HOARSENESS QUESTIONNAIRE

NAME:_____________________________________   DATE:________________________________

DATE OF BIRTH:____________________________

I. Please indicate the level of your voice use:
   ____ Elite vocal performer (singer, actor).
   ____ Professional voice user (clergyman, lecturer).
   ____ Vocal professional (teacher, lawyer).
   ____ Non-vocal professional (technical, clerk).

II. Please answer and check as applies to you hoarseness:

   How long have you had your voice problem?___________________________________
   Do you know what caused your voice problem?_________________________________
   Did your voice problem come on _________ slowly or _______ suddenly?
   Is your voice problem getting _____worse, _____ better, or _____staying the same?
   Is your voice problem:
   ___ pretty constant now
   ___ have periods of normal voice at times. Normal periods last for how long?_______

III. Which symptoms do you have? Please check “YES” or “NO” accordingly.

   YES   NO
   ___   ___ Hoarseness (coarse, harsh, or scratchy sound).
   ___   ___ Fatigue (voice ties or changes quality after use of voice over a certain
         period of time).
   ___   ___ Aphonia (complete loss of voice at times).
   ___   ___ Diplophonia (double tone during speaking or singing).
   ___   ___ Odynophonia (pain or aching in the throat or neck with long voice use).
   ___   ___ Voice Breaks (breaks or cracks in the voice in certain pitches of speech or
             singing).
   ___   ___ Decrease in vocal range (difficulty with voice outside a small pitch range)

IV. Please answer “YES” or “NO” to questions below and fill in blanks where appropriate.

   YES   NO
   ___   ___ Is your voice worse in the morning?
   ___   ___ Is your voice worse later in the day after much voice use?
   ___   ___ Are you exposed to significant amounts of smoke, fumes, or chemicals
         where you live, work, or perform?
   ___   ___ Do you have acid indigestion, heartburn, or hiatal hernia?
   ___   ___ Do you have a bitter or acid taste or a burning throat first thing in the
             morning?
   ___   ___ Do you have ______excessive weight gain, ____ change in skin or hair,
             ___ thyroid problems?
   ___   ___ Do you have a sensation of a lump in your throat?
   ___   ___ Do you have a cough?
   ___   ___ Do you know of anything that makes the voice problem worse?
   ___   ___ If so, what?______________________________________________
   ___   ___ Anything that makes the voice problem better?
   ___   ___ If so, what?
   ___   ___ Do you have nasal or sinus drainage down the back of your throat that
         you feel irritates your voice?
   ___   ___ Do you have rheumatoid arthritis?
   ___   ___ Do you have excessively dry mouth or dry eyes?
   ___   ___ Are you known to speak extensively or excessively on a regular basis?