



Voice clinic AZ DELTA
First consultation in Voice Clinic

Comment considering the privacy law:

By completing this questionnaire, I give permission to the responsible person of the voice clinic (Dr. Delsupehe) and policy can use this information for research purposes. My medical data will be managed strictly confidential. I agree with the data collection, analysis of these data and the use of these medical data for research purposes. I also agree that these data can be transferred and analysed in other countries than Belgium. My name will not be mentioned; in any way.

General information

Name: _____

Date of birth: _____

Occupation(s): _____

On a scale from 1 to 7: how talkative are you (by nature, not by occupation or other circumstance):
(1 = very untalkative, 7 = very talkative)

1 2 3 4 5 6 7

On a scale from 1 to 7: How would you describe the loudness of your conversational voice? (1 = very soft, 7 = very loud)

1 2 3 4 5 6 7

Vocal commitments:

singing theatre youth club other: _____

Do you smoke? yes no no, but I smoked in the past

Who referred you to the voice clinic?

Primary physician Voice teacher Hospital Speech-Language Pathologist Professional organization Friend Internet Other: _____

Did you already visit another ENT-surgeon?

no yes, name: _____

Do you receive speech therapy at this moment?

no
 yes, name: _____

For how long? 1 month 3 months 6 months 9 months
 12 months 15 months more than 15 months

Any voice training with voice teacher?

no, never had voice training



no, but in the past, I had voice training with _____

yes. Name voice teacher: _____

Problem overview

What is the primary problem you need addressed?

When did it begin?

On a scale from 1 to 7, how severe seems your problem to you? (1 = no problem, 7 = severe)

1 2 3 4 5 6 7

On a scale from 1 to 7, how motivated would you say you are to solve this problem? (1 = not motivated, 7 = extremely motivated)

1 2 3 4 5 6 7

What can't you do with your voice that you should be able to?

What does happen with your voice that shouldn't?

When do you experience most difficulties with your voice?

in the morning during the evening no difference during the day

Do you experience more difficulties after voice overload? yes no

Do you experience more difficulties after fatigue?

yes no

Do you experience throat problems?

no yes (what kind of?): _____

Do your throat problems increase during voice overload?

yes no

Do you have to clear your throat?

yes no

Do you have to cough frequently?

yes no