

Patient full name _____ **Age** ____ ____ **Sex** M / F
years months

General background _____

Approximate age of stuttering onset ____ ____
years months

Conditions that might have triggered it _____
(e.g., divorce, car accident) _____

Speaking avoidance _____
(e.g., changing words, using gestures or short expressions,
saying "I don't know", not answering the phone) _____

Other speech or language difficulties _____

Other development problems _____

Family members with these problems _____

Previous treatment method _____ **Treatment period** _____

