

UCA SPEECH-LANGUAGE HEARING CENTER  
University of Central Arkansas  
201 South Donaghey  
P.O. Box 4985  
Conway, AR 72035

**Stuttering Case History**

NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ email \_\_\_\_\_ cell: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Could you please describe, to the best of your ability, the speech problem you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What prompted you to contact this clinic?

\_\_\_\_\_  
\_\_\_\_\_

3. Can you recall when the stuttering problem was first detected and by whom?

\_\_\_\_\_

4. Do you recall or were you told of any special circumstances that surrounded the onset of stuttering?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you think there is anything in your medical history that is related to the problem?

\_\_\_\_\_

6. Do you feel that there is anything in your psychological history that is related to the problem? Have you ever seen a counselor, psychologist, or psychiatrist? If so, can you tell me the nature to the problem?

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7. Does anyone in your family stutter or does any family member have a related speech problem?

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8. Please review the different times when you have had therapy.

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9. Can you tell me what you did in therapy each of those times?

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10. What did you like about these therapies, if anything? What did you dislike, if anything?

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11. Did any of the therapies work to improve your speech?

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12. Can you tell me about your feelings toward your stuttering?

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13. Why do you think it has happened or what do you think caused it?

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14. In general, how have others reacted to the problem:

- |                         |                        |
|-------------------------|------------------------|
| A. Parents              | F. Close friends       |
| B. Brothers and sisters | G. Teachers/professors |
| C. Spouse               | H. Others              |
| D. Children             |                        |
| E. Employers/employees  |                        |
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15. How do you react to these various reactions? For example, how do you react to (irritation, pity, amusement, etc.)?

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

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17. Do you feel your stuttering has affected your social life? If so, how?

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18. Has your stuttering hampered your educational and/or occupational progress? If so, how?

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19. How significant a problem is it?

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20. If therapy was indicated, how much time or energy would you be willing to devote to it?

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21. Can you identify any situations where you could anticipate normal speech?

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22. Can you pick out any situations when you expect notable difficulty in speaking?

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23. Do you think anxiety or tension is in any way related to your stuttering?

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24. Do you consider yourself generally anxious, tense, or high strung?

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25. Are there any particular words upon which you have trouble?

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26. Are there any sounds that give you particular difficulty?

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27. Can you generally predict when the stuttering will happen or does it come out of the blue?

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28. Are there any particular emotions that are associated with improved speech? Poorer speech?

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29. Are there any agents or conditions that prompt fluency (singing, choral recitation, etc.)?

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

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31. What does it feel like physically when you're in a stuttering episode?

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

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

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34. Do you have any devices or ticks you use to control stuttering?

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**Comments:** \_\_\_\_\_

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The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

