

# GOEPFERT SPEECH ASSOCIATES, LLC

Diagnostic and Therapeutic Services for Children and Adults

431 East Chocolate Avenue  
Hershey, PA 17033  
Phone and FAX: (717) 533-1916

## ADULT FLUENCY HISTORY QUESTIONNAIRE:

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

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

1. Describe the reason you are seeking evaluation/treatment: \_\_\_\_\_  
\_\_\_\_\_
2. When did the speaking problem begin? \_\_\_\_\_
3. How has it changed over time? \_\_\_\_\_  
\_\_\_\_\_
4. What are others' reactions to your speech? \_\_\_\_\_
5. What do you call the speaking problem? Stuttering? Stammering? Other? \_\_\_\_\_
6. What behaviors do you perceive to occur when stuttering? \_\_\_\_\_  
\_\_\_\_\_
7. What are your biggest concerns about your communication? \_\_\_\_\_  
\_\_\_\_\_
8. What have you done to stop stuttering? \_\_\_\_\_  
\_\_\_\_\_
9. Have you had any other evaluations or treatments? Yes/no? If yes, describe: \_\_\_\_\_  
How long/frequent? \_\_\_\_\_  
What strategies were used? \_\_\_\_\_  
\_\_\_\_\_
- How successful was the treatment? \_\_\_\_\_
10. Is there a family history of stuttering? \_\_\_\_\_
11. When is the stuttering worse? \_\_\_\_\_
12. When is there little or no stuttering? \_\_\_\_\_
13. What are your expectations for your communication from this evaluation/treatment? \_\_\_\_\_  
\_\_\_\_\_
14. What kinds of changes or stresses might you be experiencing? \_\_\_\_\_  
\_\_\_\_\_
15. How does stuttering affect your social life and employment? \_\_\_\_\_  
\_\_\_\_\_
16. What other things would you like for me to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_