

Community-Centered Stuttering Assessment — Child

General Information	
Your name	
Today's date	

Information about stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how much do you stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does your stuttering include physical tension (e.g., tense muscles) when you stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often do you exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when you stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
	Never	Rarely	Sometimes	Frequently	Always
How often does stuttering interfere with your ability to communicate with you parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with the your ability to communicate with other kids your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with the your ability to communicate with your teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with your class participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:					
How often do you experience teasing or bullying because of stuttering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often can you speak freely (stuttering does not stop you from communicating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
What is your overall confidence level related to speaking?	None <input type="checkbox"/>	Low <input type="checkbox"/>	Average <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Describe:					
To what extent do you think stuttering will interfere with your future goals/life overall?	A great deal <input type="checkbox"/>	A lot <input type="checkbox"/>	Some <input type="checkbox"/>	Little <input type="checkbox"/>	Not at all <input type="checkbox"/>
Describe:					
	Not at all comfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very comfortable
How comfortable are you responding to teasing and bullying related to stuttering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable are you educating other people about stuttering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Frequently	Always
How often do other kids imitate your stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do other kids make fun of you because you stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey!