

Voice Intake Form

Personal Information

Name _____

Birth Date _____ Gender _____ Pronouns _____

Street Address _____

City, State, ZIP _____

(this address will be used for reports unless specified otherwise)

Home phone _____ Alternate phone. _____

E-mail address _____

Occupation. _____

Who referred you to the University of Washington Speech and Hearing Clinic?

Medical History

Please list any medical diagnoses.

Medical Diagnosis: _____

When made: _____

By Whom: _____

Medical Diagnosis: _____

When made: _____

By Whom: _____

Please add a separate sheet for more diagnoses.

Please list any previous and current voice or respiratory problems and/or diagnoses.

Voice/Respiratory Diagnosis: _____

When made: _____ By Whom: _____

Voice/Respiratory Diagnosis: _____

When made: _____ By Whom: _____

Please add a separate sheet for more diagnoses.

Have you ever been assessed by an Ear, Nose and Throat specialist (also called an Otolaryngologist)?

No ____ Yes ____

If Yes, when: _____ Name of specialist: _____

Reason for consultation: _____

Please check the types of medications that you take regularly

____ antihistamines (Dimetapp, Chlor-Trimeton, Benedryl, Alavert, Claritin, Zyrtec, etc)

____ analgesics (aspirin, ibuprofen, Advil, Motrin, prescription pain relievers, etc)

____ antihypertensives for high blood pressure

____ corticosteroids (cortisone, hydrocortisone, prednisone)

____ gastroenterologic for reflux, heartburn, ulcers, etc (Zantac, Prilosec, Nexium, etc)

____ psychoactive (depression, anxiety, mood stabilizers, sedatives)

____ vitamins and supplements

____ others (please list) _____

Do you suffer from reflux (e.g., take antacids, taste stomach acid in mouth, sit up in middle of night, belch frequently)? No ____ Yes ____

If yes, are you currently taking any medication to treat reflux? No ____ Yes ____

If yes, what is the name of the medication? _____

Was your reflux diagnosed by a medical professional? No ____ Yes ____

Was your reflux self-diagnosed? No ____ Yes ____

Do you smoke? No ____ Yes ____ If yes, how many cigarettes per day? _____

If you don't smoke daily, how many cigarettes have you smoked in the past 30 days? _____

Do you smoke marijuana? No ____ Yes ____ If yes, how much per day? _____

Are you frequently around other people who smoke? No ____ Yes ____

How much *water/non-caffeinated beverages* (e.g., water, fruit juices, milk, herbal tea, etc.) do you drink in a day? Estimate the number of glasses per day calculating 8 oz. per glass.

____ 0-3 glasses/day ____ 4-6 glasses/day ____ 7-9 glasses/day ____ >9 glasses/day

How much *coffee/caffeinated beverages* (e.g., power/energy drinks, tea, cola, Mountain Dew, coffee) do you drink in a day? Estimate the number of glasses per day calculating 8 oz. per glass.

0-3 glasses/day 4-6 glasses/day 7-9 glasses/day >9 glasses/day

Which of the following beverages do you drink and how much of each do you drink each day?

- | | |
|--|--|
| <input type="checkbox"/> Drip coffee (8 oz) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Shot of espresso (1 oz shot)
(shots, lattes, cappuccino, Frappuccino, etc) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Coke, Pepsi, other colas (12 oz.) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Black tea (8 oz) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Green tea (8 oz) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Mountain Dew, Mello Yello (12 oz) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Vault (12 oz) | How many per day? <input type="text"/> |
| <input type="checkbox"/> Amp, No Fear, Red Bull, Rockstar | How many per day? <input type="text"/> |
| <input type="checkbox"/> Enviga, Full Throttle, Monster Energy | How many per day? <input type="text"/> |

How many *alcoholic drinks* (1 oz hard alcohol, 12 oz beer, 6 oz wine) do you drink in a day?

0-1 drinks/day 2-3 drinks/day >3 drinks/day

Voice Use

What is the level of your singing/acting career? Professional Amateur Other

What are your goals in your singing/acting?

- Singing/acting as a hobby
- Professional singer/actor
- Teacher of singing/acting
- Other

Describe your type of daily voice use. Please check *all* that apply.

