



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 questions as they apply to your 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? include 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).
- YES NO Fatigue (voice tires or changes quality after use of voice over a certain period of time).
- YES NO Aphonia (complete loss of voice at times). Diplophonia (double tone during speaking or singing).
- YES NO Odynophonia (pain or aching in the throat or neck with long voice use).
- YES NO Voice Breaks (breaks or cracks in the voice in certain pitches of speech or singing).
- YES NO 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?
- YES NO Is your voice worse later in the day after much voice use?
- YES NO Are you exposed to significant amounts of smoke, fumes or chemicals where you live, work or perform?
- YES NO Do you have acid indigestion, heartburn or hiatal hernia?
- YES NO Do you have a bitter or acid taste or a burning throat first thing in the morning?
- YES NO Do you have _____ excessive weight gain, _____ change in skin or hair or _____ thyroid problems?
- YES NO Do you have a sensation of a lump in your throat? Do you have a cough?
- YES NO Do you know of anything that makes the voice problem worse?
If so, what? _____
- YES NO Anything that makes the voice problem better?
If so, what? _____
- YES NO Do you have nasal or sinus drainage down the back of your throat that you feel irritates your voice?
- YES NO Do you have rheumatoid arthritis?
- YES NO Do you have excessively dry mouth or dry eyes?
- YES NO Are you known to speak extensively or excessively on a regular basis?