



Voice Intake Form

Personal Information

Name _____
 Birth Date ___/___/_____ Gender _____
 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 so, 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 >9glasses/day

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

Drip coffee (8 oz) How many per day? _____

Shot of espresso (1 oz shot)
(shots, lattes, cappuccino, Frappuccino, etc) How many per day? _____

Coke, Pepsi, other colas (12 oz.) How many per day? _____

Black tea (8 oz) How many per day? _____

Green tea (8 oz) How many per day? _____

Mountain Dew, Mello Yello (12 oz) How many per day? _____

Vault (12 oz) How many per day? _____

Amp, No Fear, Red Bull, Rockstar How many per day? _____

Enviga, Full Throttle, Monster Energy, How many per day? _____

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?

S = singing; A = acting

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

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

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

S A 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 _____ 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. _____

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.

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

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

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

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

Total Score: _____

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

Vocal Fatigue Index¹

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

Part 1

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

Total Score: _____

Part 2

- | | | | | | |
|--|---|---|---|---|---|
| 12. I experience pain in the neck at the end of the day with voice use | 0 | 1 | 2 | 3 | 4 |
| 13. I experience throat pain at the end of the day with voice use | 0 | 1 | 2 | 3 | 4 |
| 14. My voice feels sore when I talk more | 0 | 1 | 2 | 3 | 4 |
| 15. My throat aches with voice use | 0 | 1 | 2 | 3 | 4 |
| 16. I experience discomfort in my neck with voice use | 0 | 1 | 2 | 3 | 4 |

Total Score: _____

Part 3

- | | | | | | |
|--|---|---|---|---|---|
| 17. My voice feels better after I have rested | 0 | 1 | 2 | 3 | 4 |
| 18. The effort to produce my voice decreases with rest | 0 | 1 | 2 | 3 | 4 |
| 19. The hoarseness of my voice gets better with rest | 0 | 1 | 2 | 3 | 4 |

Total Score: _____

¹ Nanjundeswaran, C., et al. Vocal Fatigue Index (VFI): Development and Validation. Journal of Voice 29:4, 2015.

Name: _____ Date: _____

Reflux Symptom Index (RSI)¹

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)²

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					

¹ Belafsky, P., Postma, G., and Koufman, J. Validity and reliability of the reflux symptom index. *Journal of Voice*. 2002;16:274-278.

² 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.