



Your Name: _____ Your Doctor: _____ Date: _____

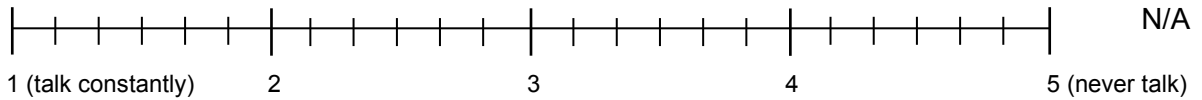
Judging Your Own Voice – rating scale

To the Client: These are rating scales for voice, vocal fold dysfunction and chronic cough. Please review all 4 pages. Indicate n/a if the questions are not appropriate for you or your child. Thank you.

When thinking about the last couple of months, please mark where you think you are on the scales below. Rating is as follows: (Please mark somewhere on the line or circle N/A)

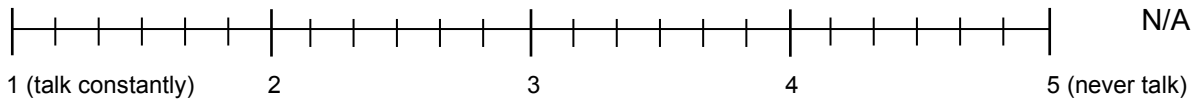
1- Always 2- Often 3- Sometimes 4- Rarely 5- Never N/A doesn't apply to me

1. I use my voice at work/school



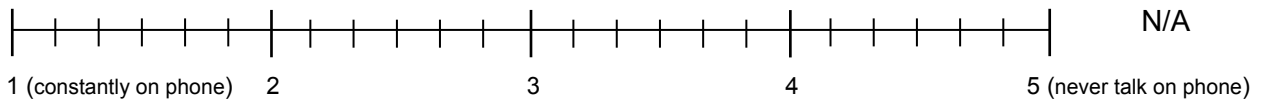
Comments: _____

2. I use my voice at home



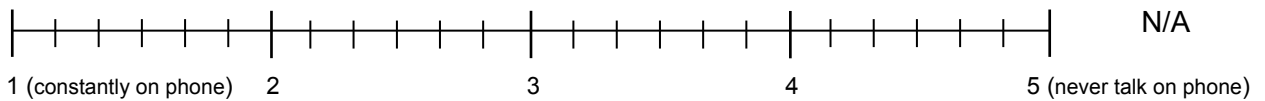
Comments: _____

3a. I talk on the phone (landline)



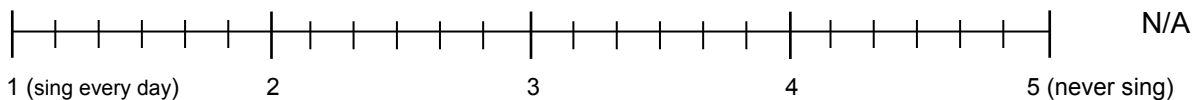
Comments: _____

3b. I talk on the cellular phone (indicate if mostly in the car, in a building, other _____)



