



Voice clinic AZ DELTA
Control visit 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

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

Do you benefit from treatment? yes no

Do you take any medication for your voice?

no
 yes, name of medication: _____

Do you perform other activities for your voice, such as vocal exercises?

no



yes, in particular: _____

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

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, to what degree do you think your voice has already improved? (1 = not improved, 7 = very well improved)

- 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?

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

- 1 2 3 4 5 6 7

When do you experience most difficulties with your voice?

- in the morning during the evening any 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