



## VOICE REFERRAL CHECKLIST

1. Is the voice chronically hoarse?  
YES NO NA
2. Do you, exhibit noisy, labored breathing without accompanying respiratory problems? (i.e., asthma, allergies)  
YES NO NA DK
3. Is your pitch appropriate for his/her age?  
YES NO NA
4. Is your voice breathy?  
YES NO NA
5. Do you have pitch breaks?  
YES NO NA
6. Can you talk above a whisper?  
YES NO NA
7. Do you sound too nasal?  
YES NO NA
8. Do you sound nasal enough?  
YES NO NA
9. Do you have allergies?  
YES NO NA DK
10. Have you had surgery on his throat?  
YES NO NA
11. Do you exhibit visible signs of muscular tension in the neck area when talking?  
YES NO NA
12. How does the voice concern interfere academically, socially, or emotionally?
13. How often does the voice concern interfere?