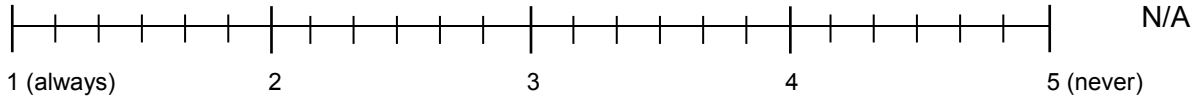
Comments: _____

4. I sing (indicate recreationally _____, professionally _____, type of music _____)



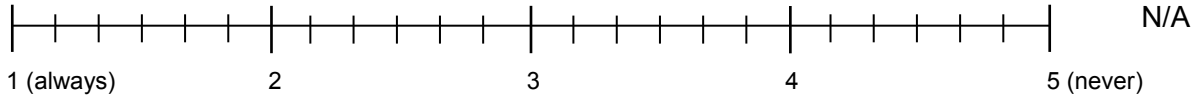
Comments: _____

5. I speak with a loud voice



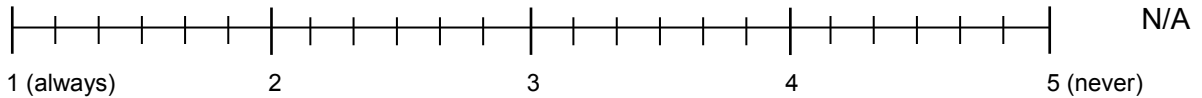
Comments: _____

6. I have trouble speaking loud enough to be heard in noisy situations



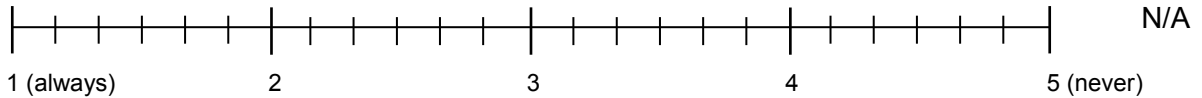
Comments: _____

7. I run out of air when I talk



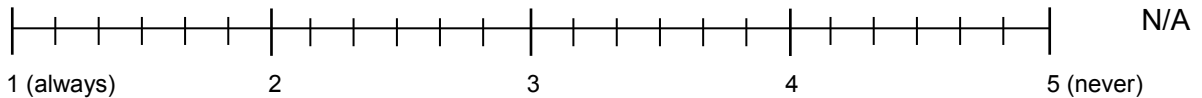
Comments: _____

8. I know how my voice will sound when I begin speaking



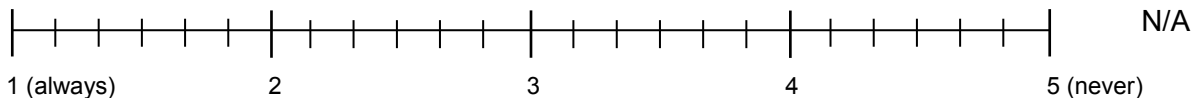
Comments: _____

9a. At work (school or professional setting) I am anxious or frustrated because of my voice



