# *Speech, Language, Cognitive, Swallowing & Literacy Services*

## 315 NE 10th Ave  Crystal River, FL 34429  (352) 795 – 7006  FAX (352) 795 – 7008

## 297 N Broad S t Brooksville, FL 34601  (352) 796-0069  FAX (352) 795-7008

**Voice Therapy Questionnaire**

Do you have any of the following symptoms?

* Hoarseness (coarse or scratchy sound)
* Fatigue (voice tires or changes quality after a short period of use)
* Problems singing/speaking loudly
* Problems singing softly
* Loss of range (describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Prolonged warm-up time
* Breathiness
* Tickling or chocking sensation while speaking/singing
* Pain in throat
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had you present voice problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know what caused it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did it come on \_\_\_ slowly \_\_\_ quickly?

Is it getting \_\_\_ better \_\_\_ worse \_\_\_ same?

Have you ever has a voice problem before? YES or NO

What was the problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was it treated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had training for your speaking voice? YES or NO

Current teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Laryngologist

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like me to keep this person informed about your treatment? YES or NO

Please check any of the following that apply to you.

* Voice is worse in the morning Voice worse after use
* Frequent heartburn Frequent yelling or loud talking
* Frequent throat clearing Frequent whispering
* Frequent sore throat Often thirsty or dehydrated
* Bitter or acid taste in the morning Live or work around smoke or fumes
* Bad breath in the morning Frequent coughing
* Eat late at night Speak extensively

**These are statements that many people have used to describe their voices and the effects of their voices on their lives.**

Check the response that indicates how frequently you have the same experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Almost  Never | Sometimes | Almost Always | Always |
| My voice makes it difficult for people to hear me. |  |  |  |  |  |
| People have difficulty hearing me when I call them throughout the house. |  |  |  |  |  |
| I use the phone less often then I would like. |  |  |  |  |  |
| I tend to avoid group of people because of my voice. |  |  |  |  |  |
| I speak with my friends, neighbors or relatives less often because of my voice. |  |  |  |  |  |
| People ask me to repeat myself when speaking face-to-face. |  |  |  |  |  |
| My voice difficulties restrict my personal and social life. |  |  |  |  |  |
| I feel left out of conversations because of my voice. |  |  |  |  |  |
| My voice problem causes me to lose income. |  |  |  |  |  |
| I run out of air when I talk. |  |  |  |  |  |
| The sound of my voice varies throughout the day. |  |  |  |  |  |
| People ask, “What’s wrong with your voice?” |  |  |  |  |  |
| My voice sounds creaky and dry. |  |  |  |  |  |
| I feel as though I have to strain to produce voice. |  |  |  |  |  |
| The clarity of my voice is unpredictable. |  |  |  |  |  |
| I try to change my voice to sound different. |  |  |  |  |  |
| I use a great deal of my effort to speak. |  |  |  |  |  |
| My voice is worse in the evening. |  |  |  |  |  |
| My voice “gives out” on me in the middle of speaking. |  |  |  |  |  |
| I am tense when talking to others because of my voice. |  |  |  |  |  |
| My voice problem upsets me. |  |  |  |  |  |
| I am less outgoing because of my voice problem. |  |  |  |  |  |
| My voice makes me feel handicapped. |  |  |  |  |  |
| I feel annoyed when people ask me to repeat myself. |  |  |  |  |  |
| I feel embarrassed when people ask me to repeat myself. |  |  |  |  |  |
| My voice makes me feel incompetent. |  |  |  |  |  |
| I am ashamed of my voice problem. |  |  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_