

VOICE CASE HISTORY
ST. ELIZABETH MEDICAL CENTER
SPEECH PATHOLOGY DEPARTMENT
(859) 301-5740

Name _____ Date of birth _____
Phone _____ Age _____ Sex _____
Parent/Guardian (if applicable) _____
Address _____
Referred by _____

Primary Complaint: _____

When did you first notice a problem with your voice? _____

How long has this been a problem? _____

Have you ever-experienced total voice loss? _____

Does your voice vary in the degree of severity? _____

 When is it better? _____

 When is it worse? _____

Describe any feelings you have in your throat (such as tickle, lump, pain, pinched, tired, difficulty swallowing, etc.) _____

Have you had previous voice therapy? _____ If yes, when and where? _____

Does your family have a history of voice problems? _____ If yes, describe: _____

List any illnesses, hospitalizations or surgeries including dates: _____

List medications and dosages: _____

Do you eat a healthy diet? _____

Do you have regular pain? _____ Where? _____ How Intense? _____

Do you have any of the following?

- | | |
|--|---------------------------------------|
| _____ allergies | _____ random or purposeless movements |
| _____ hyperthyroidism | _____ hormone therapy |
| _____ Hypothyroidism | _____ rheumatic fever |
| _____ chronic colds | _____ scarlet fever |
| _____ chronic rhinitis | _____ polio |
| _____ sinus infections | _____ respiratory problems |
| _____ chronic laryngitis | _____ cardiac condition/surgery |
| _____ ear infections | _____ injury to neck |
| _____ incoordination of facial or tongue muscles | _____ chemical or inhalation exposure |
| _____ difficulty with walking or balance | _____ depression/anxiety |
| _____ indigestion/reflux | _____ neurological disorder |

_____ Smoke? How much? _____
 _____ Drink alcoholic beverages? How much? _____
 _____ Drink water? How much? _____
 _____ Drink caffeinated beverages? How much? _____
 _____ Talk above noise? What noise? _____
 _____ Talk loud, scream, yell? How much? _____
 _____ Sing? (Choir, solo, with musical group) _____
 _____ Participate in sports or hobbies which require loud talking or yelling? _____
 Describe: _____
 _____ Cough or clear your throat often? _____

Are you employed? _____ Yes _____ No

What kind of work do you do? _____

Is talking required for your job? _____ Yes _____ No

How would you describe your personality? _____

List names and ages of those residing in household:

Have there been any recent changes or stressors in your life? _____

If yes, please describe. _____

Please add any other information which you think may be pertinent.

Voice Handicap Index (VHI). Henry Ford Hospital

INSTRUCTIONS: These are statements that many people have used to
 Describe their voices and the effects of their voices on their lives. Circle
 The response that indicates how frequently you have the same experience.

- | | | | |
|------|---|------|---|
| F1. | My voice makes it difficult for people to hear me. | P16. | The clarity of my voice is unpredictable. |
| P2. | I run out of air when I talk. | P17. | I try to change my voice to sound different. |
| F3. | People have difficulty understanding me in a noisy room. | F18. | I feel left out of conversations because of my Voice. |
| P4. | The sound of my voice varies throughout the day. | P19. | I use a great deal of effort to speak. |
| F5. | My family has difficulty hearing me when I call Them throughout the house. | P20. | My voice is worse in the evening. |
| F6. | I use the phone less often than I would like. | F21. | My voice problem causes me to lose income. |
| E7. | I'm tense when talking with others because of My voice. | E22. | My voice problem upsets me. |
| F8. | I tend to avoid groups of people because of my voice. | E23. | I am less outgoing because of my voice Problem. |
| E9. | People seem irritated with my voice. | E24. | My voice makes me feel handicapped. |
| P10. | People ask, what's wrong with your voice? | P25. | My voice "gives out" on me in the middle of Speaking. |
| F11. | I speak with friends, neighbors, or relatives less Often because of my voice. | E26. | I feel annoyed when people ask me to repeat. |
| F12. | People ask me to repeat myself when speaking Face to face. | E27. | I feel embarrassed when people ask me to Repeat. |
| F13. | My voice sounds creaky and dry. | E28. | My voice makes me feel incompetent. |
| E14. | I find other people don't understand my voice Problem. | E29. | I'm ashamed of my voice problem. |
| F15. | My voice difficulties restrict my personal and social life. | | |