

VOCAL QUESTIONNAIRE

Answering the following questions will assist with your evaluation. We appreciate your assistance.

Name: _____ DOB: _____ Age: _____

Do you feel you have problems with your voice? Yes ____ No ____
If so, what type? _____

Do you have any of the following? Check those that apply.

- hoarseness lasting over 2 weeks
- tired voice after lengthy talking or singing
- neck muscle tension
- pain in neck muscles
- constant throat clearing
- excessive coughing
- dry throat or mouth
- lump in the throat feeling
- loss of voice
- change in pitch
- difficulty maintaining vocal volume
- sore throat
- fullness in nose and/or throat
- tightness in nose and/or throat
- shortness of breath while singing or speaking
- scratchy or itchy throat

When is your voice the best?

- early AM
- afternoon
- evening
- night

When is your voice the worst?

- early AM
- afternoon
- evening
- night

Average number of hours of sleep per night: _____

Do you smoke cigarettes, cigars, pipe or chew tobacco?

Yes _____ No _____ Quit _____ When _____
If yes what type _____ how much _____ how long _____

Any drug use? Yes _____ type: _____ No _____

Any alcohol use? Yes _____ type: _____ No _____

Do you use caffeinated beverages? Yes _____ amount _____ No _____

List any medications you have taken (prescribed or non-prescribed):

Do you have any of the following? Check those that apply:

Asthma _____	Arthritis _____
Reflux Heartburn _____	Seizures _____
Post Nasal Drip _____	Thyroid _____
Sinusitis _____	Diabetes _____
TMJ _____	Anxiety _____
Strep Throat _____	Muscle spasms, twitches or tremors _____
Depression _____	High blood pressure _____

Allergies _____ meds _____ environmental _____

Have you had your tonsils out? _____

Have you had previous surgery on your neck? _____

SINGERS:

Voice Category: _____ Range: _____

Number of years of vocal instruction: _____

Type of use: _____

Frequency of use: _____

Practice frequency:

Duration: _____

Warm up: _____

Cool Down: _____

Total singing time per day: _____

Comments: _____

