

Patient Name _____

DOB: _____

MR# _____

UW Health uwhealth.org
(University of Wisconsin Hospitals and Clinics Authority)
CHILD'S CASE HISTORY -STUTTERING

Please complete and bring to appointment

Child's Name _____ Date of Birth _____

Person completing form _____

Relationship to child _____

1. When was the difficulty with speech first noticed?

2. Do you think there is anything in your child's medical history or personal experience that might be related to the problem?

3. Is there anyone within the family unit who has a speech problem? If so, what is the nature of the problem?

4. When stuttering first began, was the child repeating whole words ("but-but"; and-and"; "I - I")?
 Yes
 No
 Unsure

5. If yes, how many times did the child repeat a word?
 Once
 Twice
 Three times
 More than three times

6. When stutter first began, was the child repeating syllables ('ca-ca-cat')?
 Yes No Unsure

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7. If yes, how many times did the child repeat a syllable?

- Once
- Twice
- Three times
- More than three times

8. Was the child prolonging sounds (“mmmmommy”, “daaaaddy”)?

- Yes
- No
- Unsure

9. When stuttering first began, was the child making extraneous sounds such as “ah”, “er”, well”, “and”, etc.?

- Yes
- No
- Unsure

10. Were there obvious silent periods or unusual pauses in ongoing speech?

- Yes
- No
- Unsure

11. Was the child blocking on sound or words (i.e. apparent stoppage of air or voice)?

- Yes
- No
- Unsure

12. When stuttering began, was the child using force or more effort than usual to get the word out?

- Yes
- No
- Unsure

13. When stuttering first began, were there any facial grimaces or body contortions?

- Yes
- No
- Unsure

If yes, please explain.

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14. When the stuttering first began, did the child seem to be aware of it?

- Yes
- No
- Unsure

If yes, please explain.

15. How would you describe the stuttering now compared to when it first began?

- Same
- Better
- Worse

16. Does the child stutter on the first word of sentences or on words throughout the sentence?

- First word only
- Words throughout sentence

17. Does the child ever talk fluently? If so, when?

18. List the situations in which the child has the least difficulty talking (e.g. talking to pets, playing independently, using the telephone, etc).

19. List the situations in which the child has the most difficulty talking (e.g. answering questions, talking to teachers, friends, etc.).

20. List the names and ages of the other children and adults in the home.

21. Does your child attend a daycare or preschool?

- Yes
- No

If yes, how often each week? How old are the children in your child's classroom?

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22. How do you react to the child's stuttering – verbal and non-verbal?

23. What does the child enjoy doing? List several activities.

24. Please state any information which would be helpful to other who seek to understand your child and your family.