



# Voice/Vocal Fold Questionnaire

## History

Describe your present voice concerns/problems: \_\_\_\_\_

When did your symptoms start? \_\_\_\_\_

What seemed to cause symptoms? \_\_\_\_\_

Anything else going on at the time? (i.e. illness, stress, medicine changes, environment changes, etc) \_\_\_\_\_

## Review of Symptoms

How do your symptoms hurt you or affect you? \_\_\_\_\_

Is there a pattern to your symptoms? (i. e. worse in a.m. or p.m., voice use situation, seasons, etc) \_\_\_\_\_

What aggravates your symptoms? \_\_\_\_\_

What improves your symptoms? \_\_\_\_\_

What sites of your head and neck are also involved? \_\_\_\_\_

Check the symptoms you experience:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> hoarseness      | <input type="checkbox"/> tightness in neck/throat  | <input type="checkbox"/> heartburn             |
| <input type="checkbox"/> coughing        | <input type="checkbox"/> burning in back of throat | <input type="checkbox"/> difficulty swallowing |
| <input type="checkbox"/> bleeding        | <input type="checkbox"/> shortness of breath       | <input type="checkbox"/> dry throat            |
| <input type="checkbox"/> post-nasal drip | <input type="checkbox"/> frequent throat clearing  |  |

Have you had any injuries to head or neck? \_\_\_\_\_

Check any of the following conditions that you have:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> asthma             | <input type="checkbox"/> environmental allergies          | <input type="checkbox"/> diabetes      |
| <input type="checkbox"/> acid reflux        | <input type="checkbox"/> thyroid problems                 | <input type="checkbox"/> excess stress |
| <input type="checkbox"/> digestive problems | <input type="checkbox"/> peri- or postmenopausal problems |  |

## Social

What is your occupation? \_\_\_\_\_

Describe how you use your voice at work: \_\_\_\_\_

Do you have any hobbies that involve voice use? \_\_\_\_\_

Do you now, or have you ever smoked? \_\_\_\_\_ packs per day \_\_\_\_\_ years \_\_\_\_\_

How many 8-oz servings do you have of the following in a typical day:

\_\_\_\_\_ water \_\_\_\_\_ caffeinated drinks like cola or coffee

\_\_\_\_\_ alcoholic drinks \_\_\_\_\_ acidic juices \_\_\_\_\_ milk or dairy drinks

Are you exposed to chemicals, paint, glue, gases, fumes excess dust, etc? \_\_\_\_\_

## Singers

How do you classify your voice?

\_\_\_ Soprano \_\_\_ Mezzo \_\_\_ Alto \_\_\_ Tenor \_\_\_ Baritone \_\_\_ Bass

How do you sing?

\_\_\_ solo \_\_\_ small group \_\_\_ choir \_\_\_ band other \_\_\_\_\_

Name of group(s) you sing in: \_\_\_\_\_

Style(s) of music that you sing: \_\_\_\_\_

Do you consider yourself:

\_\_\_ Amateur \_\_\_ Semi-Professional \_\_\_ Professional

Do you play instruments while singing? \_\_\_ Yes \_\_\_ No

What instruments? \_\_\_\_\_

Do you currently take singing lessons? \_\_\_ Yes \_\_\_ No

Who is your singing teacher? \_\_\_\_\_ Phone \_\_\_\_\_

Describe your singing lesson history: \_\_\_\_\_

How often do you perform? \_\_\_\_\_

How often do you practice? \_\_\_\_\_

Do you warm up before singing? \_\_\_\_\_ Do you cool down afterwards? \_\_\_\_\_

Check all that apply:

\_\_\_ lost higher notes

\_\_\_ lost lower notes

\_\_\_ unable to sing loudly

\_\_\_ unable to sing softly

\_\_\_ can't sustain pitch accurately

\_\_\_ difficulty with breaks/register transitions

\_\_\_ run out of breath quickly

\_\_\_ fatigue easily

\_\_\_ become hoarse after singing

\_\_\_ Other: \_\_\_\_\_