

Proliance South Seattle Otolaryngology

Hoarseness Questionnaire

NAME: _____ Date: _____

I. Please check the level of your voice use:

- ____ Elite vocal performer (singer, actor)
- ____ Professional voice used (clergyman, lecturer)
- ____ Vocal professional (teacher, lawyer)
- ____ Non-vocal professional (technical, clerk)

II. Please answer and check as applies to your hoarseness:

How long have you had your voice problems? _____

Do you know what caused your voice problems? _____

Did your voice problem come on _____ slowly or _____ suddenly?

Is your voice problem getting _____ worse, _____ better, or _____ staying the same?

Is your voice problem:

____ pretty consistent now

____ have periods of normal voice at times. Normal periods last for how long? _____

III. Which symptoms do you have? Please check "YES" or "NO" accordingly.

YES NO

____ ____ Hoarseness (coarse, harsh or scratchy sound).

____ ____ Fatigue (voice tires or changes quality after use of voice over a certain period of time).

____ ____ Aphonia (complete loss of voice at times).

____ ____ Diplophonia (double tone during speaking or singing).

____ ____ Odynophonia (pain or aching in the throat or neck with long voice use).

____ ____ Voice Breaks (breaks or cracks in the voice in certain pitches of speech or Singing).

____ ____ Decrease in vocal range (difficulty with voice outside a small pitch range).

IV. Do you use smoke tobacco or marijuana, use any vaping products?

Which one? _____

How much? _____

How long? _____

NAME: _____

Date: _____

V. Please answer "YES" or "NO" to questions below and fill in blanks where appropriate.

YES NO

- ___ ___ Is your voice worse in the morning?
- ___ ___ Is your voice worse later in the day after much voice use?
- ___ ___ Are you exposed to significant amounts of smoke, fumes, or chemicals where you live, work or perform?
- ___ ___ Do you smoke or chew tobacco?
How much? _____ How long? _____
- ___ ___ Do you vape?
How much? _____ How long? _____
- ___ ___ Do you smoke marijuana?
How long? _____
- ___ ___ Do you smoke illicit drugs?
How long? _____
- ___ ___ Do you have acid indigestion, heart burn, or hiatal hernia?
- ___ ___ Do you have a bitter or acid taste or a burning throat first thing in the morning?
- ___ ___ Do you have _____ excessive weight gain, _____ change in skin or hair, _____ thyroid problems?
- ___ ___ Do you have a sensation of a lump in your throat?
- ___ ___ Do you have a cough?
- ___ ___ Do you know of anything that makes your voice problem worse?
If so, what? _____
- ___ ___ Anything that makes the voice better?
If so, what? _____
- ___ ___ Do you have nasal or sinus drainage down the back of your throat that you feel irritates your voice?
- ___ ___ Do you have allergies or hay fever?
- ___ ___ Do you have rheumatoid arthritis?
- ___ ___ Are you known to speak extensively or excessively on a regular basis?