



10 504, boulevard St-Laurent, local 1  
 Montréal, H3L 2P4; 514.332.9593  
 www.cliniquebeausoleil.com

## Questionnaire for adults who stutter

Here is a questionnaire that might seem long to complete but is essential to the assessment. It will help the speech and language pathologist understand the nature of the difficulties.

<b>IDENTIFICATION</b>		
Name :	Date of birth :	
Age :	Place of birth :	
Origins of your family :	Since when do you live in the province of Québec :	
Complete address (with postal code) :		
Home phone #:	Work phone # :	Cell. #:
email:		
How did you hear of our clinic:		
<input type="checkbox"/> by the l'Ordre des Orthophonistes et Audiologistes du Québec <input type="checkbox"/> by a doctor <input type="checkbox"/> by a speech therapist <input type="checkbox"/> by someone I know <input type="checkbox"/> other _____		
<b>PROFESSIONAL AND ACADEMIC HISTORY</b>		
Studies completed :		
Actual school, college or university::		
Program:	Level :	
How is the communication going?		
How is the learning going?		
How are the relationships with others going?		
Do you work? What do you do?		
How is the communication going at work?		

Are there tasks that are difficult to achieve because of the stuttering? Which ones?

## MEDICAL HISTORY

Tell us about your mother's pregnancy and your birth?

Please not any important information concerning your health as a child.

And your health now.

Do you take medication?

Which and why?

Anything to add concerning your physical condition? (sleep, nutrition, attention, concentration, sight, audition, etc.)

## MOTOR DEVELOPMENT

Was your motor development (walk, equilibrium, coordination, etc.) :

normal?                       fast?                       slow?                       late?

How old were you when you started to walk?

Are you right-handed or left-handed??

## FAMILY AND SOCIAL HISTORY

Do you live :

with your parents?                       alone?                       in couple?                       other : \_\_\_\_\_?

What is your work?                      Full time or part time?

Do you have children (please precise their age)?

Do you feel competition with some of your family members or with people from your environment?

What are the languages spoken at home?

Which language is mainly spoken at home?

What are the languages spoken at your work?

The atmosphere at home is :     generally under pressure?     generally relax?     variable?

Describe your personality :

lonely                       shy                       sociable                       intellectual                       active  
 hyperactive                       calm                       confident                       aggressive                       impulsive  
 stubborn                       easily frustrated                       perseverant                       absent-minded                       inattentive  
 sensitive                       cheerful                       easily tired                       low self esteem                       \_\_\_\_\_



<p>If you speak more than one language, do you stutter the same way in the different languages?</p> <p><input type="checkbox"/> yes      <input type="checkbox"/> no      Comments :</p>									
<p>Do you stutter :</p> <p><input type="checkbox"/> mainly at the beginning of sentences?</p> <p><input type="checkbox"/> everywhere in the sentences?</p>									
<p>Do you struggle or do you feel tension when you speak?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p>									
<p>Have you noticed grimaces, body movements (head, eyes, hands, feet, etc.), voices changes, etc.? <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>Please explain:</p>									
<p>Are you able to :</p> <table border="0"> <tr> <td><input type="checkbox"/> Say your name?</td> <td><input type="checkbox"/> Answer a question?</td> <td><input type="checkbox"/> Explain something?</td> </tr> <tr> <td><input type="checkbox"/> Make a demand?</td> <td><input type="checkbox"/> Tell a joke?</td> <td><input type="checkbox"/> Make a phone call?</td> </tr> <tr> <td><input type="checkbox"/> Ask a question?</td> <td><input type="checkbox"/> Tell a story?</td> <td><input type="checkbox"/> Have a conversation?</td> </tr> </table>	<input type="checkbox"/> Say your name?	<input type="checkbox"/> Answer a question?	<input type="checkbox"/> Explain something?	<input type="checkbox"/> Make a demand?	<input type="checkbox"/> Tell a joke?	<input type="checkbox"/> Make a phone call?	<input type="checkbox"/> Ask a question?	<input type="checkbox"/> Tell a story?	<input type="checkbox"/> Have a conversation?
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<p>Do you avoid speaking in certain situations?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>If you do, please explain:</p>									
<p>Do you child change your choice of words because of the stuttering?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>If you do, please explain:</p>									
<p>Have you ever been teased because of the stuttering?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>Explain:</p>									
<p>How did you (or do you) react?</p>									
<p>What would change in your life if you didn't stutter?</p>									
<p>On a scale from 1 to 10, how do you evaluate your stuttering?</p> <p>_____</p> <p>1      2      3      4      5      6      7      8      9      10</p> <p>(normal speech)      (severe stuttering)</p>									
<p>Give examples of the actual stuttering:</p>									
<p><b>PREVIOUS INTERVENTIONS</b></p>									
<p>Have you tried something to stop stuttering?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p>									
<p>If you did, what was it and what were the results?</p>									
<p>Were you ever treated for your stuttering?      <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>If you did, please specify :</p> <p>When?</p> <p>By whom? :</p> <p>Type of treatment? :</p> <p>Results :</p>									

## PERSONAL AND ENVIRONMENTAL FACTORS

### FAMILY ANTECEDENTS

Are there other members of the family:

- who have stuttered in the past, and then stopped?  yes  no

Who are they (family link)?:

- who still stutter?  yes  no

Who are they (family link)?:

Are there other family members who have or have had other communication difficulties?  yes  no

Who are they (family link)?:

### COMMUNICATIVE ATTITUDES

Describe your speed of speech:  slow  moderate  fast

And the speed of speech of people in your environment:  slow  moderate  fast

In your environment, do people speak one at the time or is there competition for turn taking?

### OTHER FACTORS

What are the factors that seem to increase or decrease your stuttering?

Concerning your performance and results in general, would you consider yourself as:

very demanding?  moderately demanding?  mildly demanding?

Please explain :

### MOTIVATION

From whom came the demand to consult in speech pathology?

Yourself  Your parents  Your spouse  Other :

How do you judge your motivation to participate to a speech therapy for stuttering?

intense  moderate  low  absent

\_\_\_\_\_, orthophoniste #

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