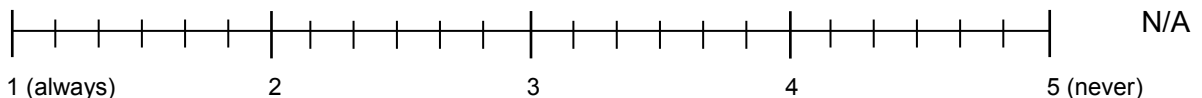
Comments: _____

9b. At home (or social situation) I am anxious or frustrated because of my voice



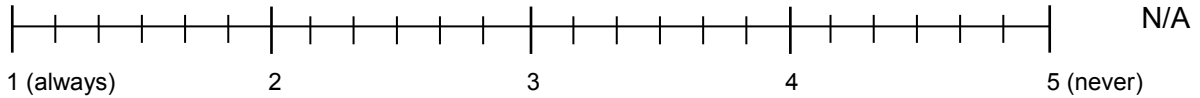
Comments: _____

10. I get depressed because of my voice



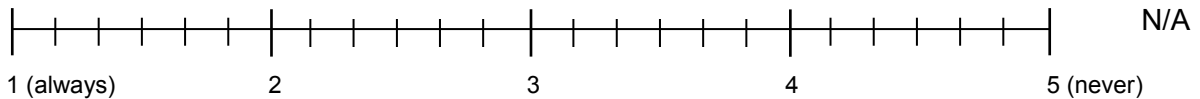
Comments: _____

11. I have trouble doing my job or practicing my profession because of my voice



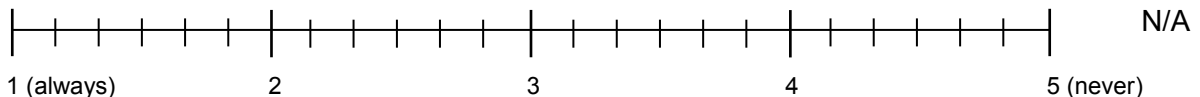
Comments: _____

12. People ask me to repeat what I've said



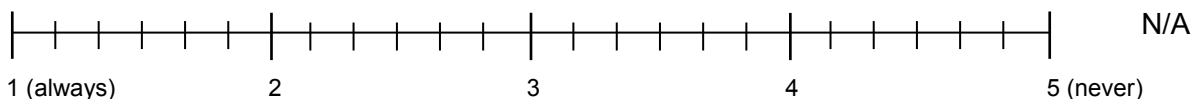
Comments: _____

13. I speak less in social situations because of my voice



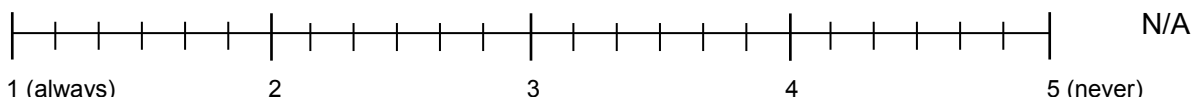
Comments: _____

14. My voice makes me feel "handicapped" or "disabled"



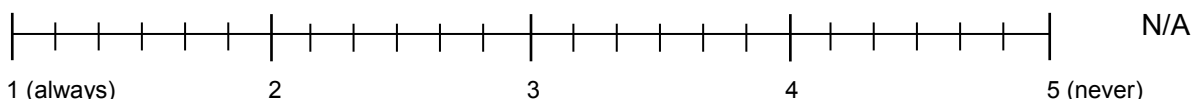
Comments: _____

15. I push my voice even when I know it's getting worse



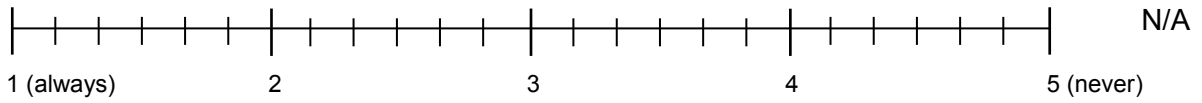
Comments: _____

16a. I feel tightness in my throat or neck ... when I exercise (mark X) ... when I am sitting quietly (mark O)



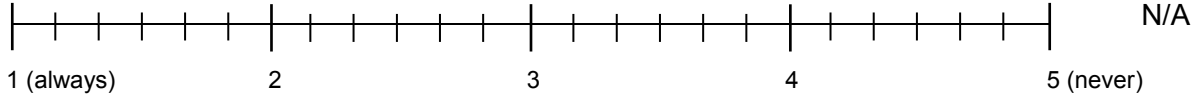
Comments: _____

16b. I feel tightness in my throat or neck when I am anxious or nervous



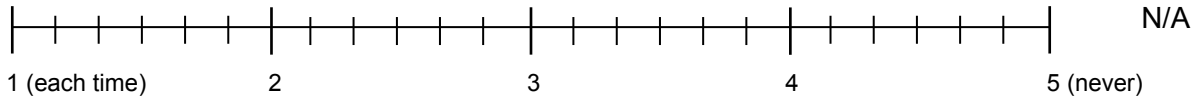
Comments: _____

17. I feel like I cannot get a full breath, i.e., catch my breath



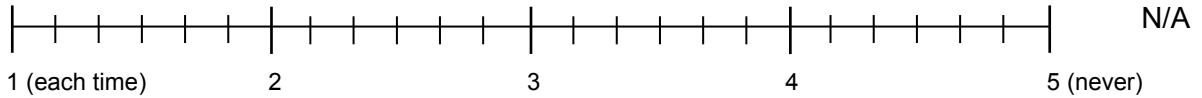
Comments: _____

18. When I am having trouble breathing, I fear that I could die



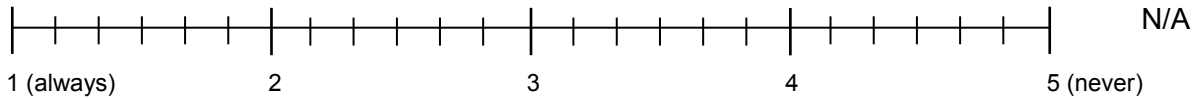
Comments: _____

19. I hyperventilate when I am experiencing this breathing problem



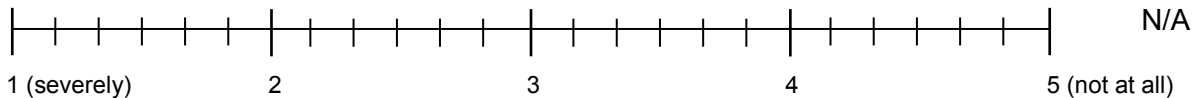
Comments (note if tingling in fingers, toes, etc.): _____

20. My breathing recovers within just a few minutes



Comments: _____

21. The quality of my voice has been affected by (cough ____, overuse ____, stress ____, other ____)



Comments: _____

CHRONIC COUGH: If you are being referred to us due to a chronic cough, would you please tell us about your cough, its frequency, its severity, etc. (use another page if needed) _____

How would you describe the overall quality of your voice? _____

General comments: Also, include what you have done to this point (if anything) to improve your voice, your vocal habits, etc. _____
