

Community-Centered Stuttering Assessment — Parent

General Information	
Child's name	
Today's date	
Your name / Relationship to Child	

Information about the child's stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how often does your child stutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the severity:					
How often does your child exhibit physical tension (e.g., tense muscles) when s/he stutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does your child exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when s/he stutters?	<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 child's ability to communicate at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with your child's ability to communicate with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does stuttering interfere with your child's academic performance or class participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					

	Never	Rarely	Sometimes	Frequently	Always
How often does the child experience teasing or bullying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe (i.e., is it related to stuttering?):					
How often can your child speak freely (stuttering does not stop him/her from communicating) at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Rate your child's 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 child's 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:					
Is there anything else that would be helpful for use to know about your child's stuttering?					

Thank you for completing this survey!