UCLA Health

Voice-Coughing-Throat Clearing-Breathing Evaluation

Thank you for completing this questionnaire.

Your information helps us understand and treat your voice problem.

I Am Here for a Problem with My (Check all that apply):

- Voice
- Breathing
- Coughing
- Throat Clearing

Describe Your Problem

What is your current problem (Describe all that apply)?

- Voice
- Breathing
- Coughing
- Throat Clearing

What do you think is causing your problem?

Is your problem better or worse any time of day?

What makes your problem feel better or sound better?

What makes your problem feel or sound worse?

Pain: On a Scale of 0 – 10, Rate Any Pain Associated with Your Problem.

0 1 2 3 4 5 6 7 8 9 10

Prior Level of Function: Have You Had This Problem Before?

Onset

When did your problem start?

Was the onset sudden or gradual?

Please describe any preceding or concurrent events (illness, change in medication, voice use, etc).

Your Goals

- What are your expectations from therapy?

Singing

- Do you sing?
- Genre of singing?
- Range of singing?
- Any voice changes with singing? Loss of range? Difficulty with mix voice/passagio or head voice/falsetto?

Speaking

- How do you use your voice on a daily basis?
- What are your other voice demands?

About You

- What is your occupation?
- Who lives with you?
- How do you spend your time outside of work?

If you have a coughing, throat clearing or breathing problem, please answer the following. If you do not, you can skip this question.

- What triggers your problem?
- What do you feel when the problem starts?
- How often do you have the problem?
- How severe is the problem?
- How long does the problem last?

If you have a breathing problem, please answer the following.
If you do not, you can skip this question.

- Does your problem occur on inhalation, exhalation or both?
- Is the level of obstruction in your throat, upper chest or chest?
- If your problem occurs during exercise, does it occur at the peak of exercise or after you finish exercising?
- If your problem occurs during exercise, does it stop when you stop exercising?

Previous Treatment

Please fill in the information below for all professionals you have seen for this problem.

Date	MD or Speech Pathologist	Diagnosis	Recommendation	Helpful?

Please Fill in Your Complete Medical History Along with Medications and Surgeries.

Date	Diagnosis	Medicine	Surgery

Please List All Over the Counter Medications, Vitamins and Supplements You Take.

Smoking and Exposure to Smoke

- Childhood exposure to smoke?
- Did you ever smoke?
- Ages?
- How much did you smoke?

Reflux

- Have you ever had reflux?
- What reflux medication(s) do you take?
- Has it/Have they helped?
- What diet and lifestyle modifications do you follow to treat your reflux?

Eating Disorders

- Do you have a history of an eating disorder?
- How active is your eating disorder?

Hearing: Have You had a Recent Hearing Test?

Results:

Temporomandibular Joint Dysfunction (TMJD)

- Do you have TMJD?
- How are you treating your TMJD?

General Health

- Insufficient or inconsistent sleep
- Insufficient or inconsistent exercise
- Insufficient or inconsistent hydration
- Level of stress?

Vocal Care: Please Check All of the Following that You Do.

- Throat clearing
- Coughing

- Yelling, screaming, cheering
- Loud talking or singing
- Talking or singing in noisy places
- Voice imitations
- Whispering

- Periods of prolonged talking
- Periods of prolonged vocal rest

Associated Symptoms: Please check all that apply.

- Shortness of breath
- Wheezing
- Night time cough

- Coughing
- Throat clearing

- Voice problem
- Pain with voice use

- Swallow problem
- Pain with swallowing
- Metallic or sour taste
- Heartburn
- Chest Pressure or pain
- Regurgitation
- Food and or liquids going down the wrong way

- Post nasal drip
- Dry mouth
- Lump in your throat

What Else Do We Need to Know About You?

Revised on 1/12/19