

## Voice History

Briefly describe your voice and/or throat symptoms:

When did you first notice these symptoms? Do you associate the onset with any particular event?

How much water do you drink daily?

How much caffeine do you consume daily (coffee, soda, tea, chocolate)?

How much alcohol do you drink weekly?

Are you exposed to chemicals or other environmental irritants?

Any other comments or concerns regarding your voice:

## Voice Use Analysis

*CIRCLE YOUR ANSWERS BELOW*

**My voice is important for:**

Conversation

My job (job name) \_\_\_\_\_

Recreational activities (list) \_\_\_\_\_

**Singing:**

Singing is my primary source of income

I use singing as part of my teaching

I sing in a choir, chorus or band for fun

I enjoy singing at home and/or with my family

Non applicable

**I am:**

Very talkative

Talkative in certain situations

In the middle

Somewhat quiet

Quiet

**The reason I am coming for treatment of my voice are: (circle all that apply)**

Quality/Sound

hoarse/raspy/gravelly	breathiness/too much air the sound
complete voice loss	intermittent voice loss
tremor/unsteady sound	sounds too high or low
voice too loud or quiet	voice breaks

Physical Functioning

Hard to get voice started  
Increased effort to speak  
Voice gets worse with talking  
Voice turns on and off as I speak  
Frequent coughing/throat clearing

Activity Functioning

Cannot perform job (leave of absence, changed duties)  
Difficulty performing job duties well  
Difficulty being heard/understood over background noise (restaurants, in large groups, in the car, etc.)  
Difficulty being heard/understood in daily tasks (phone use, shopping, etc.)

Sensations

Pain/ discomfort  
Scratchy feeling/irritated throat  
Feeling of mucous/phlegm in throat  
Feeling like a lump in throat  
Hard to breathe/short of breath with talking

**Please fill out the following questionnaires:**

Voice Handicap Index-10

Instructions: These are statement that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0=never 1=almost never 2=sometimes 3=almost always 4=always

1. My voice makes it difficult for people to hear me. 0 1 2 3 4
2. I run out of air when I talk. 0 1 2 3 4
3. People have difficulty understanding me in a noisy room. 0 1 2 3 4
4. The sound of my voice varies throughout the day. 0 1 2 3 4
5. My family has difficulty hearing me when I call them throughout the house. 0 1 2 3 4
6. I use the phone less often than I would like to. 0 1 2 3 4
7. I'm tense when talking to others because of my voice. 0 1 2 3 4
8. I tend to avoid groups of people because of my voice. 0 1 2 3 4
9. People seem irritated with my voice. 0 1 2 3 4
10. People ask, "What is wrong with your voice?" 0 1 2 3 4

Reflux Symptom Index

Within the last MONTH, how did the following problems affect you?

0=No problem 3=some problem 5=Severe problem

1. Hoarseness or a problem with your voice. 0 1 2 3 4
2. Clearing your throat. 0 1 2 3 4
3. Excess throat mucous. 0 1 2 3 4
4. Difficulty swallowing food, liquid, or pills.0 1 2 3 4
5. Coughing after eating or lying down. 0 1 2 3 4
6. Breathing difficulties or choking episodes.0 1 2 3 4
7. Troublesome or annoying cough.0 1 2 3 4
8. Sensations of something sticking in your throat or lump in your throat.0 1 2 3 4
9. Heartburn, chest pain, indigestion or stomach acid coming up.0 1 2 3 4