A disfluency is a “hesitation, interruption, or disruption in speech. It may be normal or, as in the case of stuttering, abnormal. . . . Normal developmental disfluency and early signs of stuttering are often difficult to differentiate. Thus, diagnosis of a stuttering problem is made tentatively. It is based upon both direct observation of the child and information from parents about the child’s speech in different situations and at different times.” The list of questions (below) and the referral checklist (next page) are intended to help the health practitioner decide when to refer a child to a speech-language pathologist. Use of these questions and of the checklist can help determine whether a child has normal disfluencies, mild stuttering, or severe stuttering.¹

### QUESTIONS THAT MIGHT BE ASKED OF PARENTS

Note: These questions are listed in order of the seriousness of the problem. If a parent answers “yes” to any question other than number 1, it suggests the possibility of stuttering rather than normal disfluency.

1. Does the child repeat parts of words rather than whole words or entire phrases? (For example, “a-a-a-apple”)

2. Does the child repeat sounds more than once every 8 to 10 sentences?

3. Does the child have more than two repetitions? (“a-a-a-a-apple” instead of “a-a-apple”)

4. Does the child seem frustrated or embarrassed when he has trouble with a word?

5. Has the child been stuttering more than a year?

6. Does the child raise the pitch of his voice, blink his eyes, look to the side, or show physical tension in his face when he stutters?

7. Does the child use extra words or sounds like “uh” or “um” or “well” to get a word started?

8. Does the child sometimes get stuck so badly that no sound at all comes out for several seconds when he’s trying to talk?

9. Does the child sometimes use extra body movements, like tapping his finger, to get sounds out?

10. Does the child avoid talking or use substitute words or quit talking in the middle of a sentence because he might stutter?

SOURCE: Stuttering Foundation of America¹

¹Guitar B & Conture EG. *The Child who Stutters: To the Pediatrician (2nd Edition).* This booklet can be ordered (for a small charge) by telephone (800-992-9392) from the Stuttering Foundation of America. A free copy can be accessed on the Web (http://www.stutteringhelp.org).

See page 1 (ETCETERA—How Parents Can Respond to Their Children Who Stutter).
## PHYSICIAN’S CHECKLIST FOR REFERRAL

<table>
<thead>
<tr>
<th>The Child With NORMAL DISFLUENCIES</th>
<th>The Child With MILD STUTTERING</th>
<th>The Child With SEVERE STUTTERING</th>
</tr>
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<tbody>
<tr>
<td>Age of Onset: 1½ to 7 years of age</td>
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</tr>
</tbody>
</table>

### Speech behavior you may see or hear:

- **The Child With NORMAL DISFLUENCIES**
  - Occasional (not more than once in every 10 sentences), brief (typical ½ second or shorter) repetitions of sounds, syllables, or short words, e.g., li-li-like this.

- **The Child With MILD STUTTERING**
  - Frequent (3% or more of speech), long (½ to 1 second) repetitions of sounds, syllables, or short words, e.g., li-li-li-like this. Occasional prolongations of sounds.

- **The Child With SEVERE STUTTERING**
  - Very frequent (10% or more of speech), and often very long (1 second or longer) repetitions of sounds, syllables, or short words. Frequent sound prolongations and blockages.

### Other behavior you may see or hear:

- **The Child With NORMAL DISFLUENCIES**
  - Occasional pauses, hesitations in speech or fillers such as “uh,” “er,” or “um,” changing of words or thoughts.

- **The Child With MILD STUTTERING**
  - Repetitions and prolongations begin to be associated with eyelid closing and blinking, looking to the side, and some physical tension in and around the lips.

- **The Child With SEVERE STUTTERING**
  - Similar to mild stutterers only more frequent and noticeable; some rise in pitch of voice during stuttering. Extra sounds or words used as “starters.”

### When problems most noticeable:

- **The Child With NORMAL DISFLUENCIES**
  - Tends to come and go when child is: tired, excited, talking about complex/new topics, asking or answering questions or talking to unresponsive listeners.

- **The Child With MILD STUTTERING**
  - Tends to come and go in similar situations, but is more often present than absent.

- **The Child With SEVERE STUTTERING**
  - Tends to be present in most speaking situations; far more consistent and non-fluctuating.

### Child reaction:

- **The Child With NORMAL DISFLUENCIES**
  - None apparent

- **The Child With MILD STUTTERING**
  - Some show little concern, some will be frustrated and embarrassed.

- **The Child With SEVERE STUTTERING**
  - Most are embarrassed and some are also fearful of speaking.

### Parent reaction:

- **The Child With NORMAL DISFLUENCIES**
  - None to a great deal

- **The Child With MILD STUTTERING**
  - Most concerned, but concern may be minimal.

- **The Child With SEVERE STUTTERING**
  - All have some degree of concern.

### Referral decision:

- **The Child With NORMAL DISFLUENCIES**
  - Refer only if parents moderately to overly concerned.

- **The Child With MILD STUTTERING**
  - Refer if continues for 6 to 8 weeks or if parental concern justifies it.

- **The Child With SEVERE STUTTERING**
  - Refer as soon as possible.

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*SOURCE: Stuttering Foundation of America*