



The One Page Stuttering Assessment

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The One Page Stuttering Assessment

Background

Name: _____

Birthday: ___/___/_____ Age: ___ years, ___ months old

Time of Onset: _____ Time Since Onset: _____

Client or Parent Concerns:

-
-

Circumstances of Onset:

-

Change Since Onset:

-

Any Previous Therapy:

-

Birth and Developmental History:

-
-

Family History of Fluency Problems:

-

Behavioral Problems:

-

Learning Disabilities:

-

Personal Strengths:

-

Personal Weaknesses:

-

Risk Factors For Persistent Stuttering

- 1. Family history of stuttering
- 2. Male sex
- 3. Late stuttering onset (after 3.5 years old)
- 4. Stuttering not starting to decrease within 12 months
- 5. Overall time since onset greater than 1 year
- 6. Presence of an average of more than 3 rapid repetitions
- 7. Presence of prolongations and/or blocks
- 8. Poor phonological/articulation abilities
- 9. Sensitive or inhibited temperament

Total: ___/out of 9

(The more present, the higher risk for stuttering persistence)

Client 10-Point Self-Rating Scales

Speech Fluency: "How hard is it to get your thoughts and words out on a scale from 1 to 10, with 1 being not hard at all and 10 being extremely hard?"

1 2 3 4 5 6 7 8 9 10

Speech Satisfaction: "How satisfied are you with your speaking abilities today on a scale from 1 to 10, with 1 being not satisfied at all and 10 being perfectly satisfied?"

1 2 3 4 5 6 7 8 9 10

Screens

Articulation:

-

Language:

-

Voice:

-

Scores (from other standardized assessments, if available)

1. *Speech Fluency*

SSI-3/SSI-4:

2. *Speech Attitudes*

KiddyCAT/CAT/BigCAT:

OASES:

A-19 Scale:

Other:

3. *Language*

Fill:

4. *Articulation*

Fill:

Other

Difficult Sounds:

Hobbies and Interests:

Decision-Making and Summary

1. Is **stuttering** present? ____ Yes ____ No

2. **Fluency** severity? _____

3. Is it persistent or at risk of persistence? ____ Yes ____ No

4. **Feelings** severity? _____

5. **Familiar people** severity? _____

6. (Overall) **functional impact** severity? _____

7. Initiate speech therapy? ____ Yes ____ No ____ Wait

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Raw Disfluency Count	Totals	Percents	Other
Task: _____ Start: _____ Stop: _____ Seconds: _____ _____ _____ _____ _____ _____ _____ _____ _____	SLDs S: ___ W: ___ A: ___ I: ___ Total: ___ NSLDs Intj: ___ PR: ___ Rev: ___ Total: ___	SLD%: _____ NSLD%: _____ TD%: _____ SLD/TD%: _____ SPI%: _____ Mode SLD: _____ Rate: _____ WPM Duration: 1___ 2___ 3___: ____s	Secondary Behaviors + Notes: • • • Weighted SLD Severity [(S+W)x(#reps)]+[(A+I)x(duration 1, 2, 3)]=_____
Speech Naturalness Rating Scale			

1 2 3 4 5 6 7 8 9 10			
Task: _____ Start: _____ Stop: _____ Seconds: _____ _____ _____ _____ _____ _____ _____ _____	SLDs S: ___ W: ___ A: ___ I: ___ Total: ___ NSLDs Intj: ___ PR: ___ Rev: ___ Total: ___	SLD%: _____ NSLD%: _____ TD%: _____ SLD/TD%: _____ SPI%: _____ Mode SLD: _____ Rate: _____ WPM Duration: 1___ 2___ 3___: ____s	Secondary Behaviors + Notes: • • • Weighted SLD Severity [(S+W)x(#reps)]+[(A+I)x(duration 1, 2, 3)]=_____
Speech Naturalness Rating Scale			

1 2 3 4 5 6 7 8 9 10			
Task: _____ Start: _____ Stop: _____ Seconds: _____ _____ _____ _____ _____ _____ _____ _____	SLDs S: ___ W: ___ A: ___ I: ___ Total: ___ NSLDs Intj: ___ PR: ___ Rev: ___ Total: ___	SLD%: _____ NSLD%: _____ TD%: _____ SLD/TD%: _____ SPI%: _____ Mode SLD: _____ Rate: _____ WPM Duration: 1___ 2___ 3___: ____s	Secondary Behaviors + Notes: • • • Weighted SLD Severity [(S+W)x(#reps)]+[(A+I)x(duration 1, 2, 3)]=_____
Speech Naturalness Rating Scale			

