VOICE HISTORY FORM

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
- Complete Voice Loss
- Tremor/Unsteady Sound
- Voice Too Loud or Quiet

**Breathiness/Too Much Air the Sound**

**Intermittent Voice Loss**

**Sounds Too High or Low**

**Voice Breaks**

**Physical Functioning:**
- Hard to Get Voice Started
- Voice Gets Worse With Talking
- Frequent Coughing/Throat Clearing

**Increased Effort to Speak**

**Voice Turns On and Off as I Speak**

**Activity Functioning:**
- Cannot Perform Job (leave of absence, changed duties)
- 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.)

**Difficulty Performing Job Duties Well**

**Sensations:**
- Pain/Discomfort
- Scratchy Feeling/Irritated Throat
- Feeling Like a Lump in Throat

**Feeling Like a Lump in Throat**

**Feeling of Mucous/Phlegm in Throat**

**Hard to Breathe/Short of Breath with Talking**
PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRES:

**Voice Handicap Index – 10**

Instructions: These are statements 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 have difficulty hearing me when I call them in the house.  0 1 2 3 4
6. I use the phone less often than I would like.  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  
2. Clearing your throat  
3. Excess throat mucous  
4. Difficulty swallowing food, liquid, or pills  
5. Coughing after eating or lying down  
6. Breathing difficulties or choking episodes  
7. Troublesome or annoying cough  
8. Sensations of something sticking in your throat or lump in throat  
9. Heartburn, chest pain, indigestion or stomach acid coming up  

<table>
<thead>
<tr>
<th>Problem</th>
<th>Rating</th>
</tr>
</thead>
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<td>0 3 5</td>
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