

WASSP Rating Sheet

Name _____ Date _____

Please delete: Time 1/Time 2

Instructions: Please rate each of the following aspects of your stutter using a 7 point scale, 1 indicating 'none' and 7 indicating 'very severe'.

Place a circle round the number which you judge best describes each aspect of your stutter.

Stuttering behaviours	<i>None</i> <i>Very severe</i>						
	1	2	3	4	5	6	7
Frequency of stutters	1	2	3	4	5	6	7
Physical struggle during stutters	1	2	3	4	5	6	7
Duration of stutters	1	2	3	4	5	6	7
Uncontrollable stutters	1	2	3	4	5	6	7
Urgency/fast speech rate	1	2	3	4	5	6	7
Associated facial/body movements	1	2	3	4	5	6	7
General level of physical tension	1	2	3	4	5	6	7
Loss of eye contact	1	2	3	4	5	6	7
Other (describe)	1	2	3	4	5	6	7

Thoughts about stuttering	<i>None</i> <i>Very severe</i>						
	1	2	3	4	5	6	7
Negative thoughts before speaking	1	2	3	4	5	6	7
Negative thoughts during speaking	1	2	3	4	5	6	7
Negative thoughts after speaking	1	2	3	4	5	6	7

Feelings about stuttering	<i>None</i> <i>Very severe</i>						
	1	2	3	4	5	6	7
Frustration	1	2	3	4	5	6	7
Embarrassment	1	2	3	4	5	6	7
Fear	1	2	3	4	5	6	7
Anger	1	2	3	4	5	6	7
Helplessness	1	2	3	4	5	6	7
Other (describe)	1	2	3	4	5	6	7

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<i>Avoidance due to stuttering</i>	<i>None</i>					<i>Very severe</i>	
	1	2	3	4	5	6	7
Of words	1	2	3	4	5	6	7
Of situations	1	2	3	4	5	6	7
Of talking about stuttering with others	1	2	3	4	5	6	7
Of admitting your problem to yourself	1	2	3	4	5	6	7

<i>Disadvantage due to stuttering</i>	<i>None</i>					<i>Very severe</i>	
	1	2	3	4	5	6	7
At home	1	2	3	4	5	6	7
Socially	1	2	3	4	5	6	7
Educationally	1	2	3	4	5	6	7
At work	1	2	3	4	5	6	7

Time 1: Please write down any aims/expectations you have for this block of therapy.

Time 2: Please summarise what you feel you have achieved during this block.