

**Voice
Parent Input Form**

Student's Name:

Date:

Parent's Name:

Age:

Language spoken at home/school:

Please answer by selecting N (Never), S (Sometimes), F (Frequently), AA (Almost Always)

1. Does your child's voice sound like that of other family members?
2. Does your child complain about ear aches or have ear infections?
3. Does your child have and/or complain about having a sore throat?
4. Does your child have allergy symptoms?
5. Does your child have chronic colds or upper respiratory infections?
6. Does your child breathe through his/her mouth?
7. Does your child snore while sleeping?
8. Does your child's voice sound strained when speaking?
9. Does your child's voice sound hoarse?
10. Does your child seem short of breath when speaking?
11. Does your child's voice sound like it is coming through his/her nose?
12. Does your child's voice sound like he/she has a stuffy nose?

13. Does your child's voice sound worse in the morning?
14. Does your child's voice sound worse in the evening?
15. Does your child lose his/her voice?
16. Does your child speak more loudly than necessary?
17. Does your child speak too quietly?
18. Does your child use a pitch that is unusual for his/her age or gender?
19. Does your child speak in a monotone?
20. Does your child's voice cut in and out when he/she is speaking?
21. Does your child cough or clear his/her throat?
22. Does your child have problems swallowing?
23. Does your child have heartburn or acid indigestion?
24. Does your child use tobacco products?
25. Does your child consume caffeinated drinks?
26. Does your child consume alcoholic beverages?
27. Does your child argue, yell, or play loud games?
28. Does your child participate in sports that include shouting?
29. Does your child attend loud social events (parties, concerts, games)?

30. Does your child participate in choral groups, cheerleading, or choir?

31. Is your child exposed to environmental factors like dust, mold, kerosene fumes, wood or cigarette smoke?

32. Is your child frustrated/embarrassed by his/her speech difficulty?

33. Is there a history of cleft palate, head/neck/throat injury, or intubation? Yes No

If yes, please describe: