



# Center for Stuttering Therapy

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## Case History: Adult Stuttering

### *Identifying Information:*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Highest degree held: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Primary language: \_\_\_\_\_ Other languages: \_\_\_\_\_

What brings you into the clinic? \_\_\_\_\_

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Referred by: \_\_\_\_\_

### *History of Stuttering:*

Is there a family history of stuttering? \_\_\_\_ Yes \_\_\_\_ No

If so, who? \_\_\_\_\_

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Describe your first memory of stuttering. At what age? \_\_\_\_\_

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What information have your parents shared with you regarding your early stuttering?

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Did your parents talk with you openly about stuttering? \_\_\_\_\_Yes \_\_\_\_\_No Please Describe:

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Can you recall your early stuttering patterns? If so, please describe: \_\_\_\_\_

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How has your stuttering changed since you were a child? \_\_\_\_\_

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How would you describe your stuttering pattern at present? Please include any physical behaviors that may be associated with the stuttering:

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Do you experience any of the following:

- Head movement     Eye blinking     Postural changes
- Tongue clicking     Tongue protrusion     Lip licking
- Making unusual noises with your teeth
- Movement of extremities (foot tapping, hand tapping)
- Eye movement (side to side, eye rolling)
- Other

Where do you feel tension when speaking? Please indicate in what area(s) you feel tension:

	No Tension	Mild Tension	Moderate Tension	Significant Tension
Lips				
Jaw				
Larynx (throat)				
Chest				
Abdomen				
Extremities (hands, legs, arms, etc)				

In which of the following ways do you experience difficulty with breathing and breath support when speaking? Please check all that apply:

- Holding your breath
- Running out of breath
- Taking multiple breaths
- Inhaling in the middle of a sentence
- Exhaling before speaking
- Gasping
- Speaking on exhausted breath
- Breathing noisily
- Breathing forcefully

In what situations is your speech the most difficult? The easiest? Please describe:

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With which people is your speech the most difficult? The easiest? Please describe:

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Do you ever anticipate moments of stuttering? (Please circle):

Consistently      Frequently      Sometimes      Seldom      Never

What words or speech sounds trigger anticipation of moments of stuttering?

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When you are anticipating, do you ever:

	Almost Always	Occasionally	Seldom
Postpone moments of stuttering by using interjections such as uh, um, like, etc.			
Pause or pretend to think to get out of talking			
Reply briefly using the fewest words possible			
Repeat or prolong the word preceding the one on which stuttering is expected			
Use starters such as well, okay, you know, etc.			
Talk around words (use circumlocutions to avoid saying a word)			
Expect that certain sounds, letters, or words are going to be particularly hard to say			
Revise your sentences to avoid a hard word			
Substitute an easier word for a harder word			

	Almost Always	Occasionally	Seldom
Choose not to talk/remain quiet, or just use gestures, even though you have something to say			
Avoid specific situations (avoid a meeting at work, public speaking, using a telephone, asking for information)			
Avoid introducing yourself			
Changing pitch, loudness, or accent (increase pitch, speak in monotone, using foreign accent, whispering)			
Get stuck so completely that you quit talking entirely			

Which of the above avoidance behavior(s) is/are the most successful in managing your stuttering?

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Who are you open with about your stuttering? Please check all that apply:

spouse   
 family   
 co-workers   
 friends  
 acquaintances   
 I prefer not to discuss my stuttering with others

How do you perceive others' reactions to your stuttering? How do these perceptions impact your speech?

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How do you perceive yourself as a communicator (not just in regards to your speech, but your overall ability to effectively convey what you're thinking to others)?

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**Medical- Psychological History:**

	Yes	No
Are you currently taking any medication(s)?		
Have you ever had a severe injury to the head?		
Have you ever received psychotherapy?		
Have you had a history of seizures?		
Have you ever had any body tremors/uncontrollable tics not associated with stuttering?		
Is there anything else we should be aware of?		

If you answered yes to any of the above questions, please explain below:

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**Previous Therapy:**

Date: \_\_\_\_\_

Where: \_\_\_\_\_

Length: \_\_\_\_\_

Type of therapy (if known): \_\_\_\_\_

What were the most effective aspects of therapy? \_\_\_\_\_

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What were the least effective aspects of therapy? \_\_\_\_\_

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**Previous Therapy (continued):**

Did you see success outside of clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No Please describe:

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Are you currently using tools from therapy? If so, please describe: \_\_\_\_\_

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Why was therapy terminated? \_\_\_\_\_

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**Previous Therapy:**

Date: \_\_\_\_\_

Where: \_\_\_\_\_

Length: \_\_\_\_\_

Type of therapy (if known): \_\_\_\_\_

What were the most effective aspects of therapy? \_\_\_\_\_

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What were the least effective aspects of therapy? \_\_\_\_\_

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**Previous Therapy (continued):**

Did you see success outside of clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No Please describe:

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Are you currently using tools from therapy? If so, please describe: \_\_\_\_\_

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Why was therapy terminated? \_\_\_\_\_

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Where: \_\_\_\_\_

Length: \_\_\_\_\_

Type of therapy (if known): \_\_\_\_\_

What were the most effective aspects of therapy? \_\_\_\_\_

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What were the least effective aspects of therapy? \_\_\_\_\_

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***Previous Therapy (continued):***

Did you see success outside of clinic? \_\_\_\_\_ Yes    \_\_\_\_\_ No Please describe:

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Are you currently using tools from therapy? If so, please describe: \_\_\_\_\_

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Why was therapy terminated? \_\_\_\_\_

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Given that you have decided to pursue therapy, what outcomes would you like to see?

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Is there anything else you would like us to know about your stuttering or your life experience with stuttering?

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