



CASE HISTORY FORM - Ronald Rockman Voice Pathologist M.A., CCC-SLP

Patient Name _____ Date _____

Date of Birth _____ Age _____ Occupation _____

Name of Referring Physician _____

Reason for Visit: _____

How long have you been experiencing this/these conditions? _____

Do you smoke? Yes No Have you ever smoked? Yes No Year you quit _____

If yes, packs per day? _____ How many time do you exercise in a week? _____

Do you drink alcohol? Yes No If yes, drinks per week? _____

Caffeine intake (glasses/cups per day of coffee, soda , tea, chocolate) _____

Water intake (8 oz glasses per day) _____ Hours per day spent talking _____

Work environment (noise level, exposure to irritants, i.e. dust fumes, etc) _____

Allergies _____ Do you clear your throat frequently? _____

Do you cough? _____ is it productive? ___ Can you breathe through your nose? _____

Do you talk excessively? Yes No Sometimes Explain _____

Do you scream/yell? Yes No Sometimes Explain _____

Do you imitate noises or do character voices? Yes No Sometimes Explain _____

Do you talk loudly? Yes No Sometimes Explain _____

Do you grunt while exercising? _____ Do you talk when stressed? _____

Are you a singer? _____ Have you lost high or low pitches when singing? _____

Have you received voice training in the past? _____ Explain _____

Have you been treated by an ENT in the past and for what condition?



CASE HISTORY FORM (CONTINUED)

Have you ever been treated by a speech-language pathologist and for what condition?

Do you have difficulty swallowing food and water? _____ Explain _____

Do you currently experience or have history of the following? (Check all that apply)

- Voice Change
- Feeling of a lump in the throat
- Difficulty getting volume
- Shortness of breath
- Fatigue after speaking
- Loss of voice at night
- Heartburn/reflux
- Throat tightness
- Loss of voice in the morning
- Asthma
- Gastrointestinal conditions
- TMJ
- Dry Mouth
- Frequent laryngitis
- Frequent sore throats
- Stroke
- Frequent bronchitis
- Upper Respiratory conditions
- Need sleep
- Former cheerleader
- Hiatal hernia
- Hoarseness
- Under stress at present time
- Hearing loss

List any medications you are taking and what they are for:

List major surgeries and the approximate dates:



VOICE HANDICAP INDEX (VIII)

Instructions: Circle the response that indicates how frequently you have the same experience

0 - Never 1 - Almost Never 2 - Sometimes 3 - Almost Always 4 - Always

F1. My voice makes it difficult for people to hear me.	0	1	2	3	4
F2. People have difficulty understand me in a noisy room.	0	1	2	3	4
F3. My family has difficulty hearing me when I call them throughout the house.	0	1	2	3	4
F4. I use the phone less often than I would like.	0	1	2	3	4
F5. I'm tense when talking with others because of my voice.	0	1	2	3	4
F6. I tend to avoid groups of people because of my voice.	0	1	2	3	4
F7. I speak with people less often because of my voice.	0	1	2	3	4
F8. People ask me to repeat myself when speaking face-to-face.	0	1	2	3	4
F9. My voice difficulties restrict me personal and social life.	0	1	2	3	4
F10. I feel left out of conversation because of my voice.	0	1	2	3	4
F11. My voice problems cause me to lose income.	0	1	2	3	4

Please add your score for all the questions above ("F" questions) Score_____

P1. I run out of air when I talk.	0	1	2	3	4
P2. The sound of my voice varies throughout the day.	0	1	2	3	4
P3. People ask what's wrong with my voice.	0	1	2	3	4
P4. My voice sounds creaky and dry.	0	1	2	3	4
P5. I feel as though I have to strain to produce voice.	0	1	2	3	4
P6. The clarity of my voice is unpredictable.	0	1	2	3	4
P7. I try to change my voice to sound different.	0	1	2	3	4
P8. I use a great deal of effort to speak.	0	1	2	3	4
P9. My voice is worse in the evening.	0	1	2	3	4
P10. My voice "gives out" on my in the middle of speaking.	0	1	2	3	4

Please add your score for all the questions above ("P" questions) Score_____

E1. People seem irritated with my voice.	0	1	2	3	4
E2. I feel other people don't understand my voice problem.	0	1	2	3	4
E3. My voice problem upsets me.	0	1	2	3	4
E4. I am less outgoing because of my voice problem.	0	1	2	3	4
E5. My voice makes me feel handicapped.	0	1	2	3	4
E6. I feel annoyed when people ask me to repeat.	0	1	2	3	4
E7. I feel embarrassed when people ask me to repeat.	0	1	2	3	4
E8. My voice makes me feel incompetent.	0	1	2	3	4
E9. I'm ashamed of my voice problem.	0	1	2	3	4

Please add your score for all the questions above ("E" questions) Score_____

Please add all three questions together (F+P+E questions) Total Score_____