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); ___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

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

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

<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>
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<tr>
<td>Allergens</td>
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<tr>
<td>Temperature changes</td>
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</table>

Reflex 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 ____________________________

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

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Voice Evaluation Template

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; _______________________________________

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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 __________________________

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

Prognosis for improvement with treatment
__good __ fair __poor, based on __________________________

Recommendations

Voice treatment: __yes __no

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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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