Voice and Swallow Clinics

Medical Intake Form for **NEW Performing Voice** Patients

Date: _____

MRN (Staff Input) _____

Name: _____

Date of Birth: _____ Age: _____

Occupation: _____ Circle: full-time / part-time / unemployed / retired / disabled

› How did you hear about our UW Health Voice and Swallow Clinics?

- ☐ Community education
- ☐ Radio
- ☐ Newspaper
- ☐ Public event
- ☐ From medical referrals
- ☐ Other, please list_____

› You were referred to this clinic by your:

- ☐ Primary care doctor
- ☐ Otolaryngologist
- ☐ Speech pathologist
- ☐ Self
- ☐ Other_____

Name of person who referred you_____

Referring clinic (name) _____

Location (city, state) _____

› Primary concern today:

- ☐ Voice Effort
- ☐ Voice Quality
- ☐ Voice Quality and Effort
- ☐ Other: _____

1. Current Voice concerns/symptoms

› When did you first become concerned about your vocal problem (estimate date)? _____

› Did the problem begin suddenly or gradually? ☐ Suddenly ☐ Gradually ☐ Not sure

› Is it getting? ☐ Better ☐ About the same ☐ Worse

› What do you think caused the onset of your vocal difficulty? (check all that apply)

☐ An accident ☐ Emotional stress/anxiety ☐ Surgery
☐ Chemical exposure ☐ Medication ☐ Increased voice use
☐ Upper respiratory infection ☐ Yelling/screaming ☐ Unknown
☐ Other (list): _____

2. Questions regarding your singing (if not a singer, please skip to Section #3):

› What is your singing voice category?

☐ Soprano ☐ Tenor ☐ Baritone
☐ Mezzo soprano ☐ Countertenor ☐ Bass
☐ Alto ☐ Other: _____

› Estimate your current singing range _____

› What types of music do you sing? (Check all that apply)

☐ Classical ☐ Musical theater ☐ Opera
☐ Jazz ☐ Rock/Pop ☐ Rap
☐ Karaoke ☐ Gospel ☐ Country/Folk
☐ Church Music ☐ Other (specify): _____

› In what venue do you usually perform? (check all that apply)

☐ Concert hall ☐ Night club/bar ☐ Dinner theater
☐ Outdoor amphitheater ☐ Church/Temple ☐ Theater

› Do you use amplification or a sound monitor? ☐ Yes ☐ No
If yes, what is the frequency of use?

› During rehearsal ☐ Always ☐ Sometimes ☐ Never
› During performances ☐ Always ☐ Sometimes ☐ Never

› What is the current status of your singing career?

☐ Full-time professional ☐ Part-time professional ☐ Amateur ☐ Student

› What are your long-term career goals in singing? _____

› Have you taken private lessons in the past?

☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-3 years ☐ yes, for 3 or more years

› At what age did you begin studying singing? _____

› Are you studying with a singing teacher now? ☐ Yes ☐ No

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3. For all vocal performers:

› Do you have other vocal obligations in addition to singing/performing? ☐ Yes ☐ No

› Have you ever had training for your speaking voice? ☐ Yes ☐ No

› Have you had acting lessons? ☐ Yes ☐ No

If yes, how long? ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years

› Do you have an important performance soon? ☐ No ☐ Yes, in more than 7 days ☐ Yes, in less than 7 days ☐ Yes, in less than 2 days

If yes, please describe and list date(s): _____

4. Describe the nature of your present difficulty:

› What vocal symptoms do you have pertaining to your voice? (check all that apply)

☐ NONE
☐ Prolonged warm-up time (over 30 minutes)
☐ Breath support problems
☐ Change in voice classification (e.g. from soprano to mezzo-soprano)
☐ Trouble singing/performing softly
☐ Trouble singing/performing loudly
☐ Poor pitch control
☐ Difficulty at register transitions
☐ Difficulty hitting high notes
☐ Difficulty hitting low notes
☐ Loss of endurance (voice tires after singing or performing a long time)
☐ Throat irritation when singing/performing
☐ Tightness in throat when singing/performing
☐ Other (specify) _____

› Do you warm up your voice before singing or performing?

