

Voicewise Voice/Throat Disorders Patient History Form

Name _____ Date of Birth _____

Referring ENT _____

Have you had a "strobe" examination? Yes No

If yes, when/where: _____

Briefly describe your voice and/or throat symptoms:

When did you first begin having symptoms? Do you associate onset with anything in particular?

Who lives at home with you?

What do you do for work?

How many hours do you work?

Volunteer activities?

Active in childcare?

Frequent outings to restaurants, bars, music or sporting events?

List all medical conditions you have been diagnosed with:

List all medications, vitamins and herbal and homeopathic supplements you are taking:

Medication

Dosage

Times per Day

List any known allergies:

(Medications and environmental)

List any surgeries you've had; please include approximate dates:

How many ounces of water do you drink daily?

How many ounces of caffeine you have daily (coffee, soda, tea, chocolate)?

How many ounces of alcohol do you have per week?

Do you smoke now? Yes No If yes how much?

Have you ever smoked?

If yes when did you quit?

Do you use recreational drugs? What do you use and how frequently?

Are you exposed to chemicals or other environmental irritants?

Any other comments or concerns regarding your voice:

Please fill out the following questionnaires:

Voice Handicap Index-10

Instructions: 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. I run out of air when I talk. | 0 1 2 3 4 |
| 3. People have difficulty understanding me in a noisy room. | 0 1 2 3 4 |
| 4. The sound of my voice varies throughout the day. | 0 1 2 3 4 |
| 5. My family has difficulty hearing me when I call them throughout the house. | 0 1 2 3 4 |
| 6. I use the phone less often than I would like to. | 0 1 2 3 4 |
| 7. I'm tense when talking to others because of my voice. | 0 1 2 3 4 |
| 8. I tend to avoid groups of people because of my voice. | 0 1 2 3 4 |
| 9. People seem irritated with my voice. | 0 1 2 3 4 |
| 10. People ask, "What's wrong with your voice?" | 0 1 2 3 4 |

Reflux Symptom Index

Within the last MONTH, how did the following problems affect you?

0 = No problem – 3- Some problem-- 5 = Severe problem

- | | |
|---|-------------|
| 1. Hoarseness or a problem with your voice | 0 1 2 3 4 5 |
| 2. Clearing your throat | 0 1 2 3 4 5 |
| 3. Excess throat mucous | 0 1 2 3 4 5 |
| 4. Difficulty swallowing food, liquids or pills | 0 1 2 3 4 5 |
| 5. Coughing after eating or after lying down | 0 1 2 3 4 5 |
| 6. Breathing difficulties or choking episodes | 0 1 2 3 4 5 |
| 7. Troublesome or annoying cough | 0 1 2 3 4 5 |
| 8. Sensations of something sticking in your throat or a lump in your throat | 0 1 2 3 4 5 |
| 9. Heartburn, chest pain, indigestion, or stomach acid coming up | 0 1 2 3 4 5 |

Voice Use Profile

My voice is important for:

- My job: _____
- Normal conversation
- Recreational activities
 - _____
 - _____
 - _____
- Singing
 - Singing is my primary source of income
 - I use singing as a part of my teaching
 - I sing in a choir, chorus or band for fun or a little money
 - I enjoy singing around the house and/or with my children
- Other activities:
 - _____
 - _____
 - _____

I am:

- Very talkative
- Talkative in certain situations
- In the middle
- Somewhat quiet
- Quiet

The reasons I am coming for treatment of my voice are: (circle all that apply)

Quality/Sound:

- | | | |
|-----------------------------|---------------------------------------|---------------------|
| hoarse/raspy/gravelly sound | breathiness/too much air in the sound | complete voice loss |
| intermittent voice loss | tremor | unsteady sound |
| sounds too high | sounds too low | noisy breathing |
| voice too loud | voice too quiet | voice breaks |

Physical Functioning:

- | | | |
|-----------------------------------|-----------------------------------|-------------------------------|
| Hard to get voice started | Increased effort to speak | Voice gets worse with talking |
| Voice turns on and off as I speak | Frequent coughing/throat clearing | |

Activity Functioning:

- Cannot perform job (leave of absence, changed duties)
- Difficulty performing job duties well
- Difficulty being heard/understood over background noise (e.g., restaurant, outdoors, in large groups of people, in the car, etc.)
- Difficulty being heard/understood in daily tasks (e.g., phone use, shopping, etc.)

Sensations:

- | | | |
|---------------------------|--|-----------------------------|
| Pain/discomfort | Scratchy feeling/irritated throat | feeling of phlegm in throat |
| Feeling of lump in throat | Hard to breathe/short of breath with talking | |