Name: _____
Date of Birth: _____
Today's Date: _____

New Patient Questionnaire

RSI: Within the past month how did the following problems affect you?
0 = no problem 5 = severe problem

Symptom	0	1	2	3	4	5
Hoarseness or a problem with your voice	☐	☐	☐	☐	☐	☐
Clearing your throat	☐	☐	☐	☐	☐	☐
Excess throat mucous or postnasal drip	☐	☐	☐	☐	☐	☐
Difficulty swallowing food, liquids, or pills	☐	☐	☐	☐	☐	☐
Coughing after you ate or after lying down	☐	☐	☐	☐	☐	☐
Breathing difficulties or choking episodes	☐	☐	☐	☐	☐	☐
Troublesome or annoying cough	☐	☐	☐	☐	☐	☐
Sensation of something sticking in your throat or a lump in your throat	☐	☐	☐	☐	☐	☐
Heartburn, chest pain, indigestion, or stomach acid coming up	☐	☐	☐	☐	☐	☐
TOTAL SCORE	**_____/45**					

GCI: Within the past month how did the following problems affect you?
0 = no problem 5 = severe problem

Symptom	0	1	2	3	4	5
Speaking took extra effort	☐	☐	☐	☐	☐	☐
Throat discomfort or pain after using your voice	☐	☐	☐	☐	☐	☐
Vocal fatigue (voice weakened as you talked)	☐	☐	☐	☐	☐	☐
Voice cracks or sounds different	☐	☐	☐	☐	☐	☐
TOTAL SCORE	/ 20					

VHI – 10: Mark the response that indicates how frequently you have these experiences.
0 = no problem 4 = severe problem

Symptom	0	1	2	3	4
My voice makes it difficult for people to hear me.	☐	☐	☐	☐	☐
People have difficulty understanding me in a noisy room.	☐	☐	☐	☐	☐
My voice difficulties restrict personal and social life.	☐	☐	☐	☐	☐
I feel left out of conversations because of my voice.	☐	☐	☐	☐	☐
My voice problem causes me to lose income.	☐	☐	☐	☐	☐
I feel as though I have to strain to produce voice.	☐	☐	☐	☐	☐
The clarity of my voice is unpredictable.	☐	☐	☐	☐	☐
My voice problem upsets me.	☐	☐	☐	☐	☐
My voice makes me feel handicapped.	☐	☐	☐	☐	☐
People ask, "What's wrong with your voice?"	☐	☐	☐	☐	☐
TOTAL SCORE	**_____/40**				

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EAT-10: **To what extent are the following scenarios problematic to you?**
0= No problem 4= Severe problem

Symptom	0	1	2	3	4
My swallowing problem has caused me to lose weight.	☐	☐	☐	☐	☐
My swallowing problem interferes with my ability to go out for meals.	☐	☐	☐	☐	☐
Swallowing liquids takes extra effort.	☐	☐	☐	☐	☐
Swallowing solids takes extra effort.	☐	☐	☐	☐	☐
Swallowing pills takes extra effort.	☐	☐	☐	☐	☐
Swallowing is painful	☐	☐	☐	☐	☐
The pleasure of eating is affected by my swallowing.	☐	☐	☐	☐	☐
When I swallow food sticks in my throat.	☐	☐	☐	☐	☐
I cough when I eat.	☐	☐	☐	☐	☐
Swallowing is stressful	☐	☐	☐	☐	☐
TOTAL SCORE:	**_____ / 40**				

1. On a scale of 0 to 10, how talkative are you? ***0= Not at all 10= Very talkative***
0 1 2 3 4 5 6 7 8 9 10

2. On a scale of 0 to 10, how would you rate your voice quality today? ***0= Worst 10= Best***
0 1 2 3 4 5 6 7 8 9 10

3. Which of the following symptoms apply to you?

____ Hoarseness
____ Breathiness
____ Loss of pitch range
____ Vocal fatigue when speaking
____ Vocal fatigue when singing
____ Pain while speaking
____ Pain while singing
____ Tickling or choking sensation while speaking
____ Tickling or choking sensation while singing
____ Trouble speaking loudly
____ Trouble speaking softly
____ Swallowing Difficulty
____Shortness of Breath
____Increased effort to talk
____Difficulty speaking on the phone
____ Difficulty being understood or heard by strangers
____ Difficulty speaking in noisy environments
____ Clear throat frequently
____ Cough excessively
____ Under stress (personal/professional)
____ Unable to yell
____ Dry throat or mouth
____ Lump in throat feeling
____ Variable vocal quality
____ Tightness in nose and/or throat
____ Fullness in nose and/or throat
____ Volume Disturbance
____ Speak extensively at work
____ Speak extensively at home/socially
____ Sing frequently
____ Whisper frequently
____ Live/work/perform in dry/dusty areas
____ Yell or talk loudly frequently
____ Other:

4. Have you had a "strobe" examination? Yes No If yes, when/where: _____
Briefly describe your voice and/or throat symptoms (without using the word hoarse):

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5. When is your voice the best?
Morning_____ Mid-day_____ Afternoon_____ Evening_____ Night_____

6. When is your voice the worst?
Morning _____Mid-day_____ Afternoon_____ Evening _____ Night_____

7. When did you first begin having symptoms? _____ Do you associate onset with anything in particular?

8. Did it begin ____suddenly or ____slowly? Is the problem getting ____worse, ____better or ____staying the same? Has the voice ever returned to normal? If yes, explain.

9. Who first noticed this problem?

10. How does this voice problem affect your life?

11. What previous treatments have you tried for this problem?

12. Do you work outside of the home? Yes___ No___

13. What kind of work do you do? Please be specific as possible.

14. How many hours per week do you work?_____
15. How many hours of sleep do you typically get?_____
16. Exercise routine? Yes No If yes, explain _____
17. General level of stress in your life: Low Medium High
18. How do you relieve stress and tension in your life?

19. Outings to restaurants, bars, music, or sporting events? Frequent Occasional Never

20. List any known allergies (Medications and Environmental):

21. How many glasses of water do you drink daily? _____ Carbonated drinks?_____
22. How many cups of caffeine do you have daily (coffee, tea, soda)?_____
23. How often do you drink alcohol? Never___ Rarely ___ Weekly ___A few times a week___ Daily ___
24. Do you smoke now? Yes No If yes, how much? _____
25. Have you ever smoked? Yes No If yes, when did you quit? _____

26. Do you now or have you ever used recreational drugs? Yes No If yes, please clarify_____
27. Are you involved in any hobbies or activities where you are in contact with dust, fumes, chemicals or paints?
Yes_____ No_____ If yes, what?_____

28. Have you had any of the following?
_____Surgery on your larynx (voice box) _____ Heart surgery _____ Chest surgery _____ Thyroid surgery
_____ Stroke _____ Injury to the Neck _____ Chemical or Inhalation Exposure

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29. Do you sing? Yes No ___Amateur ___Semi-professional ___Professional

- **If you sing, what is your style/range?**
  ___ Soprano ___ Mezzo–soprano ___ Contralto ___ Countertenor___ Tenor ___ Baritone ___ Bass
  ___ Lyric ___ Dramatic ___ Coloratura ___ Classical ___Choral ___Gospel ___Praise band
  ___ Blues ___ Pop ___Rock ___Music Theater ___ Belt
- **Have you had training? Yes No ____Years**
- **How many hours per week do you sing? _____**
- **Where do you sing?**
- **Do you use amplification?**
- **What type of musical accompaniment do you have, if any?**