

Voice Questionnaire

1. How long have you had the voice problems? ____ days ____ weeks ____ months ____ years
2. Is the problem constant or intermittent? (circle one) constant intermittent
3. What caused your voice problems? _____
4. What makes your voice problems worse? (e.g. talking a lot) _____
5. What makes your voice problems better? _____

Do you have any of the following?	Yes	No
6. Sore throat		
7. Post nasal drainage		
8. Hearing loss		
9. Dry mouth or dry eyes		
10. Lots of voice use (e.g. singing, lecturing, teaching, extensive telephone work)		
11. Exposure to irritating fumes		
12. Arthritis		
13. Trouble swallowing		
14. Generalized weakness		
15. Anemia		
16. Thyroid problem (e.g. weight gain, fatigue, intolerance to cold weather, hair loss)		
17. Recent excessive weight loss		
18. Indigestion, heartburn, hiatal hernia, or stomach problems		
19. Emphysema, asthma or other lung problems		
20. Shortness of breath with small amounts of exercise		
21. Heart trouble		
22. Stroke		
23. Throat surgery		
24. Double vision		
25. Any other surgery		
26. Recent hospitalization		

Name: _____

Date: _____