

**Voice history questionnaire mailed to voice clients to be returned before the evaluation**

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Modified by D.E. Cross 1-09

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ Marital Status: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_ Present Occupation: \_\_\_\_\_  
Phone: (Evening) \_\_\_\_\_ Referral: \_\_\_\_\_  
Gender: \_\_\_\_\_ Complaint: \_\_\_\_\_

Describe the nature of your voice problem. Include information as to the onset of the problem, development of the problem over time, and current nature of the problem.

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How would you describe the voice your are using now? Is this your usual voice? How does it feel?

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Is your voice different from the way it used to be?

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Has your voice affected your work? Your social life? Your emotional state?

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Describe previous professional help, therapy treatment , or evaluations of the problem. Include places and dates.

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Describe any current medication or treatment and other information which might be of help to the clinician.

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