1 2 3 4 5 6 7 8 9 10			

Key

S: sound/syllable repetition "s-s-s"
W: whole word repetition "my-my-my"
A: audible sound prolongation "mmy"
I: inaudible sound prolongation "S_o"
Intj: interjection "the...like...dog"
Rev: revision "I wa-I like the dog"
PR: phrase repetition "I want...I want up"
SLD: stuttering-like disfluencies (PWS>3% words, >2% syllables)
NSLD: nonstuttering-like disfluencies
TD: total disfluencies (PWS>8% words)
SLD/TD: stuttering-like/total disfluencies (PWS>66%)
SPI: Sound Prolongation Index (A+I/SLD; higher = more severe)
Mode SLD: most common SLD

Familiar People Surveys

Parents:
Participation: ___/10 Concern: ___/10
Frustration: ___/10 Other: _____

Teachers:
Participation: ___/10 Concern: ___/10
Frustration: ___/10 Other: _____

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Overview

The One Page Stuttering Assessment (when printed front and back) has everything you need to evaluate a client who stutters, so you'll know you've got it made whenever someone who stutters walks through your door.

To complete a solid fluency evaluation, you need an assessment of the four F's:

1. *Fluency*: The actual speech fluency of the client. How much do they stutter? What does their stuttering sound like? What does their stuttering look like?
2. *Feelings*: The speech attitudes the client holds towards their speech. How does stuttering affect them? How does it make them feel? How does it change what they choose to do in their life? How much do they want to change?
3. *Familiar People Ratings*: What do people close to the client (usually parents and teachers) have to say about their communication? How frustrated do they see them getting? How concerned are they about the client?
4. *Functional Impact*: What are the overall, day-to-day limitations of stuttering on the client?

The first page has a background intake interview, list of risk factors for stuttering persistence, speech attitude ratings, screens for articulation, language, and voice, scores from other standardized tests of fluency, speech attitudes, language, and articulation (if administered), a clinical decision-making tree, and an evaluation summary.

The second page has actual disfluency counts and all the calculated numbers you need to make great diagnoses and track progress from start to finish, as well as a summary box for Parent and Teacher Stuttering Assessment Surveys.

Each section's title is bolded in black. We'll walk through each one right now step-by-step so you know what to do the whole way through.

Page 1

Background

Go ahead and look at the first page of the One Page Stuttering Assessment. The Name, Birthday, and Age fields are self-explanatory. Fill in the Time of Onset field with the date given in the Client or Parent Concerns field or the Circumstances of Onset fields. Try to pinpoint when the stuttering started. Then, figure out the time that's passed until today and you'll have the amount of Time Since Onset.

Treatment should be started if it's been more than 12 months and stuttering has not decreased or if it's been more than 6 months and secondary behaviors or negative speech attitudes are overtly present (see each of their respective sections below; Donaghy & Smith, 2016).

The Client or Parent Concerns field is where the client or their parent gets to tell you why they came to see you, what's bothering them, and what they're hoping to achieve with you in therapy.

In the Change Since Onset field, ask if and how stuttering has changed since it began. Has it gotten worse? Gotten better? Gotten better then gotten worse? This will tell you a lot about when to start treatment.

In the Any Previous Therapy field, ask if the client has ever had any prior speech therapy for their stuttering (or for any other concern).

In the Birth and Developmental History field, ask about any complications at birth or any other medical or developmental problems that could be insightful.

In the Family History of Fluency Problems field, ask if anyone else in the client's family (parents, siblings, grandparents, aunts and uncles, etc.) stutter or ever stuttered.

In the Behavioral Problems field, ask if the client ever has difficulty regulating themselves, acting appropriately in social settings, or if there have been mention of behavioral problems by any other professional.

In the Learning Difficulties field, ask if the client has ever been diagnosed with a learning disability like dyslexia, dysgraphia, or dyscalculia, etc.

Then, it's always good to get Personal Strengths and Personal Weaknesses of each client you treat (and is imperative if you're writing IEPs).

Risk Factors For Persistent Stuttering

There are nine big risk factors that increase the risk that stuttering will become persistent in young children (Guitar, 2013). They are:

1. Family history of stuttering
2. Male sex
3. Late stuttering onset (after 3.5 years old)
4. Stuttering not starting to decrease within 12 months
5. Overall time since onset greater than 1 year
6. Presence of an average of more than 3 rapid repetitions
7. Presence of prolongations and/or blocks
8. Poor phonological/articulation abilities
9. Sensitive or inhibited temperament

Check off each one of these the child or client has and add up the total at the bottom. The more of these a child has, the greater the need for speech therapy.

