



EAR, NOSE, & THROAT CENTER OF THE OZARKS

# Voice Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

What voice problems do you experience?

Do you experience these problems consistently?

When did you begin to experience voice problems? Describe any events or illnesses that coincided with the onset of the problem.

What have you done about the problem?

Does anything improve your voice?

Does anything make your voice worse?

Has a professional provided any treatment for your voice or made any suggestions?

Do you experience voice or breathing difficulties in response to any of the following (check “yes” for all that apply)?

| <i>Environmental Condition</i>            | <i>Yes</i> |
|---|------------|
| Strong smells (perfume, chemicals, paint) |            |
| Smoke                                     |            |
| Dust, pollen, molds                       |            |
| Change in temperature                     |            |
| Physical Exertion                         |            |
| Stress/Anxiety                            |            |

Which voice symptoms do you have (check “yes” for all that apply)?

| <i>Symptom</i>                       | <i>Yes</i> | <i>If yes, specify</i>     |
|--------------------------------------|------------|----------------------------|
| Hoarseness (course, scratchy voice)  |            |                            |
| Problems with loudness               |            | Too loud      Too quiet    |
| Change in pitch                      |            | Lower          Higher      |
| Pitch breaks (sudden change)         |            | Breaks up      Breaks down |
| Loss of pitch range                  |            | Low range      High range  |
| Monotone (lack of inflection)        |            |                            |
| Fatigue (voice tires after speaking) |            |                            |
| Shortness-of-breath when speaking    |            |                            |
| Pain when using voice                |            |                            |
| Tremor/shakey voice                  |            |                            |
| Tickling or choking feeling          |            |                            |
| Voice breaks                         |            |                            |
| Nasality                             |            | Congested      Hypernasal  |

In which of the following ways are you required to use your voice (check “yes” for all that apply)?

| <i>Voice Use</i>                        | <i>Yes</i> |
|---|------------|
| Speak/sing for long periods             |            |
| Speak/sing in a loud voice              |            |
| Speak/sing at an unusual pitch          |            |
| Shout, cheer                            |            |
| Speak/sing in noisy environments        |            |
| Speak/sing outside                      |            |
| Speak/sing in smoke-filled environments |            |

Which of the following do you experience (check “yes” for all that apply)?

| <i>Symptom</i>                                       | <i>Yes</i> |
|--|------------|
| Heartburn  |            |
| Chronic Cough  |            |
| Frequent Throat Clearing                             |            |
| Sense of something stuck in the throat               |            |
| Lump or mass in the neck you can feel with your hand |            |
| Excessive mucous in throat                           |            |

|                                   |  |
|-----------------------------------|--|
| Difficulty swallowing             |  |
| Frequent choking when swallowing  |  |
| Breathing difficulty              |  |
| Severe dryness in throat or mouth |  |
| Cold Symptoms                     |  |
| Coughing up blood                 |  |
| Sinus drainage                    |  |
| Neck/shoulder tension, pain       |  |

Do you smoke?

If yes, what do you smoke and when did you start smoking?

If no, have you ever smoked on a regular basis and when did you quit?

Are you in smoke-filled environments regularly?

How many cups of coffee, tea, or other caffeine-containing beverages do you drink per day?

How many carbonated beverages do you drink daily?

How much milk, ice cream, cheese, and chocolate do you eat daily?

How much water do you drink daily?

Do you eat within a few hours of when you go to bed?

Do you any allergies? If so, please specify

Have you ever been evaluated by an allergist?

Are you aware of any hearing loss?

Are you pregnant?

Are your menstrual periods regular?

Have you gone through menopause?

Have you undergone any surgery to the head, neck, or throat? If so, please explain.

Have you ever undergone general anesthesia or otherwise required the use of a breathing tube in your throat? If so, when?

**Are you experiencing any of the following (check “yes” for all that apply)?**

| <i>Symptom</i>                        | <i>Yes</i> |
|---------------------------------------|------------|
| Hypersensitivity to heat or cold      |            |
| Excessive sweating                    |            |
| Unintentional loss of weight          |            |
| If yes, how much weight?              |            |
| Excessive stress/anxiety              |            |
| Blackouts/fainting                    |            |
| Severe mood swings                    |            |
| Extreme headaches                     |            |
| Double vision/loss of vision          |            |
| Clumsiness in arms/legs               |            |
| Weakness/drooping of face or limbs    |            |
| Tremor in hand or other body parts    |            |
| Drooping of eyelid or bulging of eyes |            |

**FOR PROFESSIONAL VOICE USERS**

**Do you use your voice professionally or in a demanding way? If so, in which capacity? (Check all that apply.)**

|            |  |                  |  |
|------------|--|------------------|--|
| Actor      |  | Sales            |  |
| Announcer  |  | Singer           |  |
| Attorney   |  | Teacher          |  |
| Clergy     |  | Telephone        |  |
| Coach      |  | Other (describe) |  |
| Politician |  |                  |  |

If you use your voice professionally, please answer the following questions:

How many hours per day do you speak/sing?

Do you use vocal warm-ups? If so, do you perform them consistently?

Do you use vocal cool-downs? If so, do you perform them consistently?

Have you had training for your professional voice?

Are you required to use your voice within one day of air travel?

Do you use amplification?

For singers, do you sing with accompaniment? If so, what kind?