

NORTH COUNTY EAR, NOSE AND THROAT –  
HEAD AND NECK SURGERY  
Pediatric and Adult  
2023 WEST VISTA WAY, SUITE J  
VISTA, CA. 92083  
(760)726-2440 FAX (760)726-0644

**ADULT VOICE QUESTIONNAIRE**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please answer the following questions.**

Duration 1.) How long have you had the voice problems? \_\_\_\_\_

Context 2.) Any idea what caused it? \_\_\_\_\_  
\_\_\_\_\_

Modifying 3.) Anything you know of that makes it worse? (e.g. using your voice a lot) \_\_\_\_\_  
\_\_\_\_\_

4.) Anything that makes it better? \_\_\_\_\_  
\_\_\_\_\_

Timing 5. Is it constant or intermittent? \_\_\_\_\_

Severity 6.) How much of a problem is it? \_\_\_\_\_  
\_\_\_\_\_

**Yes No Do you have any of the following?**

PFSH   7.) Exposure to irritating fumes

8.) Recent hospitalization

9.) Recent surgery of any kind

ROS   10) Generalized weakness

11) Recent excessive weight loss

12) Double vision

13) Sore throat

14) Post nasal drainage

15) Hearing loss

16) Dry mouth or dry eyes

17) Lots of voice use (e.g. singing, lecturing, teaching, lots of telephone work)

(over)

**Yes No Do you have any of the following?**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 18) Throat surgery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19) Heart trouble   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20) Emphysema, asthma, or other lung problem  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21) Shortness of breath with small amounts of exercise                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 22) Trouble swallowing  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23) Indigestion, heartburn, hiatal hernia, or stomach problem                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 24) Arthritis   |
| <input type="checkbox"/> | <input type="checkbox"/> | 25) Stroke  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26) History of having polio   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27) Thyroid problem (e.g. weight gain, fatigue, intolerance to cold weather,<br>hair loss |
| <input type="checkbox"/> | <input type="checkbox"/> | 28) Anemia  |

**For office use:**

Meds with throat side effects \_\_\_\_\_

Cigarette Use \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only

# of HPI elements 5  
PFHS areas 2  
# of systems reviewed 10