1:1 speaking singing acting teaching / presenting
 group discussion shouting screaming other

Other comments

Describe your performing voice use. Please check *all* that apply.

- operatic singing musical theater shouting
- choir singing contemporary theater acting screaming
- rock singing classical theater acting 1:1 speaking
- jazz/R&B/gospel singing group discussion teaching
- voice-over other _____ other _____

Other comments _____

Do you have any pressing voice commitments currently? No Yes

If yes, please *check* all that apply and *briefly* describe these commitments.

- audition practice/rehearsal performance other

Please describe. _____

Have you ever seen a specialist (e.g., speech-language pathologist; voice coach; singing instructor) regarding how you use your voice? List *all* that apply.

If so, by which specialist? _____ When/How long? _____

If so, by which specialist? _____ When/How long? _____

If so, by which specialist? _____ When/How long? _____

How much voice training have you had?

Singing Acting

 No training (e.g., no training for voice/acting)

 Minimal amount (e.g., training through experience)

 Moderate amount (e.g., attendance at some workshops, a few lessons)

 High amount (e.g., professional voice/acting lessons, workshops)

If applicable, please describe "other" voice training. _____

Under what conditions do you use your voice?

with amplification without amplification in lots of background noise

inside outside smoky clubs other _____

Amount of voice use per day for singing/acting practice and/or exercises

___ 0-1 hour ___ 2-4 hours ___ >5 hours ___ other _____

Amount of voice rest per day (waking hours)

___ 0-1 hour ___ 2-4 hours ___ >5 hours ___ other _____

Are you aware of any problems with your *performing voice*? ___ No ___ Yes

If yes, please describe. _____

Are you aware of any problems with your regular *speaking voice*? ___ No ___ Yes

If yes, please describe. _____

Continue on next page...

Different people use their speech in different ways. Think of how you have typically used your speech over the past year. Choose the category below that best describes you. Please select *one*.

_____ **Undemanding:**

Quiet for long periods of time **almost every day**

Almost never:

- talk for long periods
- raise your voice above a conversational level,
- participate in group discussions, give a speech or other presentation

_____ **Intermittent:**

Quiet for long periods of time on **many days**

Most talking is **typical conversational speech**

Occasionally:

- talk for longer periods
- raise voice above conversational level
- participate in group discussions, give a speech or other presentation

_____ **Routine:**

Frequent periods of talking on **most days**

Most talking is **typical conversational speech**

Occasionally:

- talk for longer periods
- raise voice above conversational level
- participate in group discussions, give a speech or other presentation

_____ **Extensive:**

Speech needs **consistently go beyond everyday conversational speech.**

Regularly:

- talk for long periods
- talk in a loud voice
- participate in group discussions, give presentations or performances

Although the demands on your speech are often high, you are able to continue with most work or social activities even if your speech is not perfect.

_____ **Extraordinary:**

Very high speech demands

Regularly:

- talk for long periods of time
- talk with loud or expressive speech or
- give presentations or performances.

The success of your work or personal goals depends almost entirely on the quality of your speech and voice.

Please list any leisure activities you regularly participate in outside your professional life:

Please feel free to add any additional information that you feel is relevant to your voice or any scheduling issues:

Thank you for taking the time to fill this application. It will help us provide the best services we can for you. Please continue and complete the questionnaires that follow.

Voice Handicap Index-10 (VHI-10)¹

Name: _____

Date: _____

These are statements that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0 – never 1 – almost never 2 – sometimes 3 – almost always 4 – always

	0	1	2	3	4
1. My voice makes it difficult for people to hear me	_____	_____	_____	_____	_____
2. People have difficulty understanding me in a noisy room	_____	_____	_____	_____	_____
3. My voice difficulties restrict personal and social life	_____	_____	_____	_____	_____
4. I feel left out of conversations because of my voice	_____	_____	_____	_____	_____
5. My voice problem causes me to lose income	_____	_____	_____	_____	_____
6. I feel as though I have to strain to produce voice	_____	_____	_____	_____	_____
7. The clarity of my voice is unpredictable	_____	_____	_____	_____	_____
8. My voice problem upsets me	_____	_____	_____	_____	_____
9. My voice makes me feel handicapped	_____	_____	_____	_____	_____
10. People ask, "What's wrong with your voice?"	_____	_____	_____	_____	_____

Total Score: _____

¹ Rosen, C., et al. Development and validation of the Voice Handicap Index-10. Laryngoscope 114, 2004.

