

PERSONAL DETAILS QUESTIONNAIRE

Dear parents,

This questionnaire is used for research purposes only and will not be available to anyone other than the researcher herself.

We are committed to keeping the information given here fully confidential.

Thank you for agreeing to fill out this questionnaire.

Date: _____

Name of questioned person: _____

1. Family

Members	Name	Age	profession/school class	stuttering
Father				*yes *no *stopped
Mother				*yes *no *stopped
First born				*yes *no *stopped
Second				*yes *no *stopped
Third				*yes *no *stopped
Fourth				*yes *no *stopped
Fifth				*yes *no *stopped
Sixth				*yes *no *stopped

2. Information about the child

*Was the child exposed to more than one language? If so, how many?

*Does your child have any difficulty in one or more of the following:

Motion	*yes *no
Hearing	*yes *no
Sight	*yes *no
Perception/touch	*yes *no
Body awareness	*yes *no
Social behavior	*yes *no
Learning	*yes *no
Other subject matters	

*Does your child demonstrate any special behavior connected to speech such as the following:

Limited vocabulary	*yes *no
Restricted comprehension of speech	*yes *no
Omission of word-sounds	*yes *no
Distortion of word-sounds	*yes *no
Nose talking	*yes *no
Disfluency of speech	*yes *no
Other disorder	

3. Other difficulties

*Has your child ever suffered violence/abuse? If so, by whom?

Mother	*yes *no
Father	*yes *no
Siblings	*yes *no
Grandparents	*yes *no
Relatives	*yes *no
Others	*yes *no

*Were there any dramatic significant events in your child's life such as the following, and if so, when did they happen?

-school change	*yes *no
-moving to a new neighborhood	*yes *no
-moving to a new apartment	*yes *no
-unemployment	*yes *no
-birth of sibling	*yes *no
-separation	*yes *no
-accident	*yes *no
-death	*yes *no
-other events	*yes *no

Please describe:

*Does a family member suffer from the following:

-Asthma	*yes *no
-Epilepsy	*yes *no
-Stuttering	*yes *no
-Speech disorders	*yes *no
-Other health problem	*yes *no

Please describe:

*Does one of the child's caregivers speak too rapidly? *yes *no

4. Information about child's stuttering

*When did your child start speaking (first words)?

-1-1.5 years

-1.5-2 years

-2-3 years

-later

*At what age did your child's stuttering start?

- between 12-24 months

- between 25-36 months

- between 37-48 months

- between 4-5 years

- between 5-6 years

- between 6-7 years

- between 7-8 years

- between 8-9 years

- later

*How severe is your child's stutter?

-mild *yes *no

-moderate *yes *no

-severe *yes *no

*In what situations does your child stutter most?

-in kindergarten *yes *no

-at school *yes *no

-with friends *yes *no

-with relatives *yes *no

*Does your child have friends? *yes *no

*Did your child get stuttering therapy? *yes *no

If the answer is yes:

When?

Where?

For how long?

Please, note positive and negative aspects of therapy, in your opinion.

*How do you react when your child stutters?

- | | |
|--|----------|
| -tell the child to speak slowly | *yes *no |
| -give the child the feeling there's plenty of time | *yes *no |
| -ignore the stuttering | *yes *no |
| -give the child the words or complete the child's sentence | *yes *no |
| -other | |

*How does your child cope with stuttering?

- | | |
|------------------|----------|
| - is aware of it | *yes *no |
| -suffers | *yes *no |
| -doesn't care | *yes *no |
| -other | |

5. Satisfaction of support you get

On a scale of 1 (very pleased) to 5 (not at all pleased) how would you rate the following:

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-speech therapist	1	2	3	4	5
-doctor	1	2	3	4	5
-psychologist	1	2	3	4	5
-follow-up	1	2	3	4	5
-nursemaid	1	2	3	4	5
-teacher	1	2	3	4	5
-health insurance services	1	2	3	4	5
-support groups for parents/children	1	2	3	4	5
-other institutions you get support from	1	2	3	4	5

Please describe:

6. Information about your child's educational background

- ordinary kindergarten
- special education kindergarten
- no kindergarten at all
- *Does your child attend
- elementary school
- junior high-school
- special education school

Please describe your child's school

*Does your child follow school demands?

*yes *no

7. Economic situation

- bad
- average
- good
- very good

8. Continuous support

*Do you get any support from your family/friends/relatives with regard to your child's stuttering?

- financial help
- talks
- everyday matters
- other

*if you would like to add something, please do so in the following space:

Thank you very much for your time and effort!!!