Client 10-Point Self-Rating Scales

There are some great standalone assessments like the KiddyCAT, Communication Attitude Test (CAT), BigCAT, Overall Assessment of the Speaker's Experience of Stuttering (OASES), and Test of Childhood Stuttering (TOCS) that give insight into how the person who stutters (or their close family members) feel about their stuttering.

But if unavailable, the handy 10-point scale is a great stand-in to get speech attitude ratings. With it, ask two major questions:

1. "How hard is it to get your thoughts and words out on a scale from 1 to 10, with 1 being not hard at all and 10 being extremely hard?"
2. "How satisfied are you with your speaking abilities today on a 10-point scale, with 1 being not satisfied at all, 2 being extremely dissatisfied, and 10 being perfectly satisfied?"

Research has found that a movement of 2 or more points on a 10-point scale is a clinically-

significant change, making these self ratings great for goal-writing (Yairi & Ambrose, 2005).

Screens

Stuttering can co-occur with articulation, language, and voice disorders, so document any screening completed for Articulation, Language and Voice differences in their respective fields.

Scores

This section lets you include the scores from any other standardized tests you give to your client who stutters, from the Stuttering Severity Index (SSI) for stuttering severity, to the OASES, KittyCAT, CAT, BigCAT, or TOCS for speech attitudes, to the CELF, PLS, or OWLS for language, to the GFTA for articulation, and any others you deem appropriate. These added scores will help you get a clearer overall picture of your client's needs.

Other

A Difficult Sounds inventory is included in this catch-all section because people who stutter tend to have specific phonemes that are especially hard for them to say. Targeting these in treatment can lead to higher levels of self confidence. Hobbies and Interests are also imperative to creating personalized therapy tasks clients buy into.

Decision-Making and Summary

The section asks 7 questions:

1. Is stuttering present? (from Disfluency Count on page 2)
2. Fluency severity? ("F" number 1, from Disfluency Count on page 2 or other standardized fluency measure, see scoring conventions on the last page of this document)
3. Is it persistent or at risk for becoming persistent? (from the Time Since Onset and Risk Factors For Persistent Stuttering sections on page 1)
4. Feelings severity? ("F" number 2, from the Client 10-Point Self-Rating Scales or other standardized measure of speech attitudes, see scoring conventions on the last page of this document)
5. Familiar people severity? ("F" number 3, from the Parent and Teacher Stuttering Assessment Surveys and the summary box on page 2, see scoring conventions on the last page of this document)
6. (Overall) functional impact? ("F" number 4, from averaging "F's" numbers 1-3)
7. Initiate speech therapy?

If stuttering is present and the client has some or many of the risk factors for persistent stuttering, therapy should be initiated, especially if the time since onset is greater than 12 months and stuttering has not decreased or if the time since onset is greater than 6 months and overt secondary behaviors or negative speech attitudes are present.

You'll see that these six questions address the four F's: Fluency, Feelings, Familiar People Ratings, and (overall) Functional Impact.

Page 2

This page contains the real meat of the evaluation. Let's go through how to gather all the numbers you need from your client's speech so you can make good diagnoses and incredible treatment decisions. Start in the top left corner of page 2.

Raw Disfluency Count

The first part of any objective stuttering evaluation is a raw count of the number of stuttering-like disfluencies in a given speech sample. That's what the three blocks of 100 spaces on the left side of the page are for. Every 100-word block has a Task: name so you can do a sample for conversational speech, oral reading, play conversation, talking with parent, etc. Try to get samples from as many different contexts as possible to get the most accurate picture of your client's stuttering. You may use these stimuli as a starting point:

Rote Tasks:

1. Say the days of the week.
2. Say the months of the year.
3. Count from 20-40.

Conversational Speech:

1. Why did you come to see me today?
2. Who lives at home with you?
3. Tell me about something that happened to you recently?

Story Retelling:

Valerie lived on a ranch in eastern Wyoming. It was January and a big blizzard had blown in the night before. Valerie was out on the tractor with her dad looking for a lost calf that had just been born, but the cow was as white as the snow! She had binoculars pressed up to her eyes but she'd forgotten her mittens so her hands were as cold as ice. As her dad was driving

up Rocky Ridge, the steepest hill on their farm, their tractor broke down. While her dad started fixing the tractor, Valerie took out a little bag of spiced walnuts from her coat pocket that her mom had given her. As she munched on them, the little calf came walking down the hill sniffing the air and Valerie shrieked with delight. They got the calf back to her mother and made it home for a hot lunch of tomato soup and grilled cheese sandwiches.

