

Voice History for Singers

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

Voice Category: ___soprano ___mezzo-soprano ___alto ___tenor ___baritone ___bass

- How long have you had your present voice problem? _____
- Who noticed it first? (self, family, voice teacher, critics, everyone, other _____)
- Do you know what caused it? _____ If Yes, what? _____
- Did it come on slowly or suddenly? _____
- Is it getting worse, better, or the same? _____
- Check 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)
- Do you have an important performance soon? Yes No Dates: _____
- What is the current status of your singing career? Amateur or Professional
- What are your long-term career goals in singing? _____
- Have you had voice training? _____ At what age did you begin? _____
- Have there been periods of months or years without lessons in that time? _____

12. How long have you studied with your current teacher? _____
Teacher's Name and Ph#: _____
13. Have you ever had training for your speaking voice? _____
14. Have you ever had acting lessons? _____
15. Do you have a job in addition to singing? Yes No If so, what? _____
16. What types of music do you sing? __Classical __ Nightclub __Show __ Rock __ Other: _____
17. Do you regularly sing in a sitting position (such as from behind a piano or drums?) _____
18. Do you sing outdoors or in large halls or with an orchestra? _____
19. How often do you practice scales? (daily, once weekly, rarely, never) (Circle one)
20. How long do you practice your scales? (15 mins, 30, 40) (Circle one)
21. How many hours a day do you practice? _____
22. Do you warm up your voice before you sing? _____ Cool down? _____
23. How many hours a shift and how many times a week do you sing in rehearsal? _____
In performance? _____
24. Please check all that apply to you: ____voice worse in the morning ____voice worse later in the day
____sing performances or rehearsals in the morning ____speak extensively __cheerleader
____speak extensively backstage/postperformance parties ____choral conductor __frequently
clear your throat __frequent sore throat __jaw problems __ bitter taste in morning
____frequent heartburn or hiatal hernia ____frequent yelling or loud talking __frequent
whispering ____insomnia __work around extreme dryness __frequent exercise __ frequently
thirsty __ hoarseness in the 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
25. Any voice problems in the past that required a visit to a doctor? Yes No
If yes, explain: _____
26. Recent cold? _____ Current cold? _____
27. Do you exercise? _____ How often? _____
28. How many packs of cigarettes do you smoke a day?____ How many yrs. have you smoked?____
29. Do you live or work in a smoky environment? _____ Where? _____
30. How much alcohol do you drink? (none, rarely, a few times a week, daily) (Check one)
31. Did you formerly drink more heavily? _____
32. How many cups of coffee, tea, cola, or other caffeine drinks do you have a day? _____
33. Circle the recreational drugs you use (marijuana, cocaine, amphetamines, barbiturates,
heroin, other, none).
34. Have you ever consulted a psychologist or psychiatrist? _____ Currently under treatment? _____
35. Have you injured your neck or head? _____
36. 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 (Enter a "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 (Enter a "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					

Singers Questionnaire

Name: _____ Date: _____

1. I would rate my degree of talkativeness as the following: (C\YWUnumber 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. C\YWcb`nicbYresponse 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)

3. **Singers VHI-10** These are statements that may people have used to describe their singing and the effects of their singing on their lives. Please c\YWcZZthe response that indicates how frequently you have the same experience in the last 4 weeks.

(0=never, 1=almost never, 2=sometimes, 3=almost always, 4=always)

1. It takes a lot of effort to sing	0	1	2	3	4	5
2. I am unsure of what will come out when I sing	0	1	2	3	4	5
3. My voice "gives out" on me while I am singing	0	1	2	3	4	5
4. My singing voice upsets me	0	1	2	3	4	5
5. I have no confidence in my singing voice	0	1	2	3	4	5
6. I have trouble making my voice do what I want it to	0	1	2	3	4	5
7. I have to "push it" to produce my voice when singing	0	1	2	3	4	5
8. My singing voice tires easily	0	1	2	3	4	5
9. I feel something is missing in my life because of my inability to sing	0	1	2	3	4	5
10. I am unable to use my "high voice"	0	1	2	3	4	5

Vegas Voice Institute