

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

	None					Very severe	
	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

	None					Very severe	
	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

	None					Very severe	
	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

Continued ➡➡➡

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Avoidance due to stuttering

	None					Very severe	
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

Disadvantage due to stuttering

	None					Very severe	
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.

WASSP Summary Profile

Client _____

Speech and Language Therapist _____

Dates: Time 1 _____ Time 2: _____

This profile aims to record how the person who stutters perceives his or her stutter at the beginning and the end of a block of speech and language therapy. It is one way of measuring change and planning future management.

BRIEF INSTRUCTIONS

Materials

Each block of therapy requires two WASSP Rating Sheets, one WASSP Summary Profile Folder and two highlighter pens of contrasting colours.

Before a block of therapy

The client completes a rating sheet (Time 1) using the seven point rating scale and recording any aims/expectations for the block of therapy. The S< stores the completed rating sheet in the Summary Profile Folder in the case notes.

At the end of a block of therapy

The client completes a second dated rating sheet (Time 2) and records his or her achievements during the block of therapy. (NB The second rating sheet must be completed without reference to the first. The S< therefore reminds the client of any 'other' aspects of behaviours or feelings which he or she may have added at Time 1.)

Discussion of WASSP summary profile

Ratings from Time 1 and Time 2 are transferred on to page 2 of the WASSP summary profile using two different colours of highlighter pen. This provides a visual representation of changes made which will be individual to each client.

Each section is reviewed and discussed with the client and any comments or explanations recorded on page 3 in the spaces provided. Sufficient time must be allowed in the final session for discussion. Discussion increases client and S< understanding of the outcomes particularly when unexpected changes in ratings occur or ratings differ from the S<'s perception. A brief summary of progress made can be recorded on page 4.

Identification of future therapy needs

These should arise during the discussion of the summary profile and can be recorded on page 4.

Repeated administration

WASSP can be repeated at the beginning and end of a number of consecutive blocks of therapy providing a record of long-term change and evolving therapy needs.

WASSP Summary Profile

None

1

2

3

4

5

Very severe

6

7

Behaviours	Frequency of stutters	1							
		2							
	Physical struggle during stutters	1							
		2							
	Duration of stutters	1							
		2							
	Uncontrollable stutters	1							
		2							
	Urgency/fast speech rate	1							
	2								
Thoughts	Associated facial/body movements	1							
		2							
	General level of physical tension	1							
	2								
Feelings	Loss of eye contact	1							
		2							
	Other (describe)	1							
		2							
	Negative thoughts before speaking	1							
		2							
Avoidance	Negative thoughts during speaking	1							
		2							
	Negative thoughts after speaking	1							
		2							
	Frustration	1							
		2							
Disadvantage	Embarrassment	1							
		2							
	Fear	1							
		2							
	Anger	1							
		2							
Disadvantage	Helplessness	1							
		2							
	Other (describe)	1							
		2							
Disadvantage	Of words	1							
		2							
	Of situations	1							
		2							
Disadvantage	Of talking about stuttering with others	1							
		2							
	Of admitting your problem to yourself	1							
		2							
Disadvantage	At home	1							
		2							
	Socially	1							
		2							
Disadvantage	Educationally	1							
		2							
	At work	1							
		2							

Client/Speech & Language Therapist Comments

Disadvantage	Avoidance	Feelings	Thoughts	Behaviours

Summary of Progress/Future Needs

Summary of progress made in this block of therapy:

Any other comments:

Future needs: