



## 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.

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**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 environment)**

\_\_\_\_\_ 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)