APPENDIX A – Developmental Stuttering Screening Instrument (DSSI)

DEVELOPMENTAL STUTTERING SCREENING INSTRUMENT (DSSI)

This instrument must be administered to parents/guardians by trained health and education professionals that work with children aged 2 years to 5 years and 11 months

			IDENTIFICATION							
CHILD'S DATA										
Name:										
Name: years and months Sex: () M	() F									
Date of birth://										
Date of interview:/										
INSTRUMENT ADMINISTRATOR'S DATA										
Name:Occupation:										
RESPONDENT'S DATA										
Name:										
Relationship to the child: () Mother/Father () Grand			dfather							
() Aunt/Uncle () Sister										
() Other:										
Complaint:										
Complaint:										
Complaint:										
I. GENERAL AND COMMUNICATION DEVELOPMENT										
Complaint:			NKA							
I. GENERAL AND COMMUNICATION DEVELOPMENT 1 Does the child have anyone in the family who stutters or has	YES	NO	NKA							
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Legend: NKA – Did not know how to answer

- o Read the following questions and check the number that best indicates the child's current speech fluency expression.
- o Follow the model of the instruction below. Number 1 indicates absence (never). Number 5 indicates constant presence (always). Numbers 2, 3, and 4 are the range of your frequency perception ("rarely", "sometimes", and "frequently", respectively).

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Always

II. LINGUISTIC ASPECTS

6	Does the child repeat an initial sound of the word? Example: "f-f-f-frog" (Stuttering-like disfluencies - sound repetition)	1	2	3	4	5
7	Does the child repeat the syllables of the words? Example: "I li-li-listen to music." (Stuttering-like disfluencies - word part repetition)	1	2	3	4	5
8	Does the child repeat short words? Example: "I-I-I jump rope." (Stuttering-like disfluencies – monosyllabic word repetition)	1	2	3	4	5
9	Does the child repeat longer words? Example: "I jump-jump rope." (Other disfluencies – non-monosyllabic word repetition)	1	2	3	4	5
10	Does the child prolong a sound of the word?* Example: "f_rog", "ho_me" (Stuttering-like disfluencies - prolongation)	1	2	3	4	5
11	Does the child block when speaking to the point of no sound coming out for some seconds? (Stuttering-like disfluencies - block)	1	2	3	4	5
12	Is it difficult for you to understand what the child says? (Intelligibility)	1	2	3	4	5
13	Is it difficult for people to understand what the child says? (Intelligibility)	1	2	3	4	5
	TOTAL =					

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Always

III. MOTOR ASPECTS OF SPEECH

14	Is the child's speech faltered, broken? Example: split words "people", "mommy" (Incoordination)	1	2	3	4	5
15	Does the child make effort to speak? (Tension)	1	2	3	4	5
	Example: the veins on the neck are visible, the throat aches					

16	Example: grimace, closing/blinking the eyes, shaking the head,									5	
	clapping	g/holding the h	ands togethe	er, stamping the							
17	the tongue out of the mouth When speaking, does the child seem to be short of air?							3	4	5	
	(Breathing) Example: mouth breathing, speaking until they are out of air										
18				r too slow? (Spe	eed)	1	2	3	4	5	
					TOTAL =						_
		1	2	3	4		5				
		Never	Rarely	Sometimes	Frequently	Always					
			•				•				
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IV. P	SYCHOS	OCIAL ASPEC	CTS .								
19		e child seem a response)	nxious when	speaking?		1	2	3	4	5	
20			realize they	stutter? (Perce	eption)	1	2	3	4	5	
21		e child avoid s				1	2	3	4	5	
				es some word, ence (<mark>Awarenes</mark>							
22	Does t	he child look	c away fron	n their interlo		1	2	3	4	5	
23		g? (Child's atti e child's stutte		ople's attention?	?	1	2	3	4	5	
	(Social	reaction)		•	•						
24		ole try to help t		oeak? <i>right, speak n</i>	nore slowly	1	2	3	4	5	
				ring, stop and							
	(Comm	unicative press	ure)								
	-				TOTAL =						-
		SCC	RE OF THE	CATEGORIES							
		I	. + +	+ IV							
Obse	ervations	:									
					· · · · · · · · · · · · · · · · · · ·						
											-
	D001:									T 1	
				<u>tute the speech</u> the legally quali							
				Therefore, child							
	stuttering must be referred for assessment and diagnosis with a speech-language-hearing therapist specialized in fluency.										
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