

**BOB ROSE  
VOCAL TRAINING & COACHING**

**VOICE TEST**

The following Voice Test Chart will give you clues as to your instrument's problems by answering a few symptoms.

This list does not claim to be a medical chart or be all the questions a doctor might ask. It is merely a guideline to examining common vocal problems that may or may not apply to your body.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

e-mail \_\_\_\_\_

Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other: \_\_\_\_\_

**INDICATE (X) WHICH OF THE FOLLOWING CONCERNS APPLY TO YOU:**

Explain:

- \_\_\_\_\_ Hoarseness \_\_\_\_\_
- \_\_\_\_\_ Rough or raspy voice \_\_\_\_\_
- \_\_\_\_\_ Weak voice (too soft) \_\_\_\_\_
- \_\_\_\_\_ Loss of voice \_\_\_\_\_
- \_\_\_\_\_ Voice Breaks \_\_\_\_\_
- \_\_\_\_\_ Voice / throat gets tired \_\_\_\_\_
- \_\_\_\_\_ A feeling that talking or singing is an effort, a strain \_\_\_\_\_
- \_\_\_\_\_ A choked feeling in the throat while talking or singing \_\_\_\_\_
- \_\_\_\_\_ Chest tension while talking or singing \_\_\_\_\_
- \_\_\_\_\_ Vibration, rumbling feeling in the throat while talking or singing \_\_\_\_\_
- \_\_\_\_\_ Whispered speech \_\_\_\_\_
- \_\_\_\_\_ High Pitch \_\_\_\_\_
- \_\_\_\_\_ Low Pitch \_\_\_\_\_
- \_\_\_\_\_ Monotone \_\_\_\_\_
- \_\_\_\_\_ Can't be understood \_\_\_\_\_
- \_\_\_\_\_ Difficulty getting words / voice out \_\_\_\_\_
- \_\_\_\_\_ Difficulty finding words you want to say \_\_\_\_\_
- \_\_\_\_\_ Talk too fast \_\_\_\_\_
- \_\_\_\_\_ Talk too slow \_\_\_\_\_
- \_\_\_\_\_ Hesitant speech \_\_\_\_\_
- \_\_\_\_\_ Stutter (stammer) \_\_\_\_\_
- \_\_\_\_\_ Mispronounce speech sounds. Which ones? \_\_\_\_\_
- \_\_\_\_\_ Slur speech sounds \_\_\_\_\_
- \_\_\_\_\_ Difficulty singing your best \_\_\_\_\_

- \_\_\_\_\_ Talk through the nose \_\_\_\_\_
- \_\_\_\_\_ Mumble \_\_\_\_\_
- \_\_\_\_\_ Difficulty writing \_\_\_\_\_
- \_\_\_\_\_ Difficulty reading \_\_\_\_\_
- \_\_\_\_\_ Other (list) \_\_\_\_\_

INDICATE (X) WHICH OF THE FOLLOWING PROBLEMS APPLY TO YOU:

Explain:

- \_\_\_\_\_ Dry, scratchy throat \_\_\_\_\_
- \_\_\_\_\_ Tense, tight throat \_\_\_\_\_
- \_\_\_\_\_ Throat itches \_\_\_\_\_
- \_\_\_\_\_ Sore throat \_\_\_\_\_
- \_\_\_\_\_ Breathlessness \_\_\_\_\_
- \_\_\_\_\_ Excessive saliva \_\_\_\_\_
- \_\_\_\_\_ Earaches \_\_\_\_\_
- \_\_\_\_\_ Neck Tension \_\_\_\_\_
- \_\_\_\_\_ Headaches \_\_\_\_\_
- \_\_\_\_\_ Excessive mucus in the throat \_\_\_\_\_
- \_\_\_\_\_ Constant stuffy nose \_\_\_\_\_
- \_\_\_\_\_ Need to swallow constantly \_\_\_\_\_
- \_\_\_\_\_ Clear throat often \_\_\_\_\_
- \_\_\_\_\_ Cough often \_\_\_\_\_
- \_\_\_\_\_ Swallowing difficulty \_\_\_\_\_
- \_\_\_\_\_ Numb tongue \_\_\_\_\_
- \_\_\_\_\_ Numb lips \_\_\_\_\_
- \_\_\_\_\_ Other (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did your vocal problem begin? (Month, Year) \_\_\_\_\_

Has it been getting worse? \_\_\_\_\_ Better? \_\_\_\_\_ Staying the same? \_\_\_\_\_

