

Singers Case History Form

Date of Session:

Name of Client:

Name of Clinician:

Current Vocal Problems

-Describe problems you have with your speaking voice (if there are any).

-Describe problems you have with your singing voice

-Is your singing range now reduced?

- How representative of your voice problem is your speaking voice today?

-When did you first notice any of the voice problems reported?

-What do you think caused any of the voice problems reported?

- Did the problem begin suddenly or gradually?

-Have you received any prior treatment for your voice problem?

-How does your voice fluctuate?

- How does the voice problem affect you?

-What are people's reactions to your voice (singing and speaking voice)?

- How effective is your voice for your work and daily living?

-How important is it for you to improve your voice? What aspects do you want to improve/change?

Voice Use Patterns: Speaking

-How talkative are you? Rate yourself on a scale of 1 to 5, if 1 is very quiet and 5 is very talkative

- In what situations do you use your voice most?

-Do you need to force your voice out when public speaking, coaching, playing sport, singing or acting?

-Do you need to talk above background noise or over long distances?

- Do you spend time in smoky, dusty or polluted environments?

-Do you clear your throat or cough frequently?

-Do you feel tense or tired during or after speaking/ singing for long periods of time?

Voice Use Patterns: Singing

-How many hours would you spend singing (rehearsing and performing) per week?

- Describe your singing training.
 - What styles of singing?
 - Emphasis of training, e.g. breathing, resonance, diction?
 - How many years of training?
 - Which teachers have trained with?

- What singing style/s do you perform?

- How many songs would you sing per night?

- Do you sing with a band? If so, what size is it and what instruments are used?

- How do you warm up your voice before singing?

- How do you cool down your voice after singing?

- Do you use any vocal techniques when singing?

- What sorts of environments do you use for rehearsing and performing?

- Do you have any upcoming performances that you are concerned about?

Health and medical history

-How is your general health?

-Do you suffer from any respiratory disorders- asthma, chronic coughing, sinusitis, laryngitis, croup, tonsillitis?

- Do you suffer from any thyroid, endocrine or hormonal conditions?

- Do you suffer from a neurological condition?

- Do you have a hearing loss?

- Do you have any other diseases/conditions (i.e. cancer, radiation therapy, chemotherapy)?

- Have you had any surgery to the head, neck or chest regions? What type and when?

- Are you on any medications (past/current)? What for?

- Do you suffer from reflux?

- Do you smoke or take any recreational drugs? How frequently?

- Do you drink alcohol? How much and what type do you drink?

- Do you drink coffee, coke, or other caffeinated drinks? How often?

- How much water do you drink?

- Does your diet consist of a lot of salty, spicy or dairy foods?

Psychosocial Factors

- What do you consider are your main sources of stress?

- How do you get along with your family, friends and work/study colleagues?

- What do you do socially/for leisure?

Aims

- What do you want to get out of therapy- singing or speaking?

Singing Voice Evaluation Procedures

In addition to the comprehensive case history information, it is necessary to evaluate vocal functioning through a range of measures:

-Conduct a videostroboscopic assessment of the structure and function of the larynx. Sandage and Emerich (2005) believe that thorough assessment of singing voice disorders should utilise both rigid and flexible endoscopy. They find that rigid assessment provides information about vocal fold edge contour/pliability (particularly relevant for normal pitch and inhalation phonation), glottic closure and open/closed quotient, whereas flexible assessment determines functioning of vocal folds and supraglottic structures during vocalisation, which aids in revealing compensatory behaviours.

-Obtain objective measures of all voice features and acoustic analysis of fundamental frequency data on the CSL, Multispeech, PM Pitch Analyser or Visipitch.

-Complete a perceptual voice and resonance assessment using Oates profile, with additional evaluation specific to requirements of singers.

-Read voice self-rating scale filled in by client prior to assessment. Redo scale at conclusion of therapy.

