*Table 2.1 Vocal History Form*

**Vocal History**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Name:** | | | | | | 2. Date: |
| 3. Do you smoke?  a. ☐ yes ☐ no | b. Type/Brand | | c. Daily Amount | | Do you work or live in  a smoky environment?  d. ☐ yes ☐ no | |
| 4. Estimate your daily intake of:  a. Water | | b. Caffeine | | c. Alcohol | | |
| 5. List any medications you take, and the conditions they are meant to treat: | | | | | | |
| 6. Note any respiratory conditions such as asthma, emphysema, chronic bronchitis: | | | | | | |
| 7. Note any recurrent sinus problems such as allergies, post-nasal drip, sinus infection: | | | | | | |
| 8. Have your tonsils/adenoids been removed?  ☐ yes ☐ no | | | 9. Note any other facial, neck, head, thorax, abdomen,  or back surgery or injury: | | | |
| 10. Did you wear braces?  a. ☐ yes ☐ no | | b. How long?  c. Currently? | | d. What age did you start? | | |
| 11. Note any missing teeth (excluding wisdom teeth) | | | 12. Do you have any false teeth? | | | |
| 13. Note any jaw, or jaw-joint conditions such as: TMJ, pop-click, teeth grinding: | | | | | | |
| 14. Do you have a diagnosed hearing loss?  a. ☐ yes ☐ no | | | b. What is the extent? | | | |
| 15. Have you ever been diagnosed as dyslexic, or have any perceptual or learning disability? ☐ yes ☐ no  Note: | | | | | | |
| 16. Have you ever been under the care of a speech pathologist, laryngologist, or allergist? ☐ yes ☐ no  Note reason: | | | | | | |
| 17. Where were you born? | | | 18. Where were you raised? | | | |
| 19. Is English your first language?  ☐ yes ☐ no | | | 20. List any other languages you speak: | | | |
| 21. List any specific vocal complaints you have: | | | | | | |
| 22. Note the comments you typically receive on your voice: | | | | | | |
| 23. Note any vocal training you have had: | | | | | | |
| 24. Is there any other information we should be aware of in order to aid your vocal development? | | | | | | |