



Patient's Name:

Date of Birth:

MGH #:

When did you/the patient begin to stutter? \_\_\_\_\_

How did the stuttering begin?  Gradually  Suddenly

What stuttering behaviors do you/the patient experience?

Please select ALL that apply:

- Repeating sounds
- Repeating words
- Repeating phrases
- Fast speech
- Slow speech
- Frequent pauses
- Blocking/Stopping sound
- Facial grimaces
- Tensed body movements
- Difficulty breathing
- Increase in pitch
- Stop talking when it becomes difficult
- Change the word
- Other, please describe: \_\_\_\_\_

Please provide examples of words or phrases in which you/the patient stutters: \_\_\_\_\_

If you are the guardian, is the patient aware that they stutter?  YES  NO  N/A

Are you/the patient frustrated with stuttering?  YES  NO

Are you/the patient anxious about speaking?  YES  NO

If so, please describe scenarios: \_\_\_\_\_

Do you/the patient avoid certain speaking situations or activities?  YES  NO

If so, please describe scenarios: \_\_\_\_\_

**Do you/the patient use any strategies to help with stuttering?**  YES  NO

If so, please give examples: \_\_\_\_\_  
\_\_\_\_\_

**Are there times when you/the patient stutters more or less frequently?**  YES  NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**How do others react when you/the patient stutters?** \_\_\_\_\_  
\_\_\_\_\_

**Is the stuttering related to a medical diagnosis or condition? (i.e. stroke, ADHD, language/learning disabilities, Autism, Down Syndrome, etc.)?**  YES  NO

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Are there other concerns about language or learning abilities?**  YES  NO

If so, describe: \_\_\_\_\_  
\_\_\_\_\_

**Is there any family history of stuttering?**  YES  NO

If yes, please list family members who currently stutter or who have stuttered in the past and describe their stuttering behaviors: \_\_\_\_\_  
\_\_\_\_\_

**Have there been any significant life changes recently?**  YES  NO

If so, please explain how these changes have impacted the stuttering: \_\_\_\_\_  
\_\_\_\_\_

**Are you/the patient bilingual?**  YES  NO

**If yes, is stuttering the same in both languages?**  YES  NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**What do you think causes the stuttering?** \_\_\_\_\_  
\_\_\_\_\_

**Have you/the patient had any stuttering therapy or evaluations in the past?     YES    NO**

If so, please describe the nature of the treatment and how effective was it? \_\_\_\_\_

\_\_\_\_\_

**What are your/the patient's goals for therapy? \_\_\_\_\_**

\_\_\_\_\_