

Background Information

In a sentence or two, describe the problem the patient is having:

How long ago did the current problem begin?

Was the problem onset sudden or gradual?

Were there any events or conditions which you associate with the onset of the problem? Please describe below and check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Swallowing difficulty |
| <input type="checkbox"/> Increased voice use | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emotional stress | <input type="checkbox"/> Injury (trauma) |
| <input type="checkbox"/> Vocal abuse | <input type="checkbox"/> Summer camp |
| <input type="checkbox"/> Upper respiratory infection (cold/flu) | <input type="checkbox"/> Other: _____ |

Has the problem changed since its onset?

Compared to how the patient's voice has been recently, how does it sound today?

Has the patient had the same or similar problem in the past?

Are there any associated breathing problems such as stridor or wheezing?

Does someone else in the family have a similar problem? If so, who?

Is the patient's voice worse during certain seasons? If so, which seasons?

Is the patient's voice worse at certain times of the day? If so which times?

Are there any situations in which the patient's voice is better or seems to improve? If so, describe.

Vocal Symptoms

Please check all the vocal symptoms that apply to the patient:

- | | |
|--|--|
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Tickling sensation in throat |
| <input type="checkbox"/> Breathiness | <input type="checkbox"/> Nasality |
| <input type="checkbox"/> Gravelly, harsh or raspy voice quality | <input type="checkbox"/> Unsteady or shaky voice |
| <input type="checkbox"/> Frequent throat clearing | <input type="checkbox"/> Lump or pain in throat |
| <input type="checkbox"/> Voice too low or too deep | <input type="checkbox"/> Voice Breaks |
| <input type="checkbox"/> Straining to speak | <input type="checkbox"/> Trouble speaking loud or soft |
| <input type="checkbox"/> Fatigue of voice | <input type="checkbox"/> Voice too high |
| <input type="checkbox"/> Whisper only (total loss of voice) | <input type="checkbox"/> Noisy breathing |
| <input type="checkbox"/> Frequent coughing, dry throat, or throat clearing | <input type="checkbox"/> other: _____ |

Voice Use

How many hours per day does the patient use a telephone?

Has the patient ever received voice therapy? If so, with who and for how long?

Besides voice therapy, are there any ways in which the patient has tried to improve their voice on their own?

Developmental/Learning History:

Has your child achieved developmental speech-language milestones on time?

If not, specify ages of first words _____, two-word combinations _____, full sentences _____.

Does your child have any diagnosed speech-language –learning difficulties?

- | | |
|--|--|
| <input type="checkbox"/> Receptive language | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Expressive language | <input type="checkbox"/> Global developmental delay |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Nonverbal learning disability |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Other _____ |

Does your child receive therapeutic/education services: Please check and that apply and indicate frequency:

- Speech-language therapy
- Educational support
- Occupational therapy
- Physical therapy
- Behavior management therapy

Is the patient frequently exposed to:

- Air conditioning or forced air heat
- Cigarette smoke (second-hand smoke)
- Pollution
- Mold and damp environment
- Dust
- Lead
- Other: _____

Fluid Intake

How many combined servings of **caffeinated** coffee, tea, cola, chocolate, etc, does the patient consume daily?

- a) 1 or less
- b) 2-3 servings
- c) 4-6 servings
- d) 7-10 servings
- e) 11 or more servings

How much water does the patient drink daily?

- a) none (drinks other beverages only)
- b) one to three 8-ounce glasses daily
- c) four to seven 8- ounce glasses daily
- d) eight or more 8-ounce glasses daily

Interactional Impact

Does the patient participate in fewer social activities since the current difficulty began?

Has the problem interfered with any activities?

How do people react to the patient's problem?

Is the patient satisfied with the way their voice currently sounds?