



Overall Assessment of the
Speaker's Experience of Stuttering

OASES-T
Response Form

Teenage: Ages 13-17

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Name: FluencyBank Use Only

Birth Date: ____ / ____ / ____ Age: 13 Grade: ____ Sex/Gender: M

Test Date: ____ / ____ / ____ ID Number: _____

General Instructions:

This form includes four sections of questions that examine different aspects of your experiences with stuttering. Please complete each question in each section by circling the appropriate number. Please think about how you are currently feeling or speaking when answering each question. Please try to answer every question. Some of the questions do not apply to everyone. If one of the questions does not apply to you, please check the "Not Applicable" box and go on to the next question.

Scoring: For Office Use Only

Instructions for Clinicians:

- Calculate Impact Scores for each of the four sections on the OASES-T by first summing the number of points in each section (A) and then counting the number of items completed in each section (B). Divide the total number of points (A) by the number of items completed (B) to obtain the Impact Score.
- Calculate the Overall Impact Score by summing the numbers in columns (A) and (B) at the bottom of each column. Divide the sum of (A) by the sum of (B) to obtain the Overall Impact Score.
- Impact Scores range between 1.0 and 5.0. Circle the Impact Rating that corresponds to the score for each section and for the Overall Impact.

	A Points	B Items Completed	A ÷ B = Impact Score	Impact Score		Impact Rating			
				Score 1.00-1.49	Score 1.50-2.24	Score 2.25-2.99	Score 3.00-3.74	Score 3.75-5.00	
Section I: General Information	÷	=		Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe	
Section II: Speaker's Reactions	÷	=		Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe	
Section III: Daily Communication	÷	=		Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe	
Section IV: Quality of Life	÷	=		Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe	
OVERALL Impact:	÷	=		Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe	



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Section I: General Information

For each item in this section, circle the number that applies to you. Please think about how you are *currently* feeling or speaking when answering each question. If a question does not apply to you, please check the box and move on to the next question.

A. General information about your speech

		Always	Often	Sometimes	Rarely	Never
1.	How often can you speak fluently (without stuttering)?	1	2	3	4	5
2.	How often does your speech sound "natural" to you (that is, like the speech of other people)?	1	2	3	4	5
3.	How consistently are you able to maintain fluency from day to day?	1	2	3	4	5
4.	How often do you use techniques or strategies you learned in speech therapy? (If you have not had speech therapy before, check "Not Applicable.")	1	2	3	4	5
5.	How often do you say exactly what you want to say, even if you think you might stutter?	1	2	3	4	5

B. How much do you know about...?

		A lot	Some	Nothing
6.	stuttering in general	1	2	3
7.	factors that make people stutter <i>more</i> often or <i>less</i> often	1	2	3
8.	what happens with your speech when you stutter	1	2	3
9.	treatment options for people who stutter	1	2	3
10.	support or self-help groups for teenagers who stutter (groups for teenagers to get together and talk about stuttering)	1	2	3

C. In general, how do you feel about...?

		Very Good	Good	Not Good or Bad	Bad	Very Bad
11.	your speaking ability overall	1	2	3	4	5
12.	the techniques or tools you have learned in speech therapy (If you have not had speech therapy before, check "Not Applicable.")	1	2	3	4	5
13.	being a teenager who stutters	1	2	3	4	5
14.	being called a person who stutters by other people	1	2	3	4	5
15.	support or self-help groups for teenagers who stutter (groups for teenagers to get together and talk about stuttering)	1	2	3	4	5

For Office Use Only Section I: Total Points (Max = 75, Min = 15 minus omitted or N/A): _____
Items Completed in Section I (15 minus omitted or N/A): _____

Section II: Your Reactions to Stuttering

For each item in this section, circle the number that applies to you. Please think about how you are *currently* feeling or speaking when answering each question.

A. When you think about your stuttering, how often do you feel...?

		Never	Rarely	Sometimes	Often	Always
16.	helpless (like you can't do anything about your speech)	1	2	3	4	5
17.	angry, mad, or frustrated because you have trouble saying what you want to say	1	2	3	4	5
18.	isolated or lonely (like nobody understands what you are dealing with because of your speech)	1	2	3	4	5
19.	ashamed or embarrassed (like there is something wrong with you or like others are judging you because of your speech)	1	2	3	4	5
20.	nervous or anxious that you might stutter	1	2	3	4	5
21.	sad or upset because you stutter	1	2	3	4	5
22.	guilty (like you are doing something wrong when you stutter)	1	2	3	4	5

B. How often do you...?

		Never	Rarely	Sometimes	Often	Always
23.	feel physical tension in your muscles when you stutter	1	2	3	4	5
24.	feel physical tension in your muscles even when you are not stuttering (that is, when you are speaking fluently)	1	2	3	4	5
25.	blink your eyes, make a fist, move your head, or make other movements when you stutter	1	2	3	4	5
26.	break eye contact / look away from people when you are talking (whether you are stuttering or not)	1	2	3	4	5
27.	stop talking when you think you are about to stutter	1	2	3	4	5

Section II continued...

