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)  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hrs. per day/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone without headset</td>
<td></td>
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<tr>
<td>Telephone with headset</td>
<td></td>
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<tr>
<td>Telephone with speakerphone</td>
<td></td>
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<tr>
<td>Talking: one to one conversation</td>
<td></td>
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<tr>
<td>Talking in noisy settings</td>
<td></td>
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<tr>
<td>Talking to groups</td>
<td></td>
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<tr>
<td>Yelling or cheering</td>
<td></td>
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<tr>
<td>Whispering</td>
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<tr>
<td>Imitating Others</td>
<td></td>
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<tr>
<td>Throat clearing</td>
<td></td>
</tr>
<tr>
<td>Coughing</td>
<td></td>
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<tr>
<td>Phonation during exercising</td>
<td></td>
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<tr>
<td>Singing</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

### Environmental Issues (Describe only those that apply)  

<table>
<thead>
<tr>
<th>Issue</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Smoke</td>
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<tr>
<td>Chemicals</td>
<td></td>
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<tr>
<td>Allergens</td>
<td></td>
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<tr>
<td>Temperature changes</td>
<td></td>
</tr>
<tr>
<td>Reflux history</td>
<td>__Yes __No</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td></td>
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<tr>
<td>Gastroesophageal reflux disease</td>
<td></td>
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<tr>
<td>Laryngopharyngeal reflux</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Symptoms:</td>
<td></td>
</tr>
<tr>
<td>Frequency of symptoms:</td>
<td></td>
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<tr>
<td>Management (check all that apply):</td>
<td></td>
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<tr>
<td>Behavioral</td>
<td></td>
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<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td></td>
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</tbody>
</table>

### Vocal Performer: __Yes __No

| Type:                              |          |
|                                   | 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 _____________________________________________________
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

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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
__ Daily activities
__ Interpersonal interactions
__ Education
__ Employment
__ 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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