



VOICE CARE INTAKE

NAME: _____ **Date of birth:** _____ **DATE:** _____

In order to maximize your time, please answer the following questions. Feel free to elaborate on any of these answers with the speech pathologist. If this is a repeat visit, you may only note changes since your last visit.

1) When did your symptoms first begin?

Date: _____ Sudden Gradual

Circumstance: _____

2) Are you a singer? Yes No

What style of music do you sing and where? _____

3) What is your occupation? _____

How does it affect your voice? _____

How many hours a day do you use your voice at work? _____

4) Please check any symptoms that you may experience with your voice.

- | | | |
|-------------------|-------------------------|---------------------------------|
| Normal | Increased vocal effort | Vocal fatigue |
| Hoarse voice | Fast/slow rate | Loss of range |
| No voice | Strained voice | Poor breath support |
| Weak voice | Harsh voice | Wet sounding/gurgly voice |
| Breathy voice | Difficulty getting loud | Voice varies throughout the day |
| Worse with stress | Worse when tired | Other: _____ |

5) Please circle how you would rate your voice today.

0 1 2 3 4 5 6 7 8 9 10
WORST BEST

6) Please circle how you would rate your voice in the past month.

0 1 2 3 4 5 6 7 8 9 10
WORST BEST

7) Please check any present throat sensations.

- | | | |
|-----------------------------|-----------------------|----------------------------|
| Dryness | Tickling | Aching |
| Sensation of lump in throat | Pain | Burning |
| Mucous/phlegm | Sour/acid taste | Need to clear throat/cough |
| Recurrent "sore" throat | Feeling of choking | Frequent belching/burping |
| Heartburn | Difficulty Swallowing | Chronic cough |
| Other: _____ | | |

8) Are you experiencing any swallowing difficulties? Check all applicable.

Normal	Effortful swallowing	Stressful eating
Choking with liquid	Coughing with eating	Reduced social eating
Choking with solid	Weight loss	Reduced pleasure eating
Choking with pills	Gagging	Throat clearing during/after eating
Food sticking in throat	Difficulty chewing	Other: _____

9) Are you experiencing any breathing difficulties? Check all applicable.

Normal	Worse with exercise/activity	Affected by weather
Shortness of breath	Noisy breathing	Worse with stress
Trouble getting air in	Strained breathing	Effortful breathing
Tight throat	Other: _____	

10) Please describe how much you drink of the following beverages. Please specify ounces/cups per day/week.

Water: _____ Soda: _____ Tea: _____

Juice: _____ Coffee: _____ Alcohol: _____

11) Do you smoke or have a history of tobacco or marijuana use? Yes No

Circle all that apply: Tobacco or Marijuana

Method (i.e. cigarettes, chewing, vaping, etc.): _____

Start Date: _____ End Date: _____ Amount per day: _____

12) Are you currently taking any medication to treat acid reflux? Yes No

If yes, what medication and dosage: _____

We are looking to better understand how your symptoms can interfere with your daily activities. These are statements that many people have used to describe their symptoms and their effects on their lives. Circle the response that indicates how frequently you have the same experience.

VOICE HANDICAP INDEX-10: Please answer all questions based on your symptoms within the past two weeks. **(0-4 rating scale with 0 = Never and 4 = Always)**

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

Total = _____ /40 points

REFLUX SYMPTOM INDEX: Within the last month, how did the following problems affect you? (0-5 rating scale with 0 = No problem and 5 = Severe)

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 or postnasal drip	0	1	2	3	4	5
Difficulty swallowing food, liquids or pills	0	1	2	3	4	5
Coughing after you ate 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 or something sticking in your throat	0	1	2	3	4	5
Heart burn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5

Total = _____ /45 points

EATING ASSESSMENT TOOL (EAT-10): Please answer all questions based on your symptoms within the past two weeks. (0-4 rating scale with 0 = Never and 4 = Always)

My swallowing problem has caused me to lose weight.	0	1	2	3	4
My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
Swallowing liquids takes extra effort.	0	1	2	3	4
Swallowing solids takes extra effort.	0	1	2	3	4
Swallowing pills takes extra effort.	0	1	2	3	4
Swallowing is painful.	0	1	2	3	4
The pleasure of eating is affected by my swallowing.	0	1	2	3	4
When I swallow food sticks in my throat.	0	1	2	3	4
I cough when I eat.	0	1	2	3	4
Swallowing is stressful.	0	1	2	3	4