At the top of each 100-word speech sample are spaces for the start time of the sample, the stop time of the sample, and the total number of seconds included in the sample. These numbers will help you calculate your client's speech rate in the Percents section, so make sure to time each sample.

During a speech sample with a client who stutters, I place a dash in each blank for a word spoken fluently and write the appropriate code in each blank for each stuttering-like disfluency (SLD) I hear (you can audio record the sample and go back and code it offline, but after some practice you should be able to code "online" with good accuracy). Some people like to code by syllables instead of words, so do whatever is most comfortable for you (I'll show you how to convert words stuttered to syllables stuttered in a sec).

The stuttering-like disfluencies codes I use are:

- S = sound/syllable repetition "s-s-s"
- W = whole word repetition "my-my-my"
- A = audible sound prolongation "mmmy"
- I = inaudible sound prolongation (or block) "S_o"

There are other kinds of disfluencies that aren't considered stuttering-like disfluencies but that definitely impede the forward flow of speech and are used often by people who stutter to avoid overt stuttering moments. I call these nonstuttering-like disfluencies (NSLD). These are:

- Intj = interjection "the...like...dog"
- Rev = revision "I wa-I like the dog"
- PR = phrase repetition "I want..I want up."

These disfluencies are more "typical" disfluencies and not overt "stuttering," however they are used by many people who stutter to mask stuttering moments.

So, label the context of the sample in the Task: name (play conversation, oral reading,

etc.), list the start and stop times for the sample, and for every word, write a dash if it's fluent or the proper code if you hear a disfluency. This constitutes the Raw Disfluency Count.

Totals

Now it's time to do some adding. In the next column to the right, add up the number of both stuttering-like and nonstuttering-like disfluencies from the sample. Done.

Percents

Now comes the fun part. For the SLD% (stuttering-like disfluency percentage), take the number of SLDs (sound/syllable repetitions, whole word repetitions, audible sound prolongations, and inaudible sound prolongations) in the sample and divide it by the total number of words in the sample. If there were 10 SLDs in a 100-word sample, the SD% would be 10%.

3% or greater words stuttered or 2% or greater syllables stuttered is representative of a person who stutters (Tumanova et al., 2014). (To convert words stuttered to syllables stuttered, multiply the total words in the sample, the denominator, by 1.5, which yields the number of syllables in the sample, and re-run the ratio).

For the NSLD% (nonstuttering-like disfluency percentage), add up the nonstuttering-like disfluencies (interjections, revisions, and phrase repetitions) in the sample and divide it by the total number of words in the sample.

For the TD% (total disfluencies percentage), add the SLDs and the NSLDs together and divide them by the total words in the sample. 8% or greater total disfluencies (stuttering-like plus nonstuttering-like disfluencies) per 100 words is representative of a person who stutters (Tumanova et al., 2014).

For the SD/TD% (stuttering-like disfluency to total disfluency ratio), divide the SLD% by the TD%. This is the number of overt stuttering-like disfluencies compared to all disfluencies. If this ratio is greater than 66%, your client is more likely to be a PWS (Yairi & Ambrose, 1999).

For the SPI% (Sound Prolongation Index), count up the audible sound prolongations and inaudible sound prolongations (also called blocks) of the SLDs and divide them by the total number of SLDs. The more sound prolongations in a client's stuttering repertoire, the more

severe the stuttering is, thus, a higher SPI% is a good indicator of more severe stuttering (Schwartz & Conture, 1988).

In the Mode SLD field, put the most common stuttering-like disfluency.

In the Rate field, take the total number of words in the speech sample and divide it by the number of seconds it took to say them, then multiply that by 60 to get it into minutes and you've got speech rate in WPM. Stuttering can severely reduce a person speaking rate. The norms for speech rate by age are below (they're in syllables per minute, so multiply your WPM by 1.5 to convert):

Age	# of Syllables Per Minute	Reference
3	116-163	Pindzola, Jenkins, & Lokken, 1989
4	117-183	Pindzola, Jenkins, & Lokken, 1989
5	109-183	Pindzola, Jenkins, & Lokken, 1989
6	140-175	Davis & Guitar, 1976
8	150-180	Davis & Guitar, 1976
10	165-215	Davis & Guitar, 1976
12	165-220	Davis & Guitar, 1976
Adult	162-230	Andrews & Ingham, 1971

For the Duration field, write the estimated duration (from a stopwatch or your own guesstimation) of the three longest stutters in the sample. The average of those three goes in the last Duration field. The longer the length of stuttering moments, the more severe the stutter (Ambrose & Yairi, 1999).

