

MERCY COLLEGE
SPEECH AND HEARING CENTER
Supplemental Case History Questions—Fluency

Name _____

Date _____

D.O.B. _____

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? _____
