Fluency (Stuttering)

Patient Name: Patient ID:

Age/Gender: Date:

_____

- Onset: gradual/ sudden

- Age of onset:

- 1st noticed by:

- H/O contact with stutterer:

              Relationship:

              How long:

              When:

	Self	Parents

- Reaction to the problem:

Variation in stutterig:

	More	Less	Same

1.Situations:

2.individuals:

Stutter more on:

a. At the begninig/other speciic phrases/sentences

b. Some specific sounds/words/languages

- Anticipation:

- Avoidance behaviour:
- Coping mechanism used:

       a. Reported:

       b. Observed:

- Recording date & reference No.:
- Analysis of symptoms:

	<u>Speaking</u>	<u>Reading</u>
No.of Prolongations:		
No.of Repetitions:		
No.of Hesitations:		
Total No.of Blocks:		

- Rate of speech:
- Behaviour observed during silent reading:

- MPD:
- Secondaries:

<u>Remarks:</u>

<u>Provisional Diagnosis:</u>

Speech Language Pathologist