

Tools for “Taking Stock”

Instructions: After each of the following questions, please circle the number that best represents your opinion. Be as honest as you can. There are no right or wrong answers.

1. Overall, how much DIFFICULTY, HANDICAP, OR SUFFERING do you experience from your stuttering at this time.

1	2	3	4	5	6	7	8	9	?
None			Moderate			Very Much		I Don't Know	

2. Overall, how much does your stuttering NEGATIVELY AFFECT YOUR ABILITY TO INTERACT WITH OTHER PEOPLE at this time?

1	2	3	4	5	6	7	8	9	?
No Negative Effect		Moderate Negative Effect			Extreme Negative Effect		I Don't Know		

3. Overall, how much do you FEEL ABLE OR UNABLE TO CONTROL YOUR STUTTERING at this time? **now**

1	2	3	4	5	6	7	8	9	?
Completely Able to Control		Equally Able or Unable to Control			Completely Unable to Control		I Don't Know		

4. Overall, how SEVERE is your stuttering at this time?

1	2	3	4	5	6	7	8	9	?
No Stuttering		Very Mild			Very Severe		I Don't Know		

5. Overall, how much do you FEEL A NEED OR DESIRE TO GET HELP for your stuttering at this time?

1	2	3	4	5	6	7	8	9	?
None			Moderate			Very Much		I Don't Know	

6. HOW IMPORTANT A PROBLEM IS STUTTERING IN YOUR LIFE at this time?

1	2	3	4	5	6	7	8	9	?
Not Important At All		Moderate			Very Important		I Don't Know		

For older persons who stutter (SL♦ILP-S)—side 1 of 2 ▲

“Recollections” (SL♦ILP-S/R)—side 1 of 2 ▼

St. Louis Inventory of Life Perspectives and Stuttering/Recollections (SL♦ILP-S/R)
 A Taking Stock Self-Study Exercise • Kenneth O. St. Louis, Ph.D.

Name: _____ Age: _____ Date: _____

Circle or write the time period in the past selected for rating:

around 10 years old high school other: _____

Instructions: After each of the following questions, please circle the number that represents your current best guess of how you think you would have filled out the inventory at that time in the past indicated above. Be as honest as you can. There are no right or wrong answers.

1. Overall, how much DIFFICULTY, HANDICAP, OR SUFFERING did you experience from your stuttering at that time.

1	2	3	4	5	6	7	8	9	?
None			Moderate			Very Much		I Don't Know	

2. Overall, how much did your stuttering NEGATIVELY AFFECT YOUR ABILITY TO INTERACT WITH OTHER PEOPLE at that time?

1	2	3	4	5	6	7	8	9	?
No Negative Effect		Moderate Negative Effect			Extreme Negative Effect		I Don't Know		

3. Overall, how much did you FEEL ABLE OR UNABLE TO CONTROL YOUR STUTTERING at that time? **earlier**

1	2	3	4	5	6	7	8	9	?
Completely Able to Control		Equally Able or Unable to Control			Completely Unable to Control		I Don't Know		

4. Overall, how SEVERE was your stuttering at that time?

1	2	3	4	5	6	7	8	9	?
No Stuttering		Very Mild			Very Severe		I Don't Know		

5. Overall, how much did you FEEL A NEED OR DESIRE TO GET HELP for your stuttering at that time?

1	2	3	4	5	6	7	8	9	?
None			Moderate			Very Much		I Don't Know	

SL♦ILP-samples3/02

parent's judgment

8. Overall, how much do you think your child FEELS INCLINED TO ASSOCIATE WITH OTHER PEOPLE WHO STUTTER at this time?

1	2	3	4	5	6	7	8	9	?
Not At All			Moderate			Very Much		I Don't Know	

9. Overall, how much do you think your child FEELS INCLINED TO HELP OTHER PEOPLE WHO STUTTER at this time?

1	2	3	4	5	6	7	8	9	?
Not At All			Moderate			Very Much		I Don't Know	

10. Overall, how do you think your child would rate his/her PHYSICAL HEALTH at this time?

1	2	3	4	5	6	7	8	9	?
Very Poor		Not Poor but Not Good			Excellent			I Don't Know	

11. Overall, how do you think your child would rate his/her MENTAL HEALTH at this time?

1	2	3	4	5	6	7	8	9	?
Very Poor		Not Poor but Not Good			Excellent			I Don't Know	

12. Overall, how SATISFIED DO YOU THINK YOUR CHILD IS WITH HIS/HER LIFE at this time?

1	2	3	4	5	6	7	8	9	?
Highly Unsatisfied		Not Unsatisfied but Not Satisfied			Highly Satisfied			I Don't Know	

13. Overall, how much do you think your child's STUTTERING WOULD AFFECT HIS/HER ANSWER ON THE PREVIOUS QUESTION, No. 12. above?

1	2	3	4	5	6	7	8	9	?
No Effect on #12		Moderate Effect on #12			Completely Determined #12			I Don't Know	

This form completed by: _____
 (Name / Relationship to the Child)

For children who stutter (SL♦ILP-S/C)—side 2 of 2 ▲

Comparisons by category over time—side 1 of 1 ▼

SL♦ILP-S Scoring Summary Sheet
 A Taking Stock Self-Study Exercise • Kenneth O. St. Louis, Ph.D.

Name: _____ Age: _____ Date: _____

Key: Now High School 10 years old, or other: _____

Instructions:

- Circle the numbers on this Scoring Summary Sheet rated on the SL♦ILP-S (or SL♦ILP-S/C). Begin with the last item (# 13) and then proceed circling numbers rated for #1) through #12.
- Connect these numbers within each of the three categories on the Scoring Summary Sheet with solid lines.
- Add the seven circled numbers located within the square in the category labeled “Your Stuttering and Its Effect on You” to determine the Total Effect Score. Write that number in the space provided at the right.
- If applicable, repeat steps 1 – 3 for the SL♦ILP-S/R for ratings during high school. Draw boxes around each number on the Scoring Summary Sheet and connect with short dotted lines. Calculate and record the Total Effect Score.

Please see Appendix H, Taking Stock: Assessing Your Life Perspectives and Stuttering in St. Louis, K. O. (Ed.), Living with Stuttering: Stories, Basics, Resources, and Hope (#11) for background, examples, and information on interpretation.

Your Stuttering and Its Effect on You

1	2	3	4	5	6	7	8	Total Effect Score (Sum of #1 through #12)
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Your Interest in Others Who Stutter

8	9	7	6	5	4	3	2
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Your Health and Life Satisfaction

10	11	12	8	7	6	5	4	3	2	1
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