



CENTER FOR SURGERY OF THE HEAD AND NECK
VOICE CENTER OF ROCHESTER

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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: _____
