

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.
- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| ____ | ____ | Hoarseness (coarse, harsh, or scratchy sound). |
| ____ | ____ | Fatigue (voice tires 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.
- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| ____ | ____ | 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? |