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Stuttering Questionnaire

Child's Name: _____ DOB: _____ Date: _____

1. How would you presently describe the problem? Has it changed since the onset?

2. Can you relate any significant events that occurred close to the onset of the problem?

3. Check the following that apply NOW to your child.

- Repeats whole words.
- Repeats whole phrases.
- Repeats parts of words.
- Prolongs a sound.
- Blocks on a sound (nothing comes out).
- Appears tense.
- Appears frustrated.
- Gives up on talking.
- Uses body movements to help get the word out; uses funny breathing.
- Switches one word for another.
- Avoids talking in certain situations.
- Other: _____

4. At home, when does your child have the most trouble talking?

5. In outside environments, when does your child have the most trouble talking?

6. How would you describe you and your family member's reactions to the difficulty talking?

7. How would you describe peer and stranger reactions to the difficulty talking?

8. Do you think your child's teacher is concerned about his/her speech/other issues?

9. What advice have you been given about this problem?

10. Is there a history of the following in your family? If yes, who?

- Stuttering _____
- Other speech or language problems. _____
- Learning problems. _____
- Attention Deficit Disorder. _____
- Tourette's Syndrome. _____
- Obsessive-Compulsive Disorder. _____
- Depression. _____
- Anxiety _____
- Other: _____

Has your child been diagnosed with any of the above conditions? Please elaborate.

11. Do you feel your child is able to tell stories and describe events in a clear and organized manner?
12. How would you describe your child's temperament?
13. Do you have any other concerns besides speech for your child?
14. What are your child's special qualities? Interest and hobbies?
15. How do you think your child feels about the speech problem?
16. How did your child feel about coming to the evaluation today?
17. How are you feeling about your child's communication difficulty?
18. What is your greatest worry for your child?

19. How would you describe how your family communicates?
- Busy listeners
 - Hurried
 - Lots of interrupting
 - Competition for talking
 - Low tolerance for individuals waiting for a talking turn.
 - Limited time for unrushed, unhurried communication.
20. How would you describe your overall “family lifestyle”? Use the rating scales below:
- | | | |
|----|-----------------|---|
| A. | LOW----- | HIGH STRESS LEVEL |
| A. | LITTLE----- | EXTREMELY HECTIC |
| B. | LIMITED----- | MULTIPLEACTIVITIES
OUTSIDE OF SCHOOL |
| C. | INFREQUENT----- | FREQUENT SIBLING
RIVALRY |
| D. | CONSISTENT----- | INCONSISTENT DAILY
ROUTINES |
21. How does your child get along with peers?
22. Does your child like school?
23. Is there any other information you feel would be beneficial to share?

Thank you very much for taking the time to fill out this important questionnaire!