Other

This final column on the right gives you space to comment on any Secondary Behaviors you see, the added actions your client does when struggling with stuttering, like:

- Eye blinks
- Head movements
- Facial grimaces
- Hand or finger movements
- Leg tapping
- Any added tension in the speech system or body

These reactions to stuttering are signs of a more severe or advanced stutter.

Weighted SLD Severity

Then next box is the Weighted SLD Severity box. This is a measure Ambrose and Yairi (1999) came up with to accurately represent stuttering severity without the need for a standardized measure like the SSI-4. It's a simple formula (once you walk through it a few times) that looks like this:

$$[(S+W) \times (\#reps)] + [(A+I) \times \text{duration length } 1, 2, \text{ or } 3]$$

So let's break it down. From left to right: "(S+W)" means the summed percentage of sound/syllable repetitions and whole-word repetitions per 100 syllables (if you calculated your disfluency count by words like I do, simply multiply the total words in the sample, the denominator in your ratio, by 1.5 and re-run the ratio to get % syllables stuttered). "x reps" means you multiply that percentage by the average number of repetitions of those sounds or words (e.g. " m-m-m -my" = three repetitions). You can put a superscript of the number of repetitions above the repetition code in the speech sample then add and divide for an average or simply guesstimate at the end. This effectively weights how severe the repetition stutters were.

"(A+I)" means the percentage of audible and inaudible sound prolongations (also called blocks) per 100 syllables. "x duration length 1, 2, or 3" means you multiply that percentage by the severity of those prolongations, with 1 = brief, 2 = noticeable, and 3 = obvious and distracting.

Then you'll get a total. Use that number to categorize the severity of the stutter using the thresholds below:

- 4 - 9.99 = Mild Stuttering
- 10 - 29.99 = Moderate Stuttering
- >30 = Severe Stuttering

Speech Naturalness Rating Scale

Stuttering can make speech sound very unnatural. But so can exaggerated use of fluency strategies. One of our biggest goals is to help clients who stutter to have the most natural-sounding speech possible. This handy 10-point scale lets us keep track of our subjective rating

of a client's speech naturalness. For each disfluency count sample, rate how natural the client's speech sounded on a 10-point scale, with 1 being extremely unnatural and 10 being perfectly natural.

Familiar People Surveys

One of the four F's of a complete stuttering evaluation is Familiar People Ratings. This means how do people close to the client rate their speech and communication in severity? This gives you a helpful and insightful look into the client's communication when you're not there and can be a good variable to track for functional improvement in the "real world."

Give the Parent and Teacher Stuttering Assessment Surveys (only 4 questions long) to the client's parents and teacher(s) to fill out. In them, they're asked to rate the client's participation in speaking situations and frustration with stuttering on 10-point scales, the adult's concern for the client on a 10-point scale, and are given room to write any more details of importance. Transfer their ratings to this box to have their input in the evaluation.

The Four "F's:"

Now that you've gathered all your data, it's time to decide where your client stands on each of the four F's. I like to rate each domain on a 5-point scale:

1. Fluency:

Get your client's fluency severity from your Weighted SLD Severity rating, SSI-4 rating:

- 0: None
- 1: Minimal
- 2: Mild
- 3: Moderate
- 4: Severe

2. Feelings:

Get your client's negative speech attitude severity from the KiddyCAT, CAT, BigCAT, OASES, TOCS, A-19 Scale, or Client 10-Point Self-Rating Scales:

- 0: None
- 1: Minimal
- 2: Mild
- 3: Moderate
- 4: Severe

3. Familiar People Ratings:

Get ratings of concern for your client's communication from familiar people from the

Teacher and/or Parent Stuttering Assessment Surveys or from other assessments like the TOCS, etc.:

0: None

1: Minimal

2: Mild

3: Moderate

4: Severe

4. *Functional Impact:*

Now, add up your scores from the first three "F's" and divide by three. This will give you your average severity rating and be your overall Functional Impact:

0: None

1: Minimal

2: Mild

3: Moderate

4: Severe

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