Stuttering Center of Western Pennsylvania

2/ 15/ 2003

Speech Disfluency Count Sheet

Name: _____

DOB: _____ DOE: _____ Age: _____

Situation: _____ Clinician: ____

Overall Frequency / Severity: _____

Stuttered Disfl. %: _____ Types: _____

Non-stutt. Disfl. %: _____ Types: _____

Type	#
I	
Rv	
Rp	
Rw	
Rs	
P	
B	
O	
%	

Type	#
I	
Rv	
Rp	
Rw	
Rs	
P	
B	
O	
%	

Type	#
I	
Rv	
Rp	
Rw	
Rs	
P	
B	
O	
%	

Type	#
I	
Rv	
Rp	
Rw	
Rs	
P	
B	
O	
%	

Notes: _____

"Nonstutt." Disfl.		"Stuttered" Disfl.		#	NonStutt	Stutt
I	Interjection	Rw	Word rep.	1		
Rv	Revision	Rs	Sound/syllable rep.	2		
Rp	Phrase rep.	P	Prolongation	3		
O	Other (Specify	B	Block	4		