

Questionnaire for children 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.

IDENTIFICATION		
Child's name :		
Date of birth :		
Age :	Place of birth:	
Mother's name :		
Father's name :		
Address :		
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 a CPE or a day care <input type="checkbox"/> by someone I know <input type="checkbox"/> other _____		
Person filling the questionnaire :		
DAY CARE		
Name of the day care facility:	Since when?	
Phone # :	Educator:	
Number of days/week :		
How is it going concerning the communication?		
How is it going concerning the learning abilities?		
How is it going concerning the behaviour and relationships with others?		
SCHOOL		
Name of the school :	Teacher :	

Phone # :	Level :
How is it going concerning the communication?	
How is it going concerning the learning abilities?	
How is it going concerning the behaviour and relationships with others?	
MEDICAL HISTORY	
Tell us about the pregnancy?	
Tell us about the delivery?	
APGAR : ____ / ____ / ____	
Was your child ever sick, hospitalised or operated? When? Why? What were the results?	
How is your child's health in the moment?	
Was his hearing ever tested? Results?	When? Where?
How is his vision?	
Is he taking medication(s)?	Which one(s)? Why ?
Other important information? (sleep, feeding, attention, concentration, hyperactivity etc.)	
MOTOR DEVELOPMENT	
Was the motor development (walk, equilibrium, coordination, etc.) : <input type="checkbox"/> normal? <input type="checkbox"/> fast? <input type="checkbox"/> slow? <input type="checkbox"/> late?	
How old was your child when he first walked?	
Is your child right-handed or left-handed?	
FAMILY AND SOCIAL HISTORY	
With whom does your child live?	
Tell us about the parent's relationship :	
Where are the parents from? Mother:	Father
For how long have the parents been in Québec:	Mother: Father:
Mother's work?	Father's work?
Tell us about the relationship between the child and his parents :	

Siblings :			
Name	Age	Gender	Same parents
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tell us about the relationship between the child and his siblings :			
Is there some competition between some members of the family?			
What are the languages spoken at home? Which language is mainly spoken at home?			
What are the languages spoken at the "garderie" or at school?			
In general, the child's schedule is :		<input type="checkbox"/> Free?	<input type="checkbox"/> Occupied?
In general, the parents' schedule is :		<input type="checkbox"/> Free?	<input type="checkbox"/> Occupied?
The atmosphere at home is : <input type="checkbox"/> generally under pressure? <input type="checkbox"/> generally relax? <input type="checkbox"/> variable?			
Tell us about your child's personality:			
<input type="checkbox"/> lonely	<input type="checkbox"/> shy	<input type="checkbox"/> sociable	<input type="checkbox"/> intellectual <input type="checkbox"/> active
<input type="checkbox"/> hyperactive	<input type="checkbox"/> calm	<input type="checkbox"/> confident	<input type="checkbox"/> aggressive <input type="checkbox"/> impulsive
<input type="checkbox"/> stubborn	<input type="checkbox"/> easily frustrated	<input type="checkbox"/> perseverant	<input type="checkbox"/> absent-minded <input type="checkbox"/> inattentive
<input type="checkbox"/> sensitive	<input type="checkbox"/> cheerful	<input type="checkbox"/> easily tired	<input type="checkbox"/> low self esteem <input type="checkbox"/> _____
What are his favourite activities or games?			
What are the things he doesn't like to do?			
Other relevant information?			
LANGUAGE			
EMERGENCE OF LANGUAGE			
Your child's language development was:			
<input type="checkbox"/> normal?	<input type="checkbox"/> fast?	<input type="checkbox"/> late?	
Please explain :			
How old was your child when he said:			
his first word? :			
his first combinations of words? :			
Was he ever treated for a language problem, other than stuttering?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Which problem?		When?	By whom?
Results :			
AT PRESENT			
Can your child establish eye contact? <input type="checkbox"/> yes <input type="checkbox"/> no			
At present, can your child pronounce clearly the sounds and words? <input type="checkbox"/> yes <input type="checkbox"/> no			

