

**University of Central Arkansas
Speech-Language Hearing Center**

201 South Donaghey Avenue

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Conway, AR 72035

(501) 450-3176

Adult Voice Case History

Name: _____

Date: _____

Address: _____

Phone: _____

Date of Birth: _____

Occupation: _____

Referring Physician: _____

Physical Diagnosis: _____

Description of the Problem

1. Please describe your voice problem: _____

2. When did you first notice the problem? _____

3. How did the problem begin?
Suddenly _____ Gradually _____ Intermittently _____

4. How has the voice problem changed since the onset?
Improved _____ Worsened _____ No change _____ Fluctuates _____

Voice Symptoms

5. Have you had any of the following symptoms?

- | | |
|---|--|
| <input type="checkbox"/> hoarseness lasting more than one week | <input type="checkbox"/> loss of voice |
| <input type="checkbox"/> tired voice after lengthy talk | <input type="checkbox"/> change in pitch |
| <input type="checkbox"/> tension in neck muscles | <input type="checkbox"/> difficulty maintaining a loud voice |
| <input type="checkbox"/> pain in neck muscles | <input type="checkbox"/> sore throat |
| <input type="checkbox"/> need to clear throat | <input type="checkbox"/> fullness in nose and throat |
| <input type="checkbox"/> excessive coughing | <input type="checkbox"/> tightness in nose and throat |
| <input type="checkbox"/> dry throat and/or mouth | <input type="checkbox"/> feeling of lump in the throat |
| <input type="checkbox"/> shortness of breath while speaking
or singing | <input type="checkbox"/> scratchy throat |

6. Have you seen a physician for your voice? Yes No

If yes, for what reason? _____

Physician name: _____

Address: _____

7. Have you ever seen a speech-language pathologist? Yes No

If yes, for what reason? _____

Speech Pathologist name: _____

Address: _____

8. If you've received advice or treatment for a voice problem, what recommendations were given? voice rest medications

humidification anti-reflux program

surgery voice instruction

voice therapy vocal hygiene instructions (e.g. reduce throat clearing, reduce loud talking)

9. When is your voice best? Early morning Afternoon

Evening Night

10. When is your voice the worst? Early morning Afternoon

Evening Night

11. What do you think caused your voice problem? _____

Past Medical History

12. Have you had or do you have any major illnesses (dates)? _____

13. Have you had any major surgeries (dates)? _____

14. Do you have allergies? Yes _____ No _____
15. What medications are you currently taking (prescribed and over-the-counter)?

Personal/Lifestyle

16. Do you currently smoke? Yes _____ No _____
17. Did you ever smoke? Yes _____ No _____
18. If you answered "yes" to item 16 or 17:
a) How many packs a day? _____
b) How many years of smoking? _____
c) If you used to smoke, when did you stop? _____
19. Indicate your consumption of the following beverages:
a) Alcohol Yes _____ No _____ If yes, how much per week? _____
b) Caffeinated coffee or tea Yes _____ No _____ If yes, how much per day? _____
c) Caffeinated soda Yes _____ No _____ If yes, how much per day? _____
20. What is your current job? _____
21. Are you exposed to fumes/dust/particles at home or on the job? Yes _____ No _____
22. In what types of physical activities (e.g., exercise) do you participate regularly?

23. At what time do you usually eat your last meal or snack? _____
24. Do you play any musical instruments? Yes _____ No _____ If yes, what instrument?

Voice Use

25. Does your occupation require you to use your voice frequently? Yes _____ No _____

26. Are you involved in any of the following activities?

Long telephone conversations	Never _____	Occasionally _____	Frequently _____
Teaching to groups of people	Never _____	Occasionally _____	Frequently _____
Speaking in large rooms	Never _____	Occasionally _____	Frequently _____
Singing before a group	Never _____	Occasionally _____	Frequently _____
Choral singing	Never _____	Occasionally _____	Frequently _____
Teaching instrumental or vocal music	Never _____	Occasionally _____	Frequently _____
Preaching	Never _____	Occasionally _____	Frequently _____
Taking voice instructions	Never _____	Occasionally _____	Frequently _____
Speaking on television or radio	Never _____	Occasionally _____	Frequently _____
Acting in plays	Never _____	Occasionally _____	Frequently _____
Coaching a sport	Never _____	Occasionally _____	Frequently _____
Public speaking	Never _____	Occasionally _____	Frequently _____
Aerobics or gymnastics instruction	Never _____	Occasionally _____	Frequently _____
Excessively long conversations	Never _____	Occasionally _____	Frequently _____
Cheerleading	Never _____	Occasionally _____	Frequently _____
Leading meetings	Never _____	Occasionally _____	Frequently _____

27. Do you currently take voice or acting instruction? Yes _____ No _____

28. If you sing, what is your repertoire? _____

29. If you sing, what is your range? Bass _____ Baritone _____ Tenor _____
Alto _____ Soprano _____

30. Do you warm up before performing? Yes _____ No _____

31. Do you cool down after performing? Yes _____ No _____

32. If you sing, how long are your practice sessions/rehearsals? _____

33. How many times per week? _____

34. Please complete the following chart, indicating your use of voice in speaking activities. For each day of the week and time of day, indicate the “average” amount of time (i.e., hours) you spend talking in one of the activities above (or in another vocally demanding activity).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

35. Please complete the following chart indicating your use of voice in *singing* activities. For each day of the week and time of day, indicate the “average” amount of time (i.e., hours) you spend singing.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

Information provided by Henry Ford Hospital, Detroit, MI

The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.