1. Can you describe, to the best of your recollection, the onset and development of your disfluency? 

________________________________________________________________________________

________________________________________________________________________________

2. Have you noticed any changes in your/your child’s speech pattern since you first became aware of the disfluency? 

________________________________________________________________________________

________________________________________________________________________________

3. Were there any special events in your/your child’s life that coincided with the beginning of disfluency? 

________________________________________________________________________________

________________________________________________________________________________

4. Describe your/your child’s typical daily routine. 

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

5. Are there specific times when the disfluencies are noticeably better? When they are worse?

Better: 

________________________________________________________________________________

________________________________________________________________________________

Worse: 

________________________________________________________________________________

________________________________________________________________________________
6. How do you/your child react to the communication context when fluent? When disfluent?

7. How do family members react to your/your child’s disfluent speech?

8. How does the family try to help you/your child when disfluency occurs?

How do you/your child respond to such efforts?

9. What do you believe is the ‘cause’ of the disfluency?

10. What do you expect for your/your child’s communication future?

11. Have you/your child received any previous assessments or intervention?

12. Have any other family members experienced speech-language or fluency problems? Did they receive an evaluation and/or treatment?