

Assessment of the Child's Experience of Stuttering (ACES)

(DRAFT VERSION September 27, 2006)

Name: _____ Age/Grade: _____ Sex: M F Date: _____

Instructions. This form includes four sets of questions that ask about your speech. For each item, please circle the number that applies to you. If you do not understand an item, you may ask for help from your speech teacher. You may also skip items if they do not apply to you.

Section I: General Information

A. General information about your speech	Always	Sometimes	Never		
1. How often can you talk fluently (without stuttering)?	1	2	3	4	5
2. How often does your speech sound "natural" to you (like the speech of others in your class)	1	2	3	4	5
3. How often do you use the techniques or strategies you learned in speech therapy?	1	2	3	4	5
4. How often do you say exactly what you want to say even if you think you might stutter?	1	2	3	4	5

B. How much do you <u>know</u> about...?	A Lot	Some	Nothing		
1. Stuttering in general	1	2	3	4	5
2. What helps people stutter <i>less</i> often	1	2	3	4	5
3. What makes people stutter <i>more</i> often	1	2	3	4	5
4. What happens in your mouth when you stutter	1	2	3	4	5
5. Treatment options for stuttering	1	2	3	4	5
6. Support or self-help groups for people who stutter	1	2	3	4	5

C. In general, how do you <u>feel</u> about...?	Good	Okay	Bad		
1. Your speech overall	1	2	3	4	5
2. How well you can <i>get your point across</i> to other people	1	2	3	4	5
3. How you talk with other people in general	1	2	3	4	5
4. The way you <i>sound</i> when you talk	1	2	3	4	5
5. What you may have learned in speech therapy	1	2	3	4	5
6. How well you can <i>use</i> what you learned in therapy	1	2	3	4	5
7. Being a person who stutters	1	2	3	4	5
8. The therapy you are in now (if you are in therapy)	1	2	3	4	5
9. Being called a person who stutters	1	2	3	4	5
10. Support or self-help groups for people who stutter	1	2	3	4	5

Section II: Your Reactions to Stuttering

A. When you think about your stuttering, how often do you feel...? <i>(Please complete both columns in this section)</i>															
	Never					Sometimes					Always				
1. helpless	1	2	3	4	5	6. sad/upset	1	2	3	4	5				
2. angry/mad	1	2	3	4	5	7. defensive	1	2	3	4	5				
3. ashamed	1	2	3	4	5	8. embarrassed	1	2	3	4	5				
4. alone/lonely	1	2	3	4	5	9. guilty	1	2	3	4	5				
5. nervous/anxious	1	2	3	4	5	10. frustrated	1	2	3	4	5				

B. How often do you...?	Never	Sometimes	Always
1. Feel tension in your muscles when you stutter	1	2	3
2. Feel tension in your muscles even when you are not stuttering (that is, when you are fluent)	1	2	3
3. Blink your eyes, make a fist, move your head, or do other things when you stutter	1	2	3
4. Look away from people when you are talking or stuttering	1	2	3
5. Stop talking when you think you might stutter	1	2	3
6. Stay away from activities or situations when you think you might stutter	1	2	3
7. Not say what you want to say because you might stutter (change words, not answer questions, order food you don't want)	1	2	3
8. Use words like "um" or "uh" or clear your throat or cough to try not to stutter	1	2	3
9. Stutter more just after you stutter on a word	1	2	3
10. Let other people talk for you	1	2	3

C. How often do you...?	Never	Sometimes	Always
1. Think about your stuttering	1	2	3
2. Think that people only care about your stuttering	1	2	3
3. Think that you can't do things you want to do because you stutter	1	2	3
4. Wish you could make sure that nobody would find out that you stutter	1	2	3
5. Think there is nothing you can do to help yourself with your speech or your stuttering	1	2	3
6. Think it is better to not talk if you might stutter	1	2	3
7. Think that when you grow up, you should choose a job that does not require you to talk a lot	1	2	3
8. Think you don't speak as well as other people	1	2	3
9. Have difficulty dealing with stuttering	1	2	3
10. Think you can't say what you want to say	1	2	3

Section III: Communication in Daily Situations

(In this section, mark how much difficulty you have in these situations, not how fluent you are.)

A. In general, how hard is it for you to ...?	Easy		Average		Hard	
1. Talk when your are feeling time pressure or in a hurry	1	2	3	4	5	
2. Talk with adults (as opposed to other kids)	1	2	3	4	5	
3. Talk when you are upset about something	1	2	3	4	5	
4. Keep talking even when other people don't seem to be listening to you (e.g., when they're looking away)	1	2	3	4	5	

B. At school, how hard is it for you to ...?	Easy		Average		Hard	
1. Talk when just a few other kids are around	1	2	3	4	5	
2. Talk when a lot of other kids are around	1	2	3	4	5	
3. Give a presentation (e.g., a book report) or talk when standing in front of the class	1	2	3	4	5	
4. Talk to your teacher(s)	1	2	3	4	5	
5. Ask a question when the rest of the class is listening	1	2	3	4	5	
6. Ask a question one-on-one	1	2	3	4	5	
7. Read out loud <i>in class</i>	1	2	3	4	5	
8. Talk in situations <i>outside of class</i> (e.g., at recess or during free time, in the cafeteria, etc.)	1	2	3	4	5	
9. Talk with your speech therapist	1	2	3	4	5	