How often do you...?		Never	Rarely	Sometimes	Often	Always
28.	avoid activities, speaking situations, or certain people when you think you might stutter more	1	2	3	4	5
29.	not say what you want to say because you might stutter (for example, change words, not answer questions, or order food you don't want because it is easier to say)	1	2	3	4	5
30.	use filler or starter words like "um" or "uh" or clear your throat or cough to try not to stutter	1	2	3	4	5
31.	let other people talk for you	1	2	3	4	5

C How much do you agree or disagree with the following statements?		Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
32.	"I think about my stuttering nearly all the time."	1	2	3	4	5
33.	"Other people's opinions about me are based primarily on how I speak."	1	2	3	4	5
* 34.	"My stuttering keeps me from doing the things I want to do in my life."	1	2	3	4	5
35.	"I do not want people to know that I stutter."	1	2	3	4	5
* 36.	"When I stutter, there is nothing I can do to change it."	1	2	3	4	5
* 37.	"People should do everything they can to keep themselves from stuttering."	1	2	3	4	5
* 38.	"People who stutter should not take jobs that require a lot of speaking."	1	2	3	4	5
39.	"I do not speak as well as most other people."	1	2	3	4	5
* 40.	"I do not have confidence in my abilities as a speaker."	1	2	3	4	5

For Office Use Only **Section II:** Total Points (Max = 125, Min = 25 minus omitted or N/A): _____
 Items Completed in Section II (25 minus omitted or N/A): _____

Section III: Communication in Daily Situations

In this section, indicate how **hard** these situations are for you, **not** how much you stutter or how fluent you are. Unless otherwise indicated, all questions refer to talking to other people in person, or "face-to-face." If a question does not apply to you, please check the box and move on to the next question.

A In general, how hard is it for you to...?		Not at all Hard	Not Very Hard	Somewhat Hard	Very Hard	Extremely Hard
41.	talk with adults (as compared to others your age)	1	2	3	4	5
* 42.	talk when you are upset about something or in a hurry	1	2	3	4	5
* 43.	talk with another person one-on-one	1	2	3	4	5
* 44.	talk to a small group of people	1	2	3	4	5
* 45.	talk to a large group of people	1	2	3	4	5
46.	talk on the telephone	1	2	3	4	5

B At school, how hard is it for you to...?		Not at all Hard	Not Very Hard	Somewhat Hard	Very Hard	Extremely Hard
47.	give a presentation or talk in front of the class	1	2	3	4	5
48.	talk to your teachers or coaches	1	2	3	4	5
49.	ask a question or read out loud in class	1	2	3	4	5
50.	talk in situations <i>outside of class</i> (such as during free time, in the cafeteria, or at assemblies)	1	2	3	4	5

C In social activities (like sports teams or parties), how hard is it for you to...?		Not at all Hard	Not Very Hard	Somewhat Hard	Very Hard	Extremely Hard
51.	talk with your friends or people you know well	1	2	3	4	5
52.	talk with people you have just met for the first time	1	2	3	4	5
* 53.	start a conversation with somebody	1	2	3	4	5
54.	tell jokes or stories	1	2	3	4	5
* 55.	order food (for example, in a restaurant or drive-thru)	1	2	3	4	5
* 56.	talk in other social situations (for example, at parties or family gatherings)	1	2	3	4	5
* 57.	talk with someone you are attracted to	1	2	3	4	5

D. At home, how hard is it for you to ...?

		Not at all Hard	Not Very Hard	Somewhat Hard	Very Hard	Extremely Hard
58.	talk with your parent(s) or guardian(s)	1	2	3	4	5
59.	talk with your brother(s) or sister(s) (If you do not have brothers or sisters, check "Not Applicable.")	1	2	3	4	5 <input checked="" type="checkbox"/> Not Applicable
60.	talk with your grandparents or other family members	1	2	3	4	5

For Office Use Only **Section III:** Total Points (Max = 100, Min = 20 minus omitted or N/A): _____
Items Completed in Section III (20 minus omitted or N/A): _____

Section IV: Quality of Life

For each item in this section, circle the number that applies to you. Please think about how you are currently feeling or speaking when answering each question. If a question does not apply to you, please check the box and move on to the next question.

A. How much is your life negatively affected by ...?

		Not at all	A Little	Some	A Lot	Completely
61.	the fact that you stutter	1	2	3	4	5
62.	how you react to your stuttering (that is, your own feelings and thoughts about stuttering)	1	2	3	4	5 <input checked="" type="checkbox"/>
63.	how other people react to your stuttering (for example, bullying or teasing by others)	1	2	3	4	5
64.	the fact that you have to go to speech therapy (If you are not in speech therapy, check "Not Applicable.")	1	2	3	4	5 <input checked="" type="checkbox"/> Not Applicable

B. How much does stuttering interfere with ...?

		Not at all	A Little	Some	A Lot	Completely
65.	your ability to succeed at school	1	2	3	4	5
66.	how many friends you have	1	2	3	4	5
67.	your ability to do the things you want to do	1	2	3	4	5
68.	your relationships with other people	1	2	3	4	5
69.	how often you go on dates or to social events	1	2	3	4	5

C. How much do you think stuttering will interfere with ...?

		Not at all	A Little	Some	A Lot	Completely
70.	your ability to continue your education (for example, go to college or trade school)	1	2	3	4	5
71.	your ability to get a job	1	2	3	4	5
72.	your ability to get married or have a long-term relationship	1	2	3	4	5
73.	your ability to have a good life	1	2	3	4	5

D. How much does stuttering stop you from saying what you want to say ...?

		Not at all	A Little	Some	A Lot	Completely
74.	at home	1	2	3	4	5
75.	at school	1	2	3	4	5
76.	in social situations	1	2	3	4	5

E. How much does stuttering interfere with ...?

		Not at all	A Little	Some	A Lot	Completely
77.	your confidence in yourself	1	2	3	4	5
78.	your ability to make your own decisions	1	2	3	4	5
79.	your overall health or well-being	1	2	3	4	5
80.	your overall energy and excitement for life	1	2	3	4	5

For Office Use Only **Section IV:** Total Points (Max = 100, Min = 20 minus omitted or N/A): _____
Items Completed in Section IV (20 minus omitted or N/A): _____