

VOICE REFERRAL CHECKLIST

1. Is the voice chronically hoarse?
YES NO NA
2. Does the child exhibit noisy, labored breathing without accompanying respiratory problems? (i.e., asthma, allergies)
YES NO NA DK
3. Is his/her pitch appropriate for his/her age?
YES NO NA
4. Is his/her voice breathy?
YES NO NA
5. Does s/he have pitch breaks?
YES NO NA
6. Can s/he talk above a whisper?
YES NO NA
7. Does s/he sound too nasal?
YES NO NA
8. Does s/he sound nasal enough?
YES NO NA
9. Does the child have allergies?
YES NO NA DK
10. Has the child had surgery on his throat?
YES NO NA
11. Does the child 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?