C. In social activities, how hard is it for you to...?	Easy		Average		Hard	
1. Talk with people you know well (e.g., your friends)	1	2	3	4	5	
2. Talk with people you have just met for the first time	1	2	3	4	5	
3. Talk with another person one-on-one	1	2	3	4	5	
4. Talk with a group of people	1	2	3	4	5	
5. Start a conversation with somebody	1	2	3	4	5	
6. Tell jokes or stories	1	2	3	4	5	
7. Order food (e.g., in a restaurant or drive-thru)	1	2	3	4	5	
8. Talk in other social situations (at parties, family gatherings)	1	2	3	4	5	

D. At home, how hard is it for you to...?	Easy		Average		Hard	
1. Talk on the telephone	1	2	3	4	5	
2. Talk with your parents	1	2	3	4	5	
3. Talk with your brothers/sisters	1	2	3	4	5	
4. Talk with your grandparents or other family members	1	2	3	4	5	

Section IV: Quality of Life

A. Overall, how much is your <i>life</i> affected by...?	None		Some		A Lot
1. The fact that you stutter	1	2	3	4	5
2. How you view your stuttering	1	2	3	4	5
3. How other people react to your stuttering (e.g., bullying or teasing by other people)	1	2	3	4	5
4. The fact that you have to go to speech therapy	1	2	3	4	5

B. How much does stuttering <i>interfere</i> with...?	None		Some		A Lot
1. Your success at school	1	2	3	4	5
2. How many friends you have	1	2	3	4	5
3. Your ability to take part in activities you want to do	1	2	3	4	5
4. Your relationships with your family	1	2	3	4	5
5. Your relationships with your friends	1	2	3	4	5
6. Your relationships with other people	1	2	3	4	5
7. How often you go on dates or social events	1	2	3	4	5

C. How much do you think stuttering will <i>get in the way of</i>...?	None		Some		A Lot
1. Your ability to get a job	1	2	3	4	5
2. Your ability to get married	1	2	3	4	5
3. Your ability to go to college	1	2	3	4	5
4. Your ability to have a good life	1	2	3	4	5

D. How often does stuttering <i>stop you from saying what you want to say</i>...?	Never		Sometimes		Always
1. At home	1	2	3	4	5
2. At school	1	2	3	4	5
3. In social situations	1	2	3	4	5
4. With your parents	1	2	3	4	5
5. With your teachers	1	2	3	4	5
6. With your friends	1	2	3	4	5

E. How much does stuttering <i>get in the way of</i> ...?	None		Some		A Lot
1. Your confidence in yourself	1	2	3	4	5
2. Your ability to make your own decisions	1	2	3	4	5
3. Your overall health or well-being	1	2	3	4	5
4. Your energy and excitement for life overall	1	2	3	4	5

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Scoring Summary

Instructions for Clinicians. Calculate **Impact Scores** for each of the 4 sections on the ACES by (a) totaling the number of points in each section and (b) counting the number of items completed in each section. Multiply the number of items completed by 5 to obtain the total points *possible* for each section. The impact score for each section is equal to 100 times the points in each section divided by the total points possible for that section. (Impact scores always range between 20 and 100.) Determine **Impact Ratings** for each section based on the impact scores in the table at the bottom of the page. If you have any questions, contact J. Scott Yaruss, PhD, at jsyaruss@csd.pitt.edu.

Child’s Name: _____ Age/Grade: _____ Sex: M F Date: _____

Section I: General Information (20 Items Total)

Section I Points: _____ Items Completed in Section I: _____

Section I Points Possible (Section I Items Completed × 5): _____

Section I Impact Score: _____ **Impact Rating:** _____

Section II: Reactions to Stuttering (30 Items Total)

Section II Points: _____ Items Completed in Section II: _____

Section II Points Possible (Section II Items Completed × 5): _____

Section II Impact Score: _____ **Impact Rating:** _____

Section III: Communication in Daily Situations (25 Items Total)

Section III Points: _____ Items Completed in Section III: _____

Section III Points Possible (Section III Items Completed × 5): _____

Section III Impact Score: _____ **Impact Rating:** _____

Section IV: Quality of Life (25 Items Total)

Section IV Points: _____ Items Completed in Section IV: _____

Section IV Points Possible (Section IV Items Completed × 5): _____

Section IV Impact Score: _____ **Impact Rating:** _____

TOTAL IMPACT SCORE (100 Items Total)

Total Points: _____ Total Items Completed: _____

(Total Points = Section I Points + Section II Points + Section III Points + Section IV Points)

(Total Items Completed = Section I Items Completed + Section II Items Completed + Section III Items Completed + Section IV Items Completed)

Total Points Possible (Total Items Completed × 5): _____

Total Impact Score: _____ **Impact Rating:** _____

Impact Rating	Impact Scores
Mild	20.0 – 29.9
Mild-to-Moderate	30.0 – 44.9
Moderate	45.0 - 59.9
Moderate-to-Severe	60.0 – 74.9
Severe	75.0 – 100

