
SPEECH IMPROVEMENT BACKGROUND HISTORY

Name: _____ DOB: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

Occupation: _____

Place of Employment: _____

Work Address: _____

Education Level: (Check as many as apply.)

HS BA/BS MA/MS MD/PhD

Place of Birth: _____

Geographic regions in which you have lived. Please include dates: _____

Where were your parents born/raised? _____

Are you bilingual? Yes No

If yes, in what languages are you fluent? _____

If English is not your first language, at what age did you learn English? _____

How did you learn English? _____

Is there a history of speech, language or voice problems in the family? Yes No

If yes, please explain: _____

Is there a history of hearing problems in the family? Yes No

If yes, please explain: _____

Have you ever received speech or voice therapy? Yes No

If yes, please describe your experience: _____

Have you received speech training in the past? Yes No

If so, please describe (where, with whom, for how long?) _____

Why are you seeking speech/voice improvement? _____

What specific aspects of your speech or voice do you feel need to be changed or improved?
(List specific sounds, words, etc) _____

Does your occupation require you to do public speaking? Yes No

If yes, please describe: _____

Have you or do you currently:

Smoke? (tobacco or other substances) Yes No

How much? How long? _____

Drink? (beer, wine, other alcoholic substances) Yes No

How many drinks/day? _____

Talk above noise? Yes No

If yes, please explain: _____

Talk loud, scream, yell? Yes No

If yes, please describe: _____

Sing? choir; solo; with a musical group

Engage in activities that require a lot of talking? Yes No

If yes, please describe: _____

Mark each statement as true or false according to your view of your voice.

1. I frequently find that I am short of breath as I speak. True False
2. I don't like to listen to myself on a tape recording. True False
3. My voice gets tired as I use it. True False
4. Strangers on the telephone think I am younger or older than I am. True False
5. My voice is different in the morning than it is at night. True False
6. After I talk a lot, my throat hurts. True False
7. People have difficulty hearing me in some situations. True False
8. My voice doesn't sound as good as it used to sound. True False
9. My voice sounds as if it is in my nose. True False
10. My voice sounds as if I am nervous. True False
11. I occasionally lose my voice when I am nervous or tired. True False
12. When I speak, I don't have the voice I want. True False
13. I would like to change the pitch of my voice. True False
14. I feel that my voice isn't "really me." True False
15. I frequently clear my throat. True False
16. When I have an allergy or a cold, I sometimes lose my voice. True False
17. My throat feels excessively dry and scratchy
after prolonged speaking. True False
18. People frequently misunderstand what I say. True False
19. Strangers on the telephone think I am of the opposite sex. True False