

MARC M. KERNER, M.D., F.A.C.S.
Voice Disorders Questionnaire

Name: _____ Age: _____ Sex: _____ Date: _____

Height: _____ Weight: _____

How would you characterize yourself? (please circle appropriate category)

Level I	Elite vocal performer	Singer, actor
Level II	Professional voice user	Clergy, lecturer
Level III	Nonvocal professional	Teacher, lawyer, telephone sales or operator
Level IV	Nonvocal nonprofessional	Administrative, clerk, labor

Basic medical history:

Recent cold or upper respiratory infection? Yes/No

Allergies: Have you ever been treated by an allergist? Yes/No

If yes, name of Physician: _____ Dates: _____

Medication allergies? Yes/No If yes, which ones: _____

Previous surgeries? Please list _____

Tonsillectomy/Adenoidectomy Yes/No

Prior vocal cord surgery Yes/No If yes, date: _____

Medications: (please include vitamins, homeopathics, and birth control pills)

Have you ever had x-rays to the head, face or neck ? Yes/No

Have you ever been intubated? Yes/No If yes, when _____

How many packs of cigarettes do you smoke per day? _____ If no, when did you quit? _____

How many cups of coffee, tea, cola or caffeine-containing drinks do you consume per day? _____

How much alcohol do you consume per week? _____

Have you noticed any of the following?

_____ Heat or cold intolerance

_____ Change in weight gained/lost _____ lbs in _____ months

_____ Palpitations or irregular heartbeats

_____ Changes in skin or hair

_____ Blurred vision, change in vision, double vision

_____ Numbness or clumsiness of hands, arms, or legs

_____ Difficulty swallowing

_____ Seizures or tremors

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Have you had any of the following?

- Thyroid condition High blood pressure Diabetes
 Cold sores Asthma or other lung conditions
 Hearing problems Balance problems
 Nasal obstruction, congestion, sinus infections
 Ulcers or stomach problems
 Throat clearing
 Use of over-the-counter or prescription antacids

Married? Yes/No Number of children _____

Occupation _____

Specific questions about your voice problem (please answer all the following questions that apply-be as detailed as possible)

How long have you had the present voice problem? _____

Who noticed it?

Do you know what caused it? Yes _____ No _____

If so, what?

Did it come on: slowly or suddenly

Is it getting: worse better same

How severe or disabling is your voice problem at this time (please describe)? _____

How would you describe yourself (please circle appropriate number)

1 2 3 4 5 6 7
not talkative average voice use very talkative

Which symptoms do you have? (please check all that apply)

- Hoarseness (coarse or scratchy sound)
 Fatigue (voice tires or changes quality after speaking for a short period of time)
 Volume disturbance (trouble speaking) softly _____ loudly _____
 Loss of range (high _____ low _____)
 Prolonged warm-up time (over 1/2 hour to warm up voice)
 Breathiness
 Tickling or choking sensation while speaking
 Pain in throat while speaking or singing
 Other (please specify)
 Speak or sing in a dry or smoky environment

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Have you had formal training for speaking or singing? Yes No
If yes, how long?_____

Do you have an important performance soon? Yes/No If yes, Date_____

Have you had formal voice lessons? Yes/No If yes how long_____

If currently taking voice lessons-name of teacher_____ phone_____

What types of music do you sing?

Classical Show Rock Night club Other

What is your vocal range?_____

Describe your singing range? Bass Baritone Tenor Alto Soprano

Do you sing outdoors or in large halls, or with orchestras?_____

If you perform with electrical instruments or outdoors do you use monitors? Yes/No

If you use monitors, can you hear them? Yes/No

Do you play any instruments?Yes/No Name_____

How often do you practice?_____Scales_____Songs_____

How much are you singing at present (average hrs per day)

Rehearsal_____Performance_____

Please circle all that apply:

Voice worse in morning

Voice worse later in day after use

Speak extensively

Cheerleader

Speak extensively at backstage parties

Under a lot of stress at work, school or home

Eat late at night

Travel on airplanes extensively

Exposed to chemicals, second hand smoke or fumes

Eat any of the following before singing?

_____Milk

_____Alcohol

_____Nuts

_____Coffee

_____Ice cream

_____Spicy foods

Do you have any recent increased vocal commitments? Yes/No if Yes describe_____

Do you have any specific vocal technical difficulties? Please describe_____