Did it start suddenly? \_\_\_\_\_ Gradually? \_\_\_\_\_ Not Sure? \_\_\_\_\_

What circumstances (surgery, laryngitis, etc.) surrounded the onset of your present vocal problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDICATE OTHER TREATMENT YOU HAVE HAD FOR VOICE PROBLEM (TYPE, YEAR, DURATION, SPEECH RESULTS):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the present time, are there any times or circumstances when your voice is normal? \_\_\_\_\_  
Better? \_\_\_\_\_ Other \_\_\_\_\_

At the present time, are there any times or circumstances when your voice gets worse? \_\_\_\_\_

Check (X) items which apply to you: Explain:

\_\_\_\_ Smoke \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Used to smoke \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Constantly tired \_\_\_\_\_  
\_\_\_\_ Difficulty sleeping \_\_\_\_\_  
\_\_\_\_ Loss of consciousness \_\_\_\_\_  
\_\_\_\_ Menstrual problems \_\_\_\_\_  
\_\_\_\_ Colds \_\_\_\_\_ Nasal congestion \_\_\_\_\_ Post-nasal discharge \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_  
\_\_\_\_ Thyroid problems \_\_\_\_\_  
\_\_\_\_ Nose, mouth, throat surgery \_\_\_\_\_  
\_\_\_\_ Respiratory surgery or treatment \_\_\_\_\_  
\_\_\_\_ Lung surgery \_\_\_\_\_  
\_\_\_\_ X-ray therapy (past, present) \_\_\_\_\_  
\_\_\_\_ Taking Medicine \_\_\_\_\_

\_\_\_\_\_ Other health problems \_\_\_\_\_

CHECK (X) ITEMS WHICH APPLY TO YOU:

\_\_\_\_\_ Use dairy products (type): \_\_\_\_\_ regularly \_\_\_\_\_

\_\_\_\_\_ Drink beer or wine regularly \_\_\_\_\_ glasses daily \_\_\_\_\_

\_\_\_\_\_ Drink hard alcoholic beverages, daily \_\_\_\_\_ type \_\_\_\_\_

\_\_\_\_\_ Work, live around:

Dust \_\_\_\_\_ Smoke \_\_\_\_\_ Fumes \_\_\_\_\_ Chemicals \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Number of people with whom you live \_\_\_\_\_

Socially active:

\_\_\_\_\_ Mildly \_\_\_\_\_ Moderately \_\_\_\_\_ Very \_\_\_\_\_

\_\_\_\_\_ Nervous, tense \_\_\_\_\_

\_\_\_\_\_ Under a lot of pressure \_\_\_\_\_

\_\_\_\_\_ Worried or otherwise emotionally upset \_\_\_\_\_

\_\_\_\_\_ Mental / emotional problem \_\_\_\_\_

\_\_\_\_\_ Have had therapy \_\_\_\_\_

\_\_\_\_\_ Talkative \_\_\_\_\_

\_\_\_\_\_ Noisy living quarters \_\_\_\_\_

\_\_\_\_\_ Noisy job setting \_\_\_\_\_

\_\_\_\_\_ Talk in noisy settings \_\_\_\_\_

\_\_\_\_\_ Talk in smoke-filled settings \_\_\_\_\_

\_\_\_\_\_ Shout:

\_\_\_\_\_ Home \_\_\_\_\_ Sports \_\_\_\_\_ Job \_\_\_\_\_ Playing \_\_\_\_\_ Other \_\_\_\_\_

is Speech needed for:

\_\_\_\_\_ Speaking \_\_\_\_\_ Acting \_\_\_\_\_ Solo singing \_\_\_\_\_ Group singing \_\_\_\_\_

Explain \_\_\_\_\_

## CHECK (X) ITEMS WHICH APPLY TO YOU:

\_\_\_\_\_ You keep the pitch of your voice low. Explain \_\_\_\_\_

\_\_\_\_\_ You try to alter your voice \_\_\_\_\_ How? \_\_\_\_\_

\_\_\_\_\_ You use your voice for special effects \_\_\_\_\_

\_\_\_\_\_ Previous singing lessons \_\_\_\_\_ Where? \_\_\_\_\_ Type? \_\_\_\_\_

\_\_\_\_\_ You have vocal limitations \_\_\_\_\_

\_\_\_\_\_ You have a hearing problem \_\_\_\_\_

\_\_\_\_\_ You hear ringing and other head noises \_\_\_\_\_

\_\_\_\_\_ You regularly talk to a hard-of-hearing person \_\_\_\_\_

\_\_\_\_\_ You have had a speech or singing problem other than the present one \_\_\_\_\_

\_\_\_\_\_ Someone in your family has had a voice problem \_\_\_\_\_

What was your voice like before you developed the present problem? (Describe)

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Please indicate anything else you believe might be relevant to your voice / singing problem?

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Do you do anything to try and overcome your voice / singing problem?

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