Objective Voice Assessment

Data can be assessed using the CSL computer program, and the norms (Oates, 1998):

Frequency: Adult females - mean 205 Hz, range 160-260 Hz
 Adult Males - mean 120 Hz, range 80-160 Hz
 Children - mean 235 Hz, range 170-310 Hz

Jitter: >1%

Shimmer: 0.04-0.21 dB

Noise to Harmonic Ratio: >0.20 dB

1 MINUTE MONOLOGUE STANDARD READING PASSAGE

Sample	Average Fo (Hz)	Minimum Fo (Hz)	Maximum Fo (Hz)	Jitter (%)	Shimmer (dB)	Noise/Harmonic Ratio
Monologue						
Reading						

DEMONSTRATION OF WARM UP

Ask client to demonstrate how they would typically warm up their voice.

If warm-up inadequate, direct client to:

- Trill (optional tongue, lip or both) up and down scale

- Arpeggio from minimum to maximum pitch, i.e., instruct client to produce /bu/, /bu/, /bu/, /bu/, /bi/, /bi/, /bi/, /bi/, /bu/, /bu/, /bu/, /bu/, /bu/ increasing pitch by one tone each time on (starting on C below middle C for men, and middle C for women):
 - C E G E, C E G E, C E G E C
 - D F# A F#, D F# A F#, D F# A F# D
 - E G# B G#, E G# B G#, E G# B G# E
 - F A C A, F A C A, F A C A F,
 - G B D B, G B D B, G B D B G,
 - A C# E C#, A C# E C#, A C# E C# A,
 - B D# F# D#, B D# F# D#, B D# F# D# B,

Continue increasing pitch until client feels that the pitch is too high.

- Produce prolonged /i:/ for 15 seconds as a crescendo (increasing volume) and decrescendo (decreasing volume), then reverse order

DEMONSTRATION OF TYPICAL SONG

Ask client to sing a song that they are currently working on or performing.

- How representative of your voice problem is your singing voice today?

4 SECOND EXTENDED VOWELS

Vowel	Fo (Hz)	Jitter (%)	Shimmer (dB)	Noise/Harmonic Ratio
/a/				
/i/				
/u/				

MAXIMUM EXTENSION OF VOWELS AND CONSONANTS

With normative data for maximum duration of sustained sounds (adapted from La Trobe University, School of Human Communication Sciences, 2002):

- Adult males: 25 seconds, range 16-66 seconds
- Adult females: 18 seconds, range 14-40 seconds
- Children: 10-15 seconds, range 9-30 seconds

Sound	Duration (Seconds)
/a/	
/i/	
/u/	
/m/	
/s/	
/z/	

MAXIMUM AND MINIMUM FREQUENCY

With normative data (adapted from Oates, 1998):

Frequency range (singing)

- Adult females: mean 147-784 Hz
- Adult males: mean 65-587 Hz
- Children: mean 170-600 Hz

Siren	Frequency (Hz)
Maximum frequency (objective measure in Hz)	
Minimum frequency (objective measure in Hz)	

Singing on la (accompanied by keyboard)	Frequency (Hz)
Up scale maximum (musical note and Hz)	
Down scale minimum (musical note and Hz)	

ABILITY TO CONTROL VOLUME

Count from 1 to 10 at:

- comfortable loudness level
- maximum loudness level but without shouting
- minimum loudness level but without whispering

Sing "Happy birthday":

- at a comfortable loudness level
- pianissimo (very quiet)
- fortissimo (very loud)

COMPLETE GLOTTAL CLOSURE

To determine adequacy of glottal closure:

- sharp cough
- /a/ with a hard glottal attack
- "uh-huh" (as if signifying agreement). This also establishes whether or not the client is phonating in their most comfortable pitch range

DEMONSTRATION OF COOL DOWN

Ask client to demonstrate how they would typically cool down their voice.

If cool down inadequate, direct client to:

- Produce prolonged /m/

Subjective Voice Assessment

Complete Oates Perceptual Voice and Resonance Profile Form

Comment on observable 'effort'

Comment on posture throughout all assessment tasks

Assess breathing type and efficiency

Comment on voice quality throughout singing sample:

Does it change with changes in intensity or frequency?

Are they using appropriate resonance?

Assess consistency of voice quality throughout the vocal range:

Does it change in certain parts?

Does it change at transition register*? (passaggio)

* Transition register is the point at which the singer changes from chest to head resonance to accommodate increasing frequency

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