☐ Never
☐ Sometimes before rehearsal (practice) and performance
☐ Always before rehearsal and performance
☐ Sometimes before performance, but not rehearsal
☐ Always before performance, but not rehearsal

If yes, please describe your warm-up: _____

› Estimate in minutes your average time spent warming up your voice: _____

› How many days per week do you practice scales, vocalises, and/or acting voice warm-ups? _____

› How many days per week do you practice songs/repertoire/performing? _____

› Approximately how many hours per day do you sing/act/perform? _____

› Please estimate the maximum number of hours you might sing, act, or perform with your voice on a given day: _____

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› Do you regularly perform? ☐ Yes ☐ No
If yes, do you perform (check all that apply):

☐ From a sitting position
☐ Outdoors
☐ In large halls
☐ With orchestras
☐ With bands
☐ With electrical instruments
☐ Along with radio, CD, etc.
☐ Other (specify) _____
☐ At the extreme of your loudness range
☐ Over background
☐ For extended periods of time (more than 3 hours)
☐ Very high or very low in your pitch range
☐ While dancing or moving a lot
☐ Without a microphone where one is warranted
☐ After airplane travel

› Do you consume any of the following before or during performances? (check all that apply)

☐ Milk or ice cream
☐ Spicy foods
☐ Carbonated soft drinks
☐ Alcohol
☐ NONE
☐ Coffee or caffeinated tea
☐ Chocolate
☐ Caffeinated energy drinks
☐ Nuts

› Additional comments (if needed): _____

5. Medical history:

› Have you worked with a speech pathologist for your voice concern? ☐ Never ☐ Yes, in past ☐ Yes, currently

if yes, please describe:

Number of sessions _____ (#/wk) for the period of time _____ (months)
Length of each session _____ (minutes)
Service provider _____ location (city, state) _____
Approximate date when therapy started _____ when therapy ended _____
Goals of therapy _____
Was the therapy beneficial? ☐ Yes ☐ No

› How much of the following do you consume?

Water	☐ None	☐ 1 cup/day	☐ 2-4 cups/day	☐ 5-8 cups/day	☐ More than 8 cups/day
Caffeinated beverages	☐ None	☐ 1 cup/day	☐ 2-4 cups/day	☐ 5-8 cups/day	☐ More than 8 cups/day
Carbonated beverages	☐ None	☐ 1 cup/day	☐ 2-4 cups/day	☐ 5-8 cups/day	☐ More than 8 cups/day

› How often do you have a drink containing alcohol?

☐ Never
☐ Monthly or less
☐ 2 to 4 times a month
☐ 2 to 3 times a week
☐ 4 or more times a week
☐ Other _____

How many drinks containing alcohol do you have on a typical day when you are drinking?
☐ NA ☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 or more

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› Do you smoke cigarettes?

☐ Never
☐ Yes, in the past: packs per day _____; Number of years _____; Quit in _____ (month/year)
☐ Yes, currently: packs per day _____; Number of years _____

› Have you smoked cigars/pipes or chewed tobacco? (If yes, please check which)

☐ Never ☐ cigars ☐ pipes ☐ chewed tobacco number of years: _____

› Have you had chronic exposure to second-hand smoke? ☐ Yes, number of years : _____ ☐ No

› Have you been exposed to any chemicals frequently, or recently, at home ore at work?

☐ Never
☐ Yes, in the past please explain: _____
☐ Yes, currently please explain: _____

› Do you have the following allergies?

Seasonal	☐ Yes, list: _____	☐ No
Environmental (dust, etc.)	☐ Yes, list: _____	☐ No
Food	☐ Yes, list: _____	☐ No
Medication	☐ Yes, list: _____	☐ No

› What type of medications do you take for your allergies (check all that apply):

☐ None ☐ Prescription ☐ Over the counter ☐ Saline rinse ☐ Other _____

Please list the names of your allergy medications: _____

› Have you had surgery to your neck, throat, or vocal cords? ☐ Yes, number of times : _____ ☐ No

Date(s) of surgery(surgeries) _____

Your current voice, compared to before surgery, is: ☐ Worse ☐ Better ☐ Same

› Have you ever had radiation therapy to the head, neck or chest? ☐ Yes ☐ No

› Please indicate other medical procedures or surgeries you have had:

_____

› Please describe any serious accidents or injuries in your past. When did this happen?

