient Name _________________________________ DOB __________________

School _____________________Grade_______ Teacher ___________________

Name of Person Completing Questionnaire ______________________________

I. Onset of the Problem

A. At what age was the stuttering first noticed? _________________________

B. Can you describe how the stuttering sounded when it first occurred?
   __Stuttering at the beginning of words
   __Stuttering in the middle of words
   __Repeating whole words (you...you...you)
   __Repeating parts of words (ta...ta...table)
   __Repeating phrases (That is...that is mine)
   __Blocking or pushing sounds or words out with force
   __Prolonging or extending a sound in a word (mmmmmmmmine)
   __Giving up the attempt to talk
   __Unexpected and sudden pitch changes within a word
   __Avoiding talking
   __Substituting one word for another
   __Commenting that "talking is hard", that a word "gets stuck" or some other statement: _______________________

C. Do you know of any unusual events that occurred around the time the stuttering began? _______________________

D. (For parents) When the stuttering was first noticed, what was the child's reaction? _______________________

What was your reaction?________________________________________________________________________

E. Is there any family history of stuttering?_______ If yes, who?_________

________________________________________________________________________
II. Current Description of the Problem

A. How has the stuttering changed over time (either in terms of quantity or quality)?

- Overall increase / decrease in the amount of stuttering
- Increase / decrease in number of repetitions
- More / less force used to get out a word
- Longer / shorter duration of prolongations
- Slower / faster speech rate
- Changes in loudness during stuttering
- Changes in pitch during stuttering
- Changes in eye contact during stuttering
- Changes in body language / body movement during stuttering
- Other

B. How do family members react to the stuttering?

________________________________________________________________________
________________________________________________________________________

C. How do peers react to the stuttering?

________________________________________________________________________

D. In what situations is the most stuttering noted?

________________________________________________________________________

E. In what situations is the least stuttering noted?

________________________________________________________________________

F. Are there periods when there is significantly more / less stuttering? (weeks / months)? Please describe and indicate how long these periods last

________________________________________________________________________

G. Which of the following factors do you feel may contribute to an increase in the stuttering?

**Internal Factors**

- Fatigue
- Illness
- Excitement
- Fears

**External Factors**

- Being interrupted
- Getting listener attention
- Being rushed/time pressure
- Being put on the spot to speak
Internal Factors (cont.)  
- Competition  
- Increased rate  
- Asking questions  
- Searching for words  
- Trying to be understood  
- Formulating stories  
- Lack of confidence  
- Low frustration tolerance  
- Trying to get attention  
- Being unsure about topic  

External Factors (cont.)  
- Talking to strangers  
- Talking to peers  
- Talking to parents  
- Talking to siblings  
- Talking in large groups  
- Conflict situations  
- Surprises/unexpected events  
- Talking on the phone  
- Inattentive/busy listeners  
- Talking to adults/teachers  

III. FOR PARENTS ONLY

A. Has anyone (to your knowledge) teased or drawn attention to your child's stuttering? _______ If so, please describe: ________________________________
______________________________________________________________________

B. Have you received advice about this problem from anyone? _______ If so, please describe: ________________________________________________
______________________________________________________________________

C. Do you feel that stuttering interferes with your child's daily life? _____ Social relationships? _____ Success in school? _____ If so, please describe:
______________________________________________________________________
______________________________________________________________________

IV. FOR CHILDREN / ADOLESCENTS / ADULTS

A. Has speech therapy been tried? ______ If so, what did therapy emphasize and what were the results? _________________________________
______________________________________________________________________

B. If you are/have been in speech therapy, what do/did you like about it or what helped most? _______________________________________________
______________________________________________________________________

C. What, if anything, do/did you not like about therapy or what did not help? _________________________________________________________
______________________________________________________________________
D. In a situation when it is very important to you to feel good about your speech, are there things you can do that make your speech better? __________
If so, please describe: ______________________________________________
________________________________________________________________
________________________________________________________________

E. Describe what you feel (physically) and where you feel it during a moment of stuttering? ____________________________
________________________________________________________________
________________________________________________________________

F. Please check all that apply. I sometimes avoid:
   ____ certain words
   ____ words that start with the letters ________
   ____ talking to certain people
   ____ talking in certain situations
   ____ by rearranging my sentences
   ____ by waiting until I feel I can be fluent
   ____ by using sounds or words to help me get started talking
   ____ by substituting words
   ____ other ____________________________________________

G. When I am stuttering, it really bothers me if _____________________
________________________________________________________________
________________________________________________________________

H. When I am stuttering, it really makes me feel better when __________
________________________________________________________________
________________________________________________________________

I. What would you like to accomplish as a result of this fluency evaluation? __________________________________________
________________________________________________________________
________________________________________________________________

J. Is there anything else you would like to mention? _________________
________________________________________________________________
________________________________________________________________

Please mail this completed questionnaire to:
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