The Blaine Block Institute
FOR VOICE ANALYSIS & REHABILITATION

Legal Name:_________________________________ **Email:**____

Preferred Name (if different):__________________ ____

Today's Date:__________________________ **Date of Birth:** ____

Gender: M / F / Other _________________ **What are your pronouns?** _____________________________

Occupation: _________________________________ **Daily Voice Use:** Low / Medium / High / Professional Voice User

Are you a singer? Y / N If you ARE a singer, what is your voice type?____________________________________

What type of music do you sing? ____

Why are you here today? (Check all that apply)

- ☐ I have a problem with my voice
- ☐ I have a sore throat
- ☐ I feel something in my throat / lump in my throat
- ☐ I have trouble swallowing
- ☐ I have trouble breathing
- ☐ I am coughing or clearing my throat
- ☐ My Doctor sent me here
- ☐ Pre-treatment or Pre-surgical evaluation
- ☐ Other

Tell us a little more about your problem

____
____
____
____
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____
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____

Current Medications: Please provide a list of any medications you are taking including over-the-counter and supplements

____

Allergies: Please list ANY allergies you are aware of, including medications and any other allergies

____

Indicate if you have ever experienced any of the following conditions (check all that apply)

☐ Anxiety/Depression	☐ Diabetes	☐ High Blood Pressure	☐ Sinus Problems
☐ Arthritis	☐ Digestive/Stomach Problems	☐ Lump in the Throat	☐ Sleep Disorder
☐ Asthma	☐ Ear Pain	☐ Lung Disease	☐ Swallowing Problems
☐ Breathing Problems	☐ Elevated Cholesterol	☐ Muscle Weakness	☐ Swollen Glands
☐ Cancer	☐ Headaches	☐ Neck Mass / Lumps	☐ Throat Clearing
☐ Change in Weight	☐ Hearing Loss	☐ Neck / Back Surgery	☐ Throat Pain
☐ Choking	☐ Heart Disease	☐ Neurological Problems	☐ Thyroid Problems
☐ Chronic Cough	☐ Heartburn	☐ Post-Nasal Drainage	☐ TMJ Disorder
☐ Circulation Problems	☐ Hiatal Hernia	☐ Psychiatric Disorder	☐ Tremor
			☐ Ulcers
			☐ Wheezing

Smoking History: Do you **now** or have you **ever** used any of the following (check all that apply)

☐ Cigarettes	☐ Chewing Tobacco	☐ Vape / E-Cigarette
☐ Cigars	☐ Pipe Tobacco	

If you have quit: How many years did you use tobacco? _______________________ How much tobacco per day? ________________________________

Recreational Drug Use? Y / N Method: Smoke / Vape / Edibles / Other

Fluid Consumption: Please indicate what and **how much** (in ounces / glasses / bottles) you drink daily

☐ Plain Water___________	☐ Tea____________	☐ Carbonated Beverages________________________
☐ Coffee_______________	☐ Juice___________	☐ Alcohol (Beer / Wine / Liquor____________________

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Reflux Severity Index (RSI) These are statements that many people have used to describe their voices and the effects of their voices on their lives. In the past month, how did the following problems affect you?

0 = No Problem 5 = Problem as Bad as It Can Be

Hoarseness or a problem with your voice	**0**	**1**	**2**	**3**	**4**	**5**
Clearing your throat	**0**	**1**	**2**	**3**	**4**	**5**
Excess throat mucus or post-nasal drip	**0**	**1**	**2**	**3**	**4**	**5**
Difficulty swallowing food, liquids or pills	**0**	**1**	**2**	**3**	**4**	**5**
Coughing after you ate or after lying down	**0**	**1**	**2**	**3**	**4**	**5**
Breathing difficulties or choking episodes	**0**	**1**	**2**	**3**	**4**	**5**
Troublesome or annoying cough	**0**	**1**	**2**	**3**	**4**	**5**
Sensation of something sticking in your throat or a lump in your throat	**0**	**1**	**2**	**3**	**4**	**5**
Heartburn, chest pain, indigestion, or stomach acid coming up acid	**0**	**1**	**2**	**3**	**4**	**5**

Voice Related Quality of Life (VRQOL) Considering both how severe the problem is when you get it, and how frequently it happens, please rate each item below on how "bad" it is.

1 = No Problem 5 = Problem as Bad as It Can Be

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

Glottal Function Index (GFI) Within the past MONTH, how did the following problems affect you?

0 = No Problem 5 = Problem as Bad as It Can Be

Speaking took extra effort	**0**	**1**	**2**	**3**	**4**	**5**
Throat discomfort or pain after using your voice	**0**	**1**	**2**	**3**	**4**	**5**
Vocal fatigue (voice weakened as you talked)	**0**	**1**	**2**	**3**	**4**	**5**
Voice cracked or sounded different	**0**	**1**	**2**	**3**	**4**	**5**

Cough Severity Index (CSI) These are some symptoms that you may be feeling.

0 = never 1 = almost never 2 = sometimes 3 = almost always 4 = always

My cough is worse when I lay down	**0**	**1**	**2**	**3**	**4**
My coughing problem causes me to restrict my personal and social life	**0**	**1**	**2**	**3**	**4**
I tend to avoid places because of my cough problem	**0**	**1**	**2**	**3**	**4**
I feel embarrassed because of my coughing problem	**0**	**1**	**2**	**3**	**4**
People ask, "What's wrong?" because I cough a lot	**0**	**1**	**2**	**3**	**4**
I run out of air when I cough	**0**	**1**	**2**	**3**	**4**
My coughing problem affects my voice	**0**	**1**	**2**	**3**	**4**
My coughing problem limits my physical activity	**0**	**1**	**2**	**3**	**4**
My coughing problem upsets me	**0**	**1**	**2**	**3**	**4**
People ask me if I am sick because I cough a lot	**0**	**1**	**2**	**3**	**4**