Singing Voice Handicap Index-10 (SVHI-10)²

Name: _____ Date: _____

These are statements that many people have used to describe their singing and the effects of their singing on their lives. Circle the 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

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

Total Score: _____

² Cohen, S., et al. Development and Validation of the Singing Voice Handicap Index-10. Laryngoscope 119, 2009.

Name: _____ Date: _____

Reflux Symptom Index (RSI)³

Within the last month, how did the following problems affect you? Mark the appropriate response.

0 = No Problem 5 = Severe Problem	0	1	2	3	4	5
1. Hoarseness or a problem with your voice						
2. Clearing your throat						
3. Excess throat mucus or postnasal drip						
4. Difficulty swallowing food, liquids, or pills						
5. Coughing after you ate or after lying down						
6. Breathing difficulties or episodes						
7. Troublesome or annoying cough						
8. Sensations of something sticking in your throat or a lump in your throat						
9. Heartburn, chest pain, indigestion, or stomach acid coming up						
Total Score						

Glottal Function Index (GFI)⁴

Within the last month, how did the following problems affect you? Mark the appropriate response.

0 = No Problem 5 = Severe Problem	0	1	2	3	4	5
1. Speaking took extra effort						
2. Throat discomfort or pain after using your voice						
3. Vocal fatigue (voice weakened as you talked)						
4. Voice cracks or sounds different						
Total Score						

³ Belafsky, P., Postma, G., and Koufman, J. Validity and reliability of the reflux symptom index. *Journal of Voice*. 2002;16:274-278.

⁴ Bach, K., Belafsky, P., Wasylik, K., Postma, G., & Koufman, J. Validity and Reliability of the Glottal Function Index. *Archives of Otolaryngology Head & Neck Surgery*. 2005;13:961-964.

Vocal Fatigue Index⁵

Name: _____ Date: _____

These are some symptoms usually associated with voice problems. Circle the response that indicates how frequently you experience the same symptoms.

0 – never 1 – almost never 2 – sometimes 3 – almost always 4 – always

	0	1	2	3	4
Part 1					
1. I don't feel like talking after a period of voice use	_____	_____	_____	_____	_____
2. My voice feels tired when I talk more	_____	_____	_____	_____	_____
3. I experience increased sense of effort with talking	_____	_____	_____	_____	_____
4. My voice gets hoarse with voice use	_____	_____	_____	_____	_____
5. It feels like work to use my voice	_____	_____	_____	_____	_____
6. I tend to generally limit my talking after a period of voice use	_____	_____	_____	_____	_____
7. I avoid social situations when I know I have to talk more	_____	_____	_____	_____	_____
8. I feel I cannot talk to my family after a work day	_____	_____	_____	_____	_____
9. It is effortful to produce my voice after a period of voice use	_____	_____	_____	_____	_____
10. I find it difficult to project my voice with voice use	_____	_____	_____	_____	_____
11. My Voice feels weak after a period of voice use	_____	_____	_____	_____	_____

Total Score: _____

Part 2					
12. I experience pain in the neck at the end of the day with voice use	_____	_____	_____	_____	_____
13. I experience throat pain at the end of the day with voice use	_____	_____	_____	_____	_____
14. My voice feels sore when I talk more	_____	_____	_____	_____	_____
15. My throat aches with voice use	_____	_____	_____	_____	_____
16. I experience discomfort in my neck with voice use	_____	_____	_____	_____	_____

Total Score: _____

Part 3					
17. My voice feels better after I have rested	_____	_____	_____	_____	_____
18. The effort to produce my voice decreases with rest	_____	_____	_____	_____	_____
19. The hoarseness of my voice gets better with rest	_____	_____	_____	_____	_____

Total Score: _____

⁵ Nanjundeswaran, C., et al. Vocal Fatigue Index (VFI): Development and Validation. Journal of Voice 29:4, 2015.