



# Speech Disfluency Count Sheet

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOE: \_\_\_\_\_ Age: \_\_\_\_\_  
 Situation: \_\_\_\_\_ Clinician: \_\_\_\_\_

Overall Frequency / Severity: \_\_\_\_\_  
 Stuttered Disfl. %: \_\_\_\_\_ Types: \_\_\_\_\_  
 Non-stutt. Disfl. %: \_\_\_\_\_ Types: \_\_\_\_\_

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Type	#
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Type	#
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Notes: \_\_\_\_\_

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"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 (Speci	B Block	4		