

Stuttering Social Security Benefits Worksheet

Personal Information

Full Name: _____

Date of Birth: _____

Social Security Number (Last 4 digits): _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Medical Condition Details

Primary Condition: Stuttering / Speech Disfluency

Date Diagnosed: _____

Diagnosing Professional (Speech Therapist, Neurologist, etc.): _____

Frequency / Severity of Symptoms:

Mild Moderate Severe

Does the condition impact daily communication? Yes No

Functional Limitations

Check all that apply:

- Difficulty with verbal communication in work settings
- Trouble participating in social interactions
- Anxiety or depression due to speech issues
- Impaired ability to perform job duties requiring speaking
- Avoidance of public situations or phone use

Treatment & Therapy

Current Treatments (Speech Therapy, Medication, etc.):

Treating Professional(s):

Treatment Start Date: _____

Work History & Limitations

Current Employment Status: Employed Unemployed On Leave

Last Job Title: _____

Reason for Leaving (if applicable): _____

How does stuttering affect your work performance or job seeking?