

Professional Voice Use History (page 1 of 2)

Name: _____

Date: _____

In what capacity do you use your voice professionally? singer actor
 conductor reception announcer D.J. clergy teacher
 lecturer server phone operator politician sales consultant
 physician attorney cheerleader other _____]

Duration of your present voice problem ___ days ___ weeks ___ months ___ years

Onset: gradual sudden; Getting worse better same

Who noticed it self family teacher critics
 everyone other _____

Do you know the cause? No Yes _____

Symptoms (Please check all that apply.)

- Hoarseness (coarse or scratchy sound)
- Fatigue (voice tires or changes quality after short period of use)
- Breathiness (sounds of air escaping during voice use)
- Tickling or choking sensation while using voice
- Voice breaks
- Pain in throat or neck while using voice while swallowing
- Frequent throat clearing
- Cough neck chest productive
- Trouble singing: softly loudly
- Loss of range: high mid low
- Trouble at register transition
- Change in classification (e.g: voice lowered from soprano to mezzo)
- Prolonged warm-up time (over ½ hour to warm up voice)
- Trouble controlling pitch
- Trouble supporting
- Other [_____]

Voice Category: soprano mezzo alto
 tenor baritone bass

Future important performances? No Yes When [_____]

Status of singing career: amateur professional

Long-term career goals in singing:

- premiere operatic premiere pop premier Broadway
- active avocation amateur performance amateur for fun

Singing voice training? No Yes classical popular
When [_____]

Speaking voice training? No Yes acting speech therapy
When [_____]

Have there been significant periods without lessons? No Yes

Teacher's name & address [_____]

Previous teachers [_____]

Do you have a job in addition to singing? No Yes [_____]
If yes, does it involve extensive voice use? No Yes

How many years did you sing actively before beginning voice lessons? [_____]

What types of music do you sing? (Check all that apply.)
 Classical Show Nightclub Rock [_____]

Do you sing in a sitting position? (e.g. behind drums) No Yes

Do you sing outdoors or in large halls, or with orchestras? No Yes

Do you use monitor speakers? No Yes

Do you play a musical instrument(s)? No Yes If yes, please check all that apply:
 keyboard Violin, viola, cello, bass flute, piccolo Brass bagpipe
 Wind, single reed Wind, double reed percussion
 accordion Plucked strings (guitar, harp) Other [_____]

How often do you practice singing?
 daily few times/week once/week rarely never

If you practice scales, do you do them: all at once divided over the day
How long do you practice? Scales: ___ min. / hrs. Songs ___ min. / hrs.

Do you warm up before singing? No Yes; warm down after singing? No Yes

Hours you sing daily: Rehearsal [_____] Performance [_____]

- | | |
|---|---|
| <input type="checkbox"/> Jaw joint problems | <input type="checkbox"/> Hard of hearing relative |
| <input type="checkbox"/> Bitter or acid taste | <input type="checkbox"/> Frequent "heartburn" |
| <input type="checkbox"/> Frequent yelling or loud talking | <input type="checkbox"/> Frequent whispering |
| <input type="checkbox"/> Chronic fatigue | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Work around extreme dryness | <input type="checkbox"/> Frequently thirsty, dehydrated |
| <input type="checkbox"/> Eat late at night | <input type="checkbox"/> use antacids |
| <input type="checkbox"/> Live, work, or perform around smoke or fumes | |

Eat any of the following before singing? spiced foods nuts
 chocolate coffee tea alcohol milk/ice cream

Any voice problems in the past that required a visit to a physician? If yes, please describe problem(s) and treatment(s): [laryngitis, nodules, polyps, hemorrhage, cancer, other]
