

GOEPFERT SPEECH ASSOCIATES, LLC

Diagnostic and Therapeutic Services for Children and Adults

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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? ____ 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? _____
