

Voice Evaluation

Name:
 ID/Medical record number:
 Date of exam:
 Referred by:
 Reason for referral:
 Medical diagnosis:
 Date of onset of diagnosis:
 Other relevant medical history/diagnoses/surgery
 Medications:
 Allergies:
 Pain:
 Primary languages spoken:
 Educational history:
 Occupation:
 Hearing status:
 Vision status:
 Tracheostomy:
 Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Vocal Hygiene

Daily water intake: ___ <2 glasses (16 oz.); ___ 3-4 glasses (17-32 oz); a--5-7 glasses (33-56 oz); ___ 8 or more glasses (>57 oz)

Daily caffeine intake (coffee, tea, colas, others): _____

Daily alcohol servings: ___ 0; ___ 1; ___ 2, ___ 3; ___ >3; Other _____

Smoking history

___ Nonsmoker

___ Current smoker

___ Former smoker

At what age did you quit? _____

For current and former smokers,

At what age did you begin smoking: ___

___ Cigarettes: ___ cigarettes per day; ___ packs per day

___ Pipe: ___ per day

___ Cigar: ___ per day

___ Chewing tobacco: ___ per day; week

___ Smoke recreational drugs: ___ per day; week; month

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Vocal Activities (describe all that apply)

Hrs. per day/comments

Telephone without headset	
Telephone with headset	
Telephone with speakerphone	
Talking: one to one conversation	
Talking in noisy settings	
Talking to groups	
Yelling or cheering	
Whispering	
Imitating Others	
Throat clearing	
Coughing	
Phonation during exercising	
Singing	
Other	

Environmental Issues (Describe only those that apply) Comments

Smoke	
Chemicals	
Allergens	
Temperature changes	

Reflux history Yes No

Diagnosis:

Gastroesophageal reflux disease

Laryngopharyngeal reflux

Other

Symptoms: _____

Frequency of symptoms: _____

Management (check all that apply):

Behavioral _____

Medication _____

Dose _____

Vocal Performer: Yes No

Vocal training type: _____

of years performing: _____

Singing range: _____

type of music performed: _____

type of accompaniment: _____

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type of amplification used when performing: _____
 Performance venues: _____
 Amount of practice per week: _____
 Warm up/cool down regimen _____
 Other: _____

Oral-Motor Assessment

WNL
 Notable for _____

Auditory-Perceptual Evaluation of Voice

[Consensus Auditory-Perceptual Evaluation of Voice \(CAPE-V\) \[PDF\]](#)

- [CAPE-V Purpose and Applications \[PDF\]](#)

Laryngeal Performance

/s:/z/ Ratio: _____
 ___functional for speech
 ___reduced laryngeal function relative to respiration

Maximum Phonation Time: _____
 ___adequate for speech
 ___reduced
 ___unstable tone
 ___unstable pitch
 ___unstable loudness
 Comments: _____

Pitch Glide : ___WNL; ___pitch breaks; ___reduced range; ___tension; ___cessation
 of voicing. Comments: _____
 Pitch range during speech: _____
 Voice onset delay: ___not present ___present.
 Comments _____

Muscle Tension Assessment

Tension Observed: ___None; ___Jaw; ___Neck; ___Shoulders; ___Face; ___Lips;
 ___Other:
 Comments _____

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Laryngeal Carriage

At rest: neutral carriage; high carriage; low carriage

Elevation during connected speech: _____

Elevation during sustained vowel: _____

Tenderness w/palpation/massage: no yes (right; left; bilateral)

Reduced thyrohyoid space at rest: no yes

Tongue base tension w/voicing: no yes

At rest: no yes

Comments: _____

Breath Support

At rest

Abdominal

Thoracic

Clavicular

Reverse Abdominal

Anchored

Mixed

Comments: _____

Sustained Phonation

Abdominal

Thoracic

Clavicular

Reverse Abdominal

Anchored

Mixed

Comments: _____

Conversation

Abdominal

Thoracic

Clavicular

Reverse Abdominal

Anchored

Mixed

Comments: _____

Speaks on Residual Air: yes no

Postural Alignment

Stance: balanced; slumped; militaristic; weight forward; weight back;
 right leaning; left leaning;
 Neck: free and loose; jaw jut; static; _____
 Shoulders: Symmetrical; right higher than left; left higher than right;
 both high;
 Pelvis: unremarkable; lordosis; knees locked;
 Comments: _____

Therapeutic Probes

Therapeutic techniques attempted and results

Shifting tone focus _____
 Easy onset _____
 Hard glottal onset _____
 Easy onset _____
 Breath support _____
 Postural adjustment _____
 Laryngeal manipulation _____
 Increase loudness _____
 Decrease loudness _____
 Increase fundamental frequency _____
 Decrease fundamental frequency _____
 Other _____
 Stimulability and level of cueing _____

Findings

No voice impairment
 (mild, mild-moderate, moderate, moderate-severe, severe) voice impairment
 characterized by _____

NOMS Voice score (1-7) ____

Impact of Voice Impairment on Functioning:

Activity Limitations and Participation Restrictions (check all that apply):

	Mild	Moderate	Severe
<input type="checkbox"/> Daily activities			
<input type="checkbox"/> Interpersonal interactions			
<input type="checkbox"/> Education			
<input type="checkbox"/> Employment			
<input type="checkbox"/> Community			

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Prognosis for improvement with treatment

good fair poor, based on _____

Recommendations

Voice treatment: yes no

Frequency: _____ Duration: _____

Other suggested referrals

- Gastroenterology
- Neurology
- Otolaryngology
- Psychology
- Pulmonology
- Other _____

Other recommended procedures:

- Endoscopy
- Stroboscopy
- Other _____

Patient/Caregiver Education

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and treatment plan
- Patient expressed understanding of evaluation but refused treatment
- Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
- Patient demonstrated recommended strategies
- Family/caregivers demonstrated recommended strategies
- Patient requires further education on strategies
- Family/caregivers require further education on strategies
- Other _____

Treatment Plan

Long-Term Goals

Short Term Goals

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