

Ali Namazie MD, FACS

Voice Questionnaire

Patient Name:

Age:

Sex:

Date:

Height:

Weight:

How would you characterize yourself? (please circle appropriate category)

- Level I: Elite vocal performer, singer, actor
- Level II: Professional voice user, clergy, lecturer
- Level III: Non-vocal professional, teacher, lawyer, telephone sales or operator
- Level IV: Non-vocal, non-professional, administrative, clerk, labor

Basic Medical History:

Recent cold or upper respiratory infection?

- Yes
- No
- If yes, when?

Allergies: Have you ever been treated by an allergist?

- Yes
- No
- If yes, name of physician? Dates?

Medication allergies?

- Yes
- No
- If yes, which one?

Previous surgeries? Please list

Tonsillectomy/Adenoidectomy?

- Yes
- No

Prior vocal cord injury?

- Yes
- No

- If yes, date?

Medications: (please include vitamins, homeopathics, and birth control pills)

Have you ever had x-rays to the head, face or neck?

- Yes
- No

Have you ever been incubated?

- Yes
- No
- If yes, when?

How many packs of cigarettes do you smoke per day?

If no, when did you quit?

How many cups of coffee, tea, cola or caffeine-containing drinks do you consume per day?

How much alcohol do you consume per week?

Have you noticed any of the following?

- Heat intolerance
- Cold intolerance
- Change in weight gained? Lost? _____ lbs in _____ months
- Palpitations or irregular heartbeats? Yes? No?
- Changes in skin or hair? Yes? No?
- Blurred vision, change in vision, double vision? Yes? No?
- Numbness or clumsiness of hands, arms, or legs? Yes? No?
- Speak of sing in a dry or smoky environment?

Have you ever had formal training for speaking or singing?

- Yes
- No
- If yes, how long?

Do you have an important performance soon?

- Yes
- No
- If yes, when?

Have you had formal voice lessons?

- Yes
- No
- If yes, how long?

If currently taking voice lessons, name the teacher: phone:

What types of music do you sing?

- Classical
- Show
- Rock
- Night club
- Other

What is your vocal range?

Describe your singing range:

- Bass
- Baritone
- Tenor
- Alto
- Soprano

Do you sing outdoors or in large halls, or with orchestras?

If you perform with electrical instruments or outdoors do you use monitor?

- Yes
- No

If you use monitors, can you hear them?

- Yes
- No

Do you play any instruments?

- Yes
- No
- If yes, name:

How often do you practice?

- Scales
- Song

How much are you singing at present (average hours per day)

- Rehearsal
- Performance

Please check all that apply:

- Voice worse in the morning
- Voice worse later in day after use

- Speak extensively
- Cheerleader
- Speak extensively at backstage parties
- Under a lot of stress at work, school, or home
- Eat late at night
- Travel on airplanes extensively
- Exposed to chemicals, second hand smoke or fumes

Do you eat any of the following before singing?

- Milk
- Alcohol
- Nuts
- Coffee
- Ice cream
- Spicy foods

Do you have any recent increased vocal commitments?

- Yes
- No
- If yes, describe

Do you have difficulty swallowing?

- Yes
- No

Do you have seizures or tremors?

- Yes
- No

Have you had any of the following?

- Thyroid condition
- High blood pressure
- Diabetes
- Cold sores
- Asthma or other lung conditions
- Hearing problems
- Balance problems
- Nasal obstruction, congestion, sinus infections
- Ulcers or stomach problems
- Throat clearing
- Use of over-the-counter or prescription antacids

Married?

- Yes
- No
- Number of children

Occupation:

Specific Questions About Your Voice Problem

(please answer all the following questions that apply. **Be as detailed as possible**)

How long have you noticed you had the present voice problem?

Who noticed it?

Do you know what caused it?

- Yes
- No
- If so, what?

Did it come on:

- Slowly
- Suddenly

Is it getting:

- Worse
- Better
- Same

How severe or disabling is your voice problem at this time (please describe)?

How would you describe yourself (please check appropriate number)

Not talkative 1 2 3 4 5 6 7 Very Talkative

Which symptoms do you have (please check all that apply)

- Hoarseness (coarse or scratchy sound)
- Fatigue (voice tires or changes quality after speaking for a short period of time)
- Volume disturbance (trouble speaking) Softly? Loudly?
- Loss of range (high _____ low _____)
- Prolonged warm-up time (over ½ hour to warm up voice)
- Breathiness
- Tickling or choking sensation while speaking
- Pain in throat while speaking or singing
- Other (please specify)