EMORY VOICE CENTER

Voice Evaluation Case History

Name:____

Address:____

____

Home Phone:____________________ Cell:____________________

Email:____

Date of birth:____________________ Age:____________________

Occupation:____

Referring Physician:____

Address of Referring Physician if not Emory______________________________

____

Medical History:

☐ **Allergies** Tested ☐ Yes ☐ No Known Allergies: Medication(s):	☐ **Neurological Problems/Disease** (Explain) Medication(s):	☐ **Reflux** Symptoms: Medication(s):
☐ **Lung/Airway Problems** Medication(s):	☐ **Diabetes (Blood Sugar)** Medication(s):	☐ **Stomach/Bowel Problems** Medication(s):
☐ **High Blood Pressure** Medication(s):	☐ **Thyroid Problems:** Hypo / Hyper Medication(s):	☐ **Sinus Problems** Medication(s):
☐ **Hormone Replacement** Medication(s):	☐ **Heart Problems** Medication(s):	☐ **Psychological Problems/ Depression/Anxiety** Medication(s):
☐ **Hearing Difficulty/Loss** Have hearing aids? ☐ Yes ☐ No	☐ **Muscle/Joint Problems** Medication(s):	☐ **Kidney/Urinary Tract Problems** Medication(s):
☐ **Eye/Vision Problems**	☐ **Skin Problems**	☐ **Infections**
☐ **General (Weight Loss/Fever)**	☐ **Pregnant** If so, how many months:	☐ **Other Medical Conditions:**

List any surgeries: ____

____

Additional Medications and what you take them for (include non-prescription & herbs):

____

Voice History

1. Describe your voice problem:

2. When did you first notice the problem?

3. What do you think was the cause of the problem?

4. Who have you seen to help you with your voice problem and what did they do to treat you?

5. Have you ever had voice therapy? If so, where and when?

6. Describe your daily voice use both at work and at home. Include weekend voice use.

7. Do you use a cell phone? How many minutes/month? Do you use a hands-free device?

8. Do you have any swallowing problems? If yes, describe them.

Voice Hygiene:

1. Do you smoke? ☐ Yes ☐ No
   ☐ cigarettes ☐ cigar ☐ pipe ☐ marijuana ☐ chewing tobacco

   When did you start smoking?____

   How much do you smoke each day______________________ week_______________________

   If no, have you ever smoked? ☐ Yes ☐ No

   How many years did you smoke?_________How much did you smoke?_________________

2. Do you drink alcohol? ☐ Yes ☐ No

   How much?____________________ per day_____________ per week________________

   What do you drink?____

3. Caffeine Intake:

   Cups of coffee or tea per day____________ Number of sodas per day _____________

   Number of aspirin products containing caffeine per day _________________________

4. How much water do you drink each day?____________________

5. Are you exposed to fumes and/or chemicals? If yes, describe.

Answer only if a singer:

1. What type of music do you sing?

2. How often do you perform and where?

3. Describe the performance environment? Mics, sound people, acoustics, noise, air quality, feedback systems?

4. How often do you practice?

5. Do you warm up before you practice?

6. Describe your practice environment:

7. Do you have training? If yes, describe when, where, and how much.

8. Are you working with a voice coach now? If yes, who (Include address and phone number. Indicate if I may contact your coach if necessary)

9. Describe your problems in your singing voice.

10. What do you do to correct/overcome the problems?

VOICE-RELATED QUALITY OF LIFE (V-RQOL) MEASURE

NAME: ______________________________ DATE: ____________________

DIAGNOSIS: ____

We are trying to learn more about how a voice problem can interfere with your day-to-day activities. On this paper, you will find a list of possible voice-related problems. Please answer all questions based upon what your voice has been like over the past **two weeks**. There are no "right" or "wrong" answers.

Considering both how severe the problem is when you get it and how frequently it happens, please rate each item below on how "bad" it is (that is, the **amount** of each problem that you have). Use the following scale for rating the amount of the problem:

1 = None, not a problem

2 = A small amount

3 = A moderate (medium) amount

4 = A lot

5 = Problem is as "bad as it can be"

Because of my voice…	**How much of a problem is this?**
1. I have trouble speaking loudly or being heard in noisy situations.	1 2 3 4 5
2. I run out of air and need to take frequent breaths when talking.	1 2 3 4 5
3. I sometimes do not know what will come out when I begin speaking.	1 2 3 4 5
4. I am sometimes anxious or frustrated because of my voice.	1 2 3 4 5
5. I sometimes get depressed because of my voice.	1 2 3 4 5
6. I have trouble using the telephone because of my voice.	1 2 3 4 5
7. I have trouble doing my job or practicing my profession because of my voice.	1 2 3 4 5
8. I avoid going out socially because of my voice.	1 2 3 4 5
9. I have to repeat myself to be understood.	1 2 3 4 5
10. I have become less outgoing because of my voice.	1 2 3 4 5