

Affix Label Here

Questionnaire – Follow up

1) Appt. Date: _____

2) Have there been and changes in your condition since your last appointment?
 (improvements/deteriorations): _____

3) How many cups of caffeinated beverages (coffee, tea, cola) are you drinking per day? _____

4) How many 8 oz glasses of water are you drinking per day? _____

5) Since your last visit, have you had problems with your:

- | | |
|-------------------------------------|----------------|
| Blood Pressure | No ___ Yes ___ |
| Heart/Lungs | No ___ Yes ___ |
| Stomach/Bowels | No ___ Yes ___ |
| Kidney/Urinary tract | No ___ Yes ___ |
| Muscles/Joints | No ___ Yes ___ |
| Skin | No ___ Yes ___ |
| Eye/Vision | No ___ Yes ___ |
| Diabetes/Thyroid | No ___ Yes ___ |
| Allergic/Immune system | No ___ Yes ___ |
| Infections | No ___ Yes ___ |
| Neurological/Psychological problems | No ___ Yes ___ |
| Weight loss/fevers | No ___ Yes ___ |

6) Please answer the following below based on what your voice has been like over the past 2 weeks.

There are no right or wrong answers. Use the following scale for rating each statement:

1 = None, not a problem; 2 = A small amount; 3 = A moderate (medium) amount; 4 = A lot; 5 = Problem is as “bad as it can be”

Because of my voice,

How much of a problem is this?

- | | | | | | |
|---|---|---|---|---|---|
| a. I have trouble speaking loudly or being heard in noisy situations. | 1 | 2 | 3 | 4 | 5 |
| b. I run out of air and need to take frequent breaths when talking. | 1 | 2 | 3 | 4 | 5 |
| c. I sometimes do not know what will come out when I begin speaking. | 1 | 2 | 3 | 4 | 5 |
| d. I am sometimes anxious or frustrated (because of my voice). | 1 | 2 | 3 | 4 | 5 |
| e. I sometimes get depressed (because of my voice). | 1 | 2 | 3 | 4 | 5 |
| f. I have trouble using the telephone (because of my voice). | 1 | 2 | 3 | 4 | 5 |
| g. I have trouble doing my job or practicing my profession (because of my voice). | 1 | 2 | 3 | 4 | 5 |
| h. I avoid going out socially (because of my voice). | 1 | 2 | 3 | 4 | 5 |
| i. I have to repeat myself to be understood. | 1 | 2 | 3 | 4 | 5 |
| j. I have become less outgoing (because of my voice). | 1 | 2 | 3 | 4 | 5 |

24) Any other comments? _____

Reviewed with patient on this date: _____ M.D.