If not, please explain :
His vocabulary seems: <input type="checkbox"/> normal ? <input type="checkbox"/> weak? <input type="checkbox"/> rich? Please explain :
The construction of his sentences seems: <input type="checkbox"/> normal? <input type="checkbox"/> weak? Please explain:
Does your child seem to be searching for his words or ideas? <input type="checkbox"/> yes <input type="checkbox"/> no
Are your child's ideas well organized when he speaks (discourse organisation)? <input type="checkbox"/> yes <input type="checkbox"/> no
Is your child understood by : <input type="checkbox"/> his mother? (or father) <input type="checkbox"/> known persons? <input type="checkbox"/> strangers?
Can your child understand : <input type="checkbox"/> isolated words? <input type="checkbox"/> short sentences? <input type="checkbox"/> complex sentences? <input type="checkbox"/> a conversation?
FLUENCY
EMERGENCE OF STUTTERING
How old was your child when he started to stutter?
Who noticed the stuttering first?
Give examples of the stuttering at the beginning :
Did your child start to stutter : <input type="checkbox"/> gradually? <input type="checkbox"/> suddenly?
Why do you think your child started to stutter (any event linked)?
AT PRESENT
Does your child now stutter the same way he did at first? <input type="checkbox"/> yes <input type="checkbox"/> no If not, please explain:
Is the stuttering: <input type="checkbox"/> constant? <input type="checkbox"/> variable? (good and bad episodes)
If your child is exposed to more than one language, does he stutter the same way in the different languages? <input type="checkbox"/> yes <input type="checkbox"/> no Commentaries :
Does your child stutter : <input type="checkbox"/> mainly at the beginning of sentences? <input type="checkbox"/> everywhere in the sentences?
Does your child seem to struggle when he speaks? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you noticed grimaces, body movements (head, eyes, hands, feet, etc.), voices changes, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
At present, can your child : <input type="checkbox"/> Say his 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?
Does your child avoid speaking in certain situations? <input type="checkbox"/> Yes <input type="checkbox"/> No If he does, please explain:

Does your child change his choice of words because of his stuttering? <input type="checkbox"/> Yes <input type="checkbox"/> No If he does, please explain:
Has your child been teased or is being teased because he stutters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child conscious of his stuttering? <input type="checkbox"/> Yes <input type="checkbox"/> No
How does he react when he stutters?
What would it change if your child stopped stuttering?
How do you feel when your child stutters? (anxious ? frustrated ? surprised ?, guilty ? worried ? not worried ? etc.)
On a scale from 1 to 10, how do you judge the stuttering of your child? _____
1 2 3 4 5 6 7 8 9 10 (normal speech) (severe stuttering)
Give examples of the actual stuttering:
PREVIOUS INTERVENTIONS
Have you tried to help your child for his speech? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did, what did you do and what were the results?
Was your child ever treated for his stuttering? <input type="checkbox"/> Yes <input type="checkbox"/> No If he did, please specify : When? By whom? : Type of treatment? : Results :
PERSONAL AND ENVIRONNEMENTAL FACTORS
FAMILY ANTECEDENTS
Are there other members of the family: - who have stuttered in the past, and then stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No Who are they (family link)?: - who still stutter? <input type="checkbox"/> Yes <input type="checkbox"/> No Who are they (family link)?:
Are there other family members who have or have had other communication difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No Who are they (family link)?:
COMMUNICATIVE ATTITUDES
Describe the parents' speed of speech in general? <input type="checkbox"/> slow <input type="checkbox"/> moderate <input type="checkbox"/> fast
Your child's speed of speech? <input type="checkbox"/> slow <input type="checkbox"/> moderate <input type="checkbox"/> fast

The siblings' speed of speech? <input type="checkbox"/> slow <input type="checkbox"/> moderate <input type="checkbox"/> fast
Do family members 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 child's stuttering?
Concerning the behaviour and the academic results of your child, would you consider yourself as: <input type="checkbox"/> very demanding? <input type="checkbox"/> moderately demanding? <input type="checkbox"/> mildly demanding? Please explain :
And your child for himself?: <input type="checkbox"/> very demanding? <input type="checkbox"/> moderately demanding? <input type="checkbox"/> mildly demanding? Please explain :
MOTIVATION
From whom came the demand to consult in speech pathology? <input type="checkbox"/> Yourself <input type="checkbox"/> Your child <input type="checkbox"/> Other :
How do you judge your motivation to accompany your child and participate to a speech therapy for stuttering? <input type="checkbox"/> intense <input type="checkbox"/> moderate <input type="checkbox"/> low <input type="checkbox"/> absent
How do you judge your child's motivation to participate to a speech therapy for stuttering? <input type="checkbox"/> intense <input type="checkbox"/> moderate <input type="checkbox"/> low <input type="checkbox"/> absent

_____, orthophoniste #

Date : _____