

Voice Case History

Name:		Date:	
Occupation:		Full-time or Part-time:	
Referring MD:			
ENT:		Neurologist:	
Primary Physician:	Gastroenterologist:	Pulmonologist:	
Medical History:			
Surgery History:			
Hospitalizations:			
Describe your voice or swallowing problem: History:			
When did it first occur?			
What is your goal of speech therapy? _____			
Have you had speech therapy before? _____ When? _____ Where? _____			

1. How long have you had your present voice problem? _____
2. Who noticed it? self family voice teacher critics everyone other _____
3. Do you know what caused it? _____ What? _____
4. Did it come on slowly or suddenly? _____
5. Is it getting worse, better, or the same? _____
6. Select the symptoms you have: ___ hoarseness ___vocal fatigue
 ___ volume disturbance (trouble singing softly or loudly) ___loss of range
 ___breathiness ___ Change in voice category (example: voice lowered from
 soprano to mezzo) ___ pain in throat while singing ___tickling or choking
 sensation while singing ___prolonged warm-up time (over 1/2 hr to warm up voice)
7. Have you ever had training for your speaking voice? Yes No
 Dates: _____
8. Please check all that apply to you: ___ voice worse in the morning ___voice
 worse later in the day ___ speak extensively ___cheerleader ___ choral
 conductor ___frequently clear your throat ___ frequent sore throat ___jaw
 problems ___ bitter taste in the morning ___frequent heartburn or hiatal
 hernia ___ frequent yelling or loud talking ___frequent whispering ___
 insomnia ___work around extreme dryness ___ frequent exercise ___frequent
 thirsty ___ hoarseness in morning ___chest cough ___ eat late at night
 ___ever used antacids ___ under particular stress at present ___frequent bad
 breath ___ live or work around smoke or fumes ___vocal fatigue
9. Any voice problems in the past that required a visit to a doctor?
 If Yes, Explain: _____
10. Recent cold? _____ Current cold? _____
11. Do you exercise? _____ How often? _____
12. How many packs of cigarettes do you smoke a day?___ How many yrs. have you
 smoked?___
13. Do you live or work in a smoky environment? _____ Where?_____
14. How much alcohol do you drink?
 none rarely a few times a week daily
15. Did you formerly drink more heavily? _____
16. How many cups of coffee, tea, cola, or other caffeine drinks do you have a day?___
17. Circle the recreational drugs you use (marijuana, cocaine, amphetamines,
 barbiturates, heroine, other) _____
18. Have you ever consulted a psychologist or psychiatrist?___ Currently under
 treatment?_____
19. Have you injured your neck or head? _____
20. Are you involved in legal action involving problems with your voice? _____

Never=0 points, Almost Never=1 point, Sometimes=2 points, Always=3 points, Always=4 points

Voice Handicap Index (Answer with "0,1,2,3, or 4")	Never 0	Almost Never 1	Sometimes 2	Almost Always 3	Always 4
1. My voice makes it difficult for people to hear me.					
2. I run out of air when I talk					
3. People have difficulty understanding me in a noisy room					
4. The sound of my voice varies throughout the day					
5. My family has difficulty hearing me when I call them throughout the house					
6. I use the phone less often than I would like					
7. I'm tense when talking with others because of my voice					
8. I tend to avoid groups of people because of my voice					
9. People seem irritated with my voice					
Voice Handicap Index (Answer with "0,1,2,3, or 4")	Never 0	Almost Never 1	Sometimes 2	Almost Always 3	Always 4
10. People ask, "what's wrong with your voice?"					
11. I speak with friends, neighbors, or relatives less often because of my voice					
12. People ask me to repeat myself when speaking face-to-face					
13. My voice sounds creaky and dry					
14. I feel as though I have to strain to produce voice					
15. I find other people don't understand my voice problem					
16. My voice difficulties restrict my personal and social life					
17. The clarity of my voice is unpredictable					
18. I try to change my voice to sound different					
19. I feel left out of conversations because of my voice					
20. I use a great deal of effort to speak					
21. My voice is worse in the evening					
22. My voice problem causes me to lose income					
23. My voice problem upsets me					
24. I am less out-going because of my voice problem					
25. My voice makes me feel handicapped					
26. My voice "gives out" on me on the middle of speaking					
27. I feel annoyed when people ask me to repeat					
28. I feel embarrassed when people ask me to repeat					
29. My voice makes me feel incompetent					
30. I'm ashamed of my voice problem					

1. I would rate my degree of talkativeness as the following: (Check a number response)

1	2	3	4	5	6	7
Quiet			Average			Extremely
Listener			Talker			Talkative

2. **Reflux Severity Index (RSI):** These are statements that many people have used to describe their voice and the effects of their voices on their lives. Check only one response that indicates how frequently you have the same experience:

Within the last MONTH, how did the following problems affect you?

	0 = No problem		5 = Severe Problem				
Hoarseness or a problem with your voice	0	1	2	3	4	5	
Clearing your throat	0	1	2	3	4	5	
Excess throat mucous	0	1	2	3	4	5	
Difficulty swallowing food, liquids, or pills	0	1	2	3	4	5	
Coughing after eating or after lying down	0	1	2	3	4	5	
Breathing difficulties or choking episodes	0	1	2	3	4	5	
Troublesome or annoying cough	0	1	2	3	4	5	
Sensations of something sticking in your throat or a lump in your throat	0	1	2	3	4	5	
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5	

Total Score: _____ (Score 12 or higher = LPR)