APPENDIX C. FUNCTIONAL INDICATORS OF VOICE DISORDERS IN CHILDREN AND ADOLESCENTS

Please check all that apply to this child:

- _____ Coughs, clears throat, or chokes frequently
- _____ Has difficulty breathing or swallowing
- _____ Complains of a sore throat often
- _____ Voice sounds rough, hoarse, breathy, weak or strained
- _____ Loses his/her voice every time s/he has a cold
- _____ Always sounds "stuffed up," like during a cold; or sounds like s/he is talking "through the nose"
- Voice sounds worse at different times of the day (morning, after school, evening)
- _____ Sounds different from his/her friends of the same age and sex
- _____ Voice sounds worse after shouting, singing, playing outside, or talking for a long time
- Uses a lot of effort to talk; or complains of vocal fatigue
- _____ Yells, screams, or cries frequently
- _____ Likes to sing and perform often; participates in acting and/or singing groups
- _____ Participates in sports activities or cheerleading activities that require yelling and calling
- _____ Has difficulty being understood by unfamiliar listeners
- _____ Can't be heard easily in the classroom or when there is background noise
- _____ Talks more loudly than others in the family or classroom
- _____ Voice problem is interfering with his/her performance at school
- _____ Doesn't like the sound of his/her voice; or is teased for the sound of his/her voice
- _____ Attends many loud social events (parties, concerts, sports games)
- _____ Seems tired or unhappy a lot of the time
- _____ Is facing difficult changes, such as death, divorce, financial problems
- _____ Does not express his/her feelings to anyone
- _____ Lives with a family that uses loud voices frequently
- _____ Smokes, or is exposed to smoke at home or at a job
- _____ Uses alcohol
- _____ Eats "junk food" frequently; or complains of heartburn or sour taste in the mouth
- _____ Drinks beverages that contain caffeine; or drinks little water
- _____ Has allergies, respiratory disease, or frequent upper respiratory infections
- _____ Has hearing loss or frequent ear infections
- _____ Takes prescription medications (please list)
- _____ Has a history of injuries to the head, neck, or throat (please describe)
- _____ Has had surgeries (please describe)
- _____ Was intubated at birth or later (please describe)
- _____ Has a chronic illness or disease (please describe)

My primary concern about this child's voice is (please describe):

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