

# Voice Case History

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

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**

<b>Voice Handicap Index (Answer with "0,1,2,3, or 4")</b>	<b>Never 0</b>	<b>Almost Never 1</b>	<b>Sometimes 2</b>	<b>Almost Always 3</b>	<b>Always 4</b>
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					
<b>Voice Handicap Index (Answer with "0,1,2,3, or 4")</b>	<b>Never 0</b>	<b>Almost Never 1</b>	<b>Sometimes 2</b>	<b>Almost Always 3</b>	<b>Always 4</b>
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)**