

# Voice Student Input

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## RATING SCALE

**Never-** I never exhibits this skill

**Rarely-** I rarely display this skill but might demonstrate it on infrequent occasions

**Sometimes-** I sometimes display this skill in different situations

**Often-** I often display this skill on a few occasions and with a few other people

**Consistently-** I consistently display this skill in many settings and with a variety of people.

	Never	Rarely	Sometimes	Often	Consistently
Do you speak loudly enough to be heard?					
Do you lose their voice?					
Do you shout, scream or yell?					
Do you clear your throat?					
Does your voice bother you?					
Do you think you sound hoarse?					
Do people ask you to repeat yourself?					
Do other people make comments about your voice?					
Do you feel like you need to strain to talk?					
Do you ever feel like it's hard to talk to others because of your voice?					
Do you choose not to participate because of your voice?					
Do you avoid talking or reading in class?					
Do you experience any discomfort when talking?					
Are you able to easily vary the pitch of your voice to show emotion?					
Can you easily speak at different volumes?					
Other?					

## Voice Student Input

Please Check any of the following behaviors that you feel that you often exhibit:		
<input type="checkbox"/> yelling/shouting	<input type="checkbox"/> excessive crying	<input type="checkbox"/> excessive talking
<input type="checkbox"/> frequent throat clearing	<input type="checkbox"/> frequent coughing	<input type="checkbox"/> heartburn/reflux
<input type="checkbox"/> "breaks" or "cracks" in voice	<input type="checkbox"/> overly loud talking	<input type="checkbox"/> frequently congested

How would you describe the natural pitch of your voice?			
<input type="checkbox"/> clear and resonant	<input type="checkbox"/> mellow and soothing	<input type="checkbox"/> thin or weak	<input type="checkbox"/> raspy or hoarse

How do you feel about the overall sound of your voice?			
<input type="checkbox"/> Confident and comfortable	<input type="checkbox"/> Neutral, I don't think much about it	<input type="checkbox"/> Self-conscious or insecure	<input type="checkbox"/> I dislike the sound of my voice

Would you like to improve any aspects of your voice? (Select all that apply)				
<input type="checkbox"/> Pitch range	<input type="checkbox"/> Clarity and articulation	<input type="checkbox"/> Volume control	<input type="checkbox"/> Vocal endurance (less strain)	<input type="checkbox"/> Expressiveness (emotion and emphasis)

Are you interested in improving your voice? \_\_\_\_\_

\_\_\_\_\_

What bothers you the most about your voice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any additional information you would like to provide? \_\_\_\_\_

\_\_\_\_\_