

# Parent Questionnaire

Name of Child: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the following statements:

1. My greatest concerns regarding my child's speech problem are . . .
2. I feel my child is/is not aware of his/her speech problem because . . .
3. I feel my child is/is not concerned about his/her speech problem because . . .
4. The situations where my child has the most trouble talking are . . .
5. When my child stutters, I feel . . .
6. When my child stutters, I say/do . . .
7. When my child stutters, other family members react by . . .
8. My knowledge about stuttering is . . .
9. From previous therapy, if any, I learned . . .
10. As a result of this therapy, I hope . . .