

VOICE HISTORY: INTERVIEW TOPICS

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Modified by D.E. Cross (1-09)

Name: _____ **D.O.B.** _____
Address: _____ **Gender:** _____
 _____ **Evaluation Date:** _____
 _____ **Referral:** _____
Phone: (H) _____ **Dx:** _____
 (W) _____
 (C) _____

(Note to the Clinician: During client interview observe client's pitch, loudness, quality, body posture, tension level and breathing patterns. You may expand, alter or omit questions covered on the voice pre-interview questionnaire.)

I. HISTORY OF PROBLEM

- A. Who referred you?
For what reason?
- B. When/how did the problem begin?
What else was happening at that time in your life?
Medical?
Psychological?
Voice use?
Have the symptoms changed over time?
Consistency?
Severity?
Type of problem?
- C. Have you ever been evaluated for this problem?
By whom?
When?
With what findings?
With what recommendations?
- D. Have you ever been treated for this problem?
By whom?
When?
In what way?
With what results?
- E. Have you tried anything on your own to help this problem?
What was tried?
For how long?
With what results?

- F. How would you describe the *voice* you are *using* now?
Is this representative of your current speaking voice?
How does it sound/feel?
Does it vary?
How?
- G. How does this voice differ from the voice you had prior to this problem?

II. ATTITUDE TOWARD VOICE/VOCAL IMAGE

- A. How has your voice affected you?
Your work/vocational plans?
Your social/family interactions?
Your emotional state?
Your physical condition?
 - B. Do you think you have a good voice for a woman/man?
 - C. What reaction do you think you get from listeners?
What have they said/done?
 - D. What adjustments/changes have you had to make because of your voice?
What would your reaction be if these were permanent changes?
 - E. What have you been told caused the problem?
What do you think caused the problem?
- If voice therapy is recommended, would you be interested?
What problems would you see in undertaking therapy?
What would you want/expect to result from therapy?

III. MEDICAL HISTORY

- A. What is your general health history?
Surgeries/Illnesses/Accidents?
Treatment/ Medication?
- B. How would you describe your recent/current health?
What physical complaints have you had recently/currently?
- C. Do you (have you) had any problems with
Swallowing/breathing?
Allergies/sinus?
- D. Do you (have you) had any pain/discomfort in the mouth/throat
While talking?
While swallowing?
- E. Do you cough/clear your throat frequently?
Do you drink/smoke? How much?
Do you work/live near physical irritants?
- F. How good is your hearing?
Has it been evaluated?
- G. What do you do to relax?
What kind of exercise do you get? Do you enjoy it?

IV. PSYCHOLGOCICAL HISTORY

- A. How would you describe yourself as a person?
Tense/relaxed?
Hi energy/low energy?
- B. How would you describe your work/home environment?
Stressful relaxed?
Pleasant/unpleasant?
- C. What particular stresses have you/do you experience?
- D. Have you ever received counseling?
From whom? When?
For what reason?
With what results?

V. VOICE USE HISTORY

- A. How would you describe your typical talking?
Loud/soft?
Rapid/slow?
- B. How do you use your voice at work or in daily activities?
Frequency/duration (amt.)
Loudness/effort (type)
- C. How do you use your voice at home?
Frequency/duration (amt.)
Loudness/effort (type)
- D. How do you use your voice in social situations?
Frequency/duration (amt.)
Loudness/effort (type)
- E. Do you use your voice for singing?
Frequency/duration (amt.)
Loudness/effort (type)
- F. Do you use your voice in any other (unusual) ways?
- G. Does your voice get better/worse in humid weather? In air conditioning?