_____

› Please list any medical conditions you are being treated for:

_____

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SF-12v2® Health Survey Standard Version

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. **In general, would you say your health is:** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. **The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:			
b. Climbing several flights of stairs:			

3. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular activities as a result of your physical health?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like					
b. Were limited in the kind of work or other activities:					

4. **During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like:					
b. Did work or activities less carefully than usual					

5. **During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?** ☐ Not At All ☐ A Little Bit ☐ Moderately ☐ Quite a Bit ☐ Extremely

6. **These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?					
b. Did you have a lot of energy?					
c. Have you felt downhearted and depressed?					

7. **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

☐ All the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

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6. Please rate how the following problems have affected you within the past month

	"0" = No problem					"5" = Severe problem
Hoarseness or a problem with your voice	0	1	2	3	4	5
Clearing your throat	0	1	2	3	4	5
Excess throat mucus or post nasal drip	0	1	2	3	4	5
Difficulty swallowing foods, liquids, or pills	0	1	2	3	4	5
Coughing after you eat or lie down	0	1	2	3	4	5
Breathing difficulties or choking episodes	0	1	2	3	4	5
Troublesome or annoying cough	0	1	2	3	4	5
Sensations of something sticking in your throat, or a lump in your throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5
	(For staff input only) **RSI score**: _____					

7. Please rate how the following problems have affected you within the past month

	"0" = No problem					"5" = Severe problem
Speaking took extra effort	0	1	2	3	4	5
Throat discomfort or pain after using your voice	0	1	2	3	4	5
Vocal fatigue (voice weakening as you talk)	0	1	2	3	4	5
Voice "cracks" or sounds different	0	1	2	3	4	5
	(For staff input only) **Glottal Function Index**: _____					

turn over to complete ⟶

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We want to understand more about how your voice problem can interfere with your day-to-day activities. Please circle the response that indicates how frequently you have had the same experience in the last month. There are no "right or wrong" answers.

	Never	Almost Never	Some of the time	Almost Always	Always
1. My voice makes it difficult for people to hear me.	0	1	2	3	4
2. I run out of air when I talk.	0	1	2	3	4
3. People have trouble understanding me in a noisy room.	0	1	2	3	4
4. The sound of my voice varies throughout the day.	0	1	2	3	4
5. My family has difficulty hearing me when I call them throughout the house.	0	1	2	3	4
6. I use the phone less often than I would like.	0	1	2	3	4
7. I'm tense when I am talking with others because of my voice.	0	1	2	3	4
8. I tend to avoid groups of people because of my voice.	0	1	2	3	4
9. People seem irritated with my voice.	0	1	2	3	4
10. People ask "What's wrong with your voice?"	0	1	2	3	4
11. I speak with friends, neighbors, or relatives less often because of my voice.	0	1	2	3	4
12. People ask me to repeat myself when speaking face to face.	0	1	2	3	4
13. My voice sounds creaky and dry.	0	1	2	3	4
14. I feel as though I have to strain to produce voice.	0	1	2	3	4
15. I find other people don't understand my voice problem.	0	1	2	3	4
16. My voice difficulty restricts my personal and social life.	0	1	2	3	4
17. The clarity of my voice is unpredictable.	0	1	2	3	4
18. I try to change my voice to sound different.	0	1	2	3	4
19. I feel left out of conversations because of my voice.	0	1	2	3	4
20. I use a great deal of effort to speak.	0	1	2	3	4
21. My voice is worse in the evening.	0	1	2	3	4
22. My voice problem causes me to lose income.	0	1	2	3	4
23. My voice problem upsets me.	0	1	2	3	4
24. I am less outgoing because of my voice problem.	0	1	2	3	4
25. My voice makes me feel handicapped.	0	1	2	3	4
26. My voice "gives out" on me in the middle of speaking.	0	1	2	3	4
27. I feel annoyed when people ask me to repeat.	0	1	2	3	4
28. I feel embarassed when people ask me to repeat.	0	1	2	3	4
29. My voice makes me feel incompetent.	0	1	2	3	4
30. I'm ashamed of my voice problem.	0	1	2	3	4

31. **My voice is** (please circle one):	Normal	Mildly impaired	Moderately impaired	Severely impaired

(for staff input only) **VHI scores** Functional _____ Physical _____ Emotional _____ Total _____