Total = _____ /40 points

ONLY COMPLETE THIS SECTION IF YOU HAVE ISSUES WITH COUGHING

COUGH SEVERITY INDEX: These are statements many people have used to describe their cough and the effects of their cough on their lives. In the last 1 month, how did the following problems affect you? (0-4 rating scale with 0 = Never and 4 = Always)

My cough is worse when I lie down	0	1	2	3	4
My coughing problem causes me to restrict my personal and social life.	0	1	2	3	4
I tend to avoid places because of my cough problem.	0	1	2	3	4
I feel embarrassed because of my coughing problem.	0	1	2	3	4
People ask, "What's wrong?" Because I cough a lot.	0	1	2	3	4
I run out of air when I cough.	0	1	2	3	4
My coughing problem affects my voice.	0	1	2	3	4
My coughing problem limits my physical activity	0	1	2	3	4
My coughing problem upsets me	0	1	2	3	4
People ask me if I am sick because I cough a lot.	0	1	2	3	4

Total = _____ /40 points

ONLY COMPLETE THIS SECTION IF YOU HAVE ISSUES WITH BREATHING

DYSPNEA INDEX: Please answer all questions based on your symptoms within the past two weeks. **(0-4 rating scale with 0 = Never and 4 = Always)**

I have trouble getting air in.	0	1	2	3	4
I feel tightness in my throat when I'm having my breathing problem.	0	1	2	3	4
It takes more effort to breathe than it used to.	0	1	2	3	4
Changes in the weather affect my breathing problem.	0	1	2	3	4
My breathing gets worse with stress.	0	1	2	3	4
I make sound/noise breathing in.	0	1	2	3	4
I have to strain to breathe.	0	1	2	3	4
My shortness of breath gets worse with exercise or physical activity.	0	1	2	3	4
My breathing problems makes me feel stressed.	0	1	2	3	4
My breathing problem causes me to restrict my personal and social life.	0	1	2	3	4

Total = _____ /40 points

ONLY COMPLETE THIS SECTION IF YOU ARE A SINGER

SINGING VOICE HANDICAP INDEX: Please answer all questions based on your symptoms within the past month. **(0-4 rating scale with 0 = Never and 4 = Always)**

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

Total = _____ /40 points

ONLY COMPLETE THIS SECTION IF YOU ARE 60 YEARS OR OLDER

People ask, “What’s wrong with your voice?”	Never	Rarely	Sometimes	Usually	Always
Because of my voice problem, people can’t hear me.	Never	Rarely	Sometimes	Usually	Always
My voice problem frustrates me.	Never	Rarely	Sometimes	Usually	Always
My voice problem causes me to run out of air when I talk.	Never	Rarely	Sometimes	Usually	Always
I am frustrated by the changes in my voice.	Never	Rarely	Sometimes	Usually	Always
People think I’m sick because of my voice problem.	Never	Rarely	Sometimes	Usually	Always
Because of my voice problem, I speak less.	Never	Rarely	Sometimes	Usually	Always
It takes effort for me to speak.	Never	Rarely	Sometimes	Usually	Always
It annoys me when my voice doesn’t work well.	Never	Rarely	Sometimes	Usually	Always
My voice problem affects what I want to do.	Never	Rarely	Sometimes	Usually	Always
People make negative judgments about me based on my voice.	Never	Rarely	Sometimes	Usually	Always
I worry about my voice.	Never	Rarely	Sometimes	Usually	Always
I had to stop taking part in an activity that is important to me because of my voice problem (singing, volunteer, work, etc).	Never	Rarely	Sometimes	Usually	Always
Because of my voice problem, other people talk for me.	Never	Rarely	Sometimes	Usually	Always
I don’t like the way my voice sounds.	Never	Rarely	Sometimes	Usually	Always
My voice problem makes me sad.	Never	Rarely	Sometimes	Usually	Always
I completely lose my voice.	Never	Rarely	Sometimes	Usually	Always
I feel hindered (held back) because of my voice problem.	Never	Rarely	Sometimes	Usually	Always
Even though I have a voice disorder...					
I talk on the telephone as much as I want.	Never	Rarely	Sometimes	Usually	Always
I like the way my voice sounds.	Never	Rarely	Sometimes	Usually	Always
I can talk as much or long as I want.	Never	Rarely	Sometimes	Usually	Always
My family and close friends understand me when I talk.	Never	Rarely	Sometimes	Usually	Always
My voice is as good as I want it to be.	Never	Rarely	Sometimes	Usually	Always

