

Voice/Speech Questionnaire

Date: _____

Name: _____ Age: ____ Sex: F M

Occupation: _____

When did your speech/voice problem begin?

Was onset sudden or gradual?

Please describe your speech/voice problem:

Has your speech/voice improved, worsened, or stayed the same since initial onset?

What is the extent of your voice use in the home?

At work?

How important is your speaking voice to you?

How important is your singing voice to you?

Is your voice critical for your profession?

Do you:

	No	Yes	Describe
Experience periods of normal voice?			
Use voice above loud ambient noise?			
Use voice aggressively (scream, yell)?			

History:

	No	Yes	Describe
Speech/voice therapy in the past?			
Formal voice/speech training?			
Upcoming performance?			
Excessive telephone use?			

Have you had any of the following?

	No	Yes	When/Describe
Surgery on your larynx			
Thyroid surgery/thyroid imbalance			
Heart surgery			
Chest surgery			
Stroke			
Injury to the neck			
Chemical or inhalation exposure			
Significant personal or professional stress			
Allergies			
Respiratory problems			
Neurological problems			
Endocrine/hormone problems			

Do you:

	No	Yes	How much? Describe
Smoke (tobacco, other substances)			
Drink alcohol (beer, wine, spirits)			
Drink carbonated nonalcoholic beverages?			
Drink water			
Take any medications regularly?			

Please add any other information you think may be pertinent: