**VOICE EVALUATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Referral source (Physician who has referred you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ENT exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date referred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis/ Description of the problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations of your physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­

**A - Demographic information**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B - Onset of voice problem**

Describe your voice problem

When and how did it begin

Gradual/sudden onset:

What do you think caused it:

Duration:

Period where normal voice occurs: (morning, day, end of day)

Consistency:

**Events associated with onset:**

\_\_\_\_\_\_\_\_\_\_ Difficulty swallowing \_\_\_\_\_\_\_\_\_\_Nasal regurgitation

\_\_\_\_\_\_\_\_\_\_ Flu episodes \_\_\_\_\_\_\_\_\_\_ Upper respiratory infection

\_\_\_\_\_\_\_\_\_\_ Emotional problems \_\_\_\_\_\_\_\_\_\_ Stress

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

**C – Past medical history and contributing factors**

**1. Previous voice disorders:**

\_\_\_\_\_\_\_\_\_\_ Disorder \_\_\_\_\_\_\_\_\_\_ Family history

\_\_\_\_\_\_\_\_\_\_ Therapy \_\_\_\_\_\_\_\_\_\_ Other

**2. Chronic conditions and illness:**

\_\_\_\_\_\_\_\_\_\_ Injuries to throat \_\_\_\_\_\_\_\_\_\_ Mouth breathing

\_\_\_\_\_\_\_\_\_\_ Injuries to nose \_\_\_\_\_\_\_\_\_\_ Stress

\_\_\_\_\_\_\_\_\_\_ Smoking \_\_\_\_\_\_\_\_\_\_ Physical/Mental strain

\_\_\_\_\_\_\_\_\_\_ Alcohol abuse \_\_\_\_\_\_\_\_\_\_ Hearing loss

\_\_\_\_\_\_\_\_\_\_ Sinus problems \_\_\_\_\_\_\_\_\_\_ Fatigue

\_\_\_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_\_\_ Amount of sleep

\_\_\_\_\_\_\_\_\_\_ Respiratory illnesses \_\_\_\_\_\_\_\_\_\_ Sudden weight change

\_\_\_\_\_\_\_\_\_\_ Frequency colds \_\_\_\_\_\_\_\_\_\_ Dry mouth

\_\_\_\_\_\_\_\_\_\_Sleeplessness \_\_\_\_\_\_\_\_\_\_ Loss of range (hyperthyroid)

\_\_\_\_\_\_\_\_\_\_ Shortness of breath \_\_\_\_\_\_\_\_\_\_ Stomach muscles

\_\_\_\_\_\_\_\_\_\_ Hormonal disorder \_\_\_\_\_\_\_\_\_\_ Menstrual cramps

\_\_\_\_\_\_\_\_\_\_ Stomach disorder \_\_\_\_\_\_\_\_\_\_ Tonsillectomy

\_\_\_\_\_\_\_\_\_\_ Arthritis morning mouth/acid tase

**3. Medications**

\_\_\_\_\_\_\_\_\_\_ Non-Prescriptions \_\_\_\_\_\_\_\_\_\_ Aspirin

\_\_\_\_\_\_\_\_\_\_ Prescription \_\_\_\_\_\_\_\_\_\_ Antihistamine

\_\_\_\_\_\_\_\_\_\_ Hormone therapy \_\_\_\_\_\_\_\_\_\_Cough drops

\_\_\_\_\_\_\_\_\_\_ Cocaine \_\_\_\_\_\_\_\_\_\_Marijuana/vaping

\_\_\_\_\_\_\_\_\_\_Vitamin C \_\_\_\_\_\_\_\_\_\_ Diuretics

\_\_\_\_\_\_\_\_\_\_GERD/Heartburn/LLPR

**4. Surgery**

List any voice related surgeries, or surgeries of the last 5 years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Eating habits (List amounts where possible)**

\_\_\_\_\_\_\_\_\_\_ Prior to bedtime \_\_\_\_\_\_\_\_\_\_ Water/8 oz glasses per day

\_\_\_\_\_\_\_\_\_\_ Milk, Ice cream \_\_\_\_\_\_\_\_\_\_ Tea

\_\_\_\_\_\_\_\_\_\_ Chocolate \_\_\_\_\_\_\_\_\_\_ Coffee

\_\_\_\_\_\_\_\_\_\_ Peanuts \_\_\_\_\_\_\_\_\_\_ Cola/Pop

\_\_\_\_\_\_\_\_\_\_ Spicy food

**6. Irritants (in your enviromnement)**

\_\_\_\_\_\_\_\_\_\_ Dust \_\_\_\_\_\_\_\_\_\_ Smoke

\_\_\_\_\_\_\_\_\_\_ Dry heat recent \_\_\_\_\_\_\_\_\_\_ Air travel

\_\_\_\_\_\_\_\_\_\_ Air conditioning \_\_\_\_\_\_\_\_\_\_ Other

**Clinical Use: DO NOT FILL OUT PAGES 4 AND 5.**

**D - Profile of speaking/singing habits**

Self description:

Description of others:

Vocal demands at work: (type)

(hours/day)

Telephone:

At home:

Sporting events:

Outside activities:

Abuse (yelling):

Environmental noise:

Environmental smoke:

Warm-up time:

Singing/voice training/coach:

Singing career: (professional)

(amateur)

Type of music:

Microphone:

Length of: (rehearsal)

(performance)

**E- Voice assessment**

**1. Recording sample:**

Name: Range (highest)

(lowest)

Date:

Age: Habitual pitch:

Month of year: Optimal pitch:

Counting: Glottal coup:

Hobbies: Yawn:

Pet peeve: Laugh:

ah: 1 \_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_ 3 \_\_\_\_\_\_ Um-hum

x \_\_\_\_\_\_\_\_ sec Grandfather passage:

z: 1 \_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_ 3 \_\_\_\_\_\_ Other:

x \_\_\_\_\_\_\_\_ sec

s: 1 \_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_ 3 \_\_\_\_\_\_

x \_\_\_\_\_\_\_\_ sec

**2. Wilson Scale**

A. Severity Judgement – 1 2 3 4 5 6 7

(normal) (severe)

|  |  |
| --- | --- |
| B. Laryngeal cavity rating  Pitch  (high)  +3  +2  (open) -4 -3 -2 1 +2 +3 (closed)  -2  -3  (low) | C. Resonating cavity rating  (hypernasal)  +4  +3  +2  (throaty) -2 1 +2 (frontal)  -2  (hyponasal) |
| D. Intensity rating  (soft) -2 1 +2 (loud) | E. Vocal range rating  (monotone) -2 1 +2 (variable pitch) |