



EASTERN KENTUCKY UNIVERSITY

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College of Education
Department of Special Education
Speech/Language/Hearing Clinic

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ADULT FLUENCY CASE HISTORY FORM

Name: Date of Birth: Age in Years:
Address: E-mail Address:
Home Phone: Cell Phone:

Who referred you to this Clinic?

Presenting Problem

- 1. Could you please describe, to the best of your ability, the speech problem you have?
2. What prompted you to contact this clinic?

History of the Disorder

- 1. Can you recall when the stuttering problem was first detected and by whom?
2. Do you recall or were you told of any special circumstances that surrounded the onset of stuttering?
3. Have there been any periods of time when the problem disappeared or was barely noticeable?
4. Have there been periods of time when the problem was very severe?
5. Have there been any changes in the way you stutter?
6. In general, has the problem gotten better, worse, or stayed about the same?
7. Do you think there is anything in your medical history that is related to the problem?
8. Have you had any emotional problems that you think may be related to the problem?

any effect on your stuttering? _____

9. Does anyone in your family stutter? If so, please describe their experience with stuttering as best you can? _____

10. Have you ever had therapy for your stuttering problem? If so, when and where? _____

11. If you had therapy, what techniques did you learn to control your stuttering? Did these techniques seem to be effective? _____

12. What did you like about these therapy techniques, if anything? What did you dislike about them, if anything? _____

Reaction to the Problem

1. Please describe your feelings about your stuttering (e.g., feelings of embarrassment, anxiety, anger, fear, etc.)? _____

2. Why do you think you stutter? ...or...What do you think caused your stuttering? _____

3. In general, how have others reacted to stuttering? For example.....

- a. Parents _____
- b. Brothers and sisters _____
- c. Spouse _____
- d. Children _____
- e. Employers/employees/co-workers _____
- f. Friends _____
- g. Teachers/professors _____
- h. Strangers _____

4. How do **you** react when parents, brothers, etc. react in those ways (e.g., irritation, withdrawal, pity, amusement, etc.)? _____

5. Do you find yourself avoiding any **situations** or **people** because of your stuttering? If so, please describe.

6. Do you feel your stuttering has effected or is affecting your social life? If so, how? _____

7. Has your stuttering hampered your education or employment potential? If so, how? _____

8. How severe do you think your stuttering is at this present time? _____

9. If therapy were indicated, how much time and energy each day or week would you be willing to devote to it?

Precipitating Factors

1. Are there any speaking or social situations in which you can safely say you could talk without stuttering? _____

2. Are there any speaking situations in which you know you will definitely stutter? _____

3. Are there any speaking situations in which you believe that sometimes you would stutter and sometimes you would not? _____

4. Do you think stress, tension, or anxiety causes or aggravates your stuttering problem? _____

5. Are there any particular **words** that you seem to stutter more on than others? _____

6. Are there any speech sounds that you seem to stutter more on than others (e.g., /p/, /s/, /t/, etc.)? _____

7. Can you generally predict when you will stutter or does it seem to come “out of the blue?” _____

8. Are there any special or different conditions that seem to assist you in speaking fluently (e.g., singing, choral recitation, etc.)? _____

Nature of the Disfluency

1. What do you do when you stutter? That is, describe what you typically do when you experience an episode of stuttering? _____

2. What other symptoms or kinds of stuttering have you experienced, if any? Do you do those now? _____

3. What does it feel like physically when you're in a stuttering episode? (e.g., a feeling of loss of breath, etc.) _____

4. Do you have any particular places in your body that feel tight or tense when you stutter? _____

5. Does anything else happen to you physically when you stutter (sweating, flushing, butterflies, heart pounding, etc.)? _____

6. Do you have any devices or special tricks you use to control stuttering? _____

7. If therapy seems to be indicated, what would your expectations be with regard to fluency? _____

8. How much time each day are you willing to spend on improving your speech fluency? _____

If you have any specific questions or concerns that you would like us to address or answer, please write them in the space provided below. Also, please feel free to contact Dr. Charles Hughes by phone (859-622-1861) or email (charles.hughes@eku.edu) if you wish to share any concerns, thoughts, or have further questions. Thank you.



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