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YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Speech-Language Pathology and Audiology

Appendix C: Parental Interview/Questionnaire

Research topic: Vocal characteristics of school-aged children with attention deficit hyperactivity disorder in a remedial primary school context

VOICE CASE HISTORY FORM

			FOR OFFICE USE ONLY
Child's Name:			V1
Child's DOB:			V2
Chronological age:			V3
Address:			V4
Grade:			V5
Family physician:		Tel:	V6
Medical professional who provided ADHD diagnosis:		Tel:	V7

Language(s) spoken (Please list in order of proficiency):

1.		V8
2.		
3.		
4.		

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FAMILY HISTORY

Your Name:	Occupation				**V9**
Spouse's name:	Occupation				**V10**
Child's carer/babysitter's name:	Full-time		Part-time		**V11**

Brothers and Sisters (List in birth order)

Name	**Age**	**Grade**	**Sex**	**Any speech/hearing problems?**	**V12**
1.					
2.					
3.					
4.					

DEVELOPMENTAL HISTORY

1. Were there any difficulties with your pregnancy? If yes, please elaborate.

V13

2. Please describe for the duration of pregnancy :

Alcohol consumption/exposure	YES ☐ NO ☐ Amount	**V14**
Tobacco/smoking consumption/exposure	YES ☐ NO ☐ Amount	**V15**

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Please fill in:

Duration of pregnancy					**V16**
Birth place	Hospital		Home		**V17**
Birth	Normal		Caesarean		**V18**
Presentation at birth:	Vertex		Breech		**V19**
Birth weight (kg)					**V20**
APGAR score/s	**1min** **5min** **10min**				**V21** **V22** **V23**
Developmental milestones (months)	**Sit**		**Crawl**	**Stand/walk**	**V24**
	First words		**Eat with utensil**	**Toilet training**	
	Dressing		**Other**		

HISTORY OF THE PROBLEM

1. Describe your child's voice or any concerns you have regarding an existing voice problem.

V25

2. When did you first notice its presence and how long has it been going on for?

V26

3. Was it sudden or gradual?

V27

4. How would you describe his/her voice? (Check items that apply)

a) Voice pitch (general tone at which child speaks)	Too high	Too low	**V28**	
b) Voice intensity (the general volume at which child speaks)	Too loud	Too soft	**V29**	
c) Voice pitch breaks (flow of general high/low tone)	Often	Seldom	**V30**	
d) Voice quality (general sound quality of voice) (Always sounds like he/she has a cold)/	Monotonous/	Difficulty controlling voice	Breathy	**V31**
	Harsh/	Hoarse/	Nasal	
e) Voice pitch quivers (voice tone sounds shaky)	Never	Often	**V32**	
f) Vocal intensity quavers (voice volume sounds shaky)	Never	Often	**V33**	
g) Do you think his/her breathing has anything to do with his/her voice problem (e.g., asthma, shortness of breath, takes too few pauses/breaths when speaking)?	Yes	No	**V34**	
h) Is your child aware of their voice problem?	Yes	No	**V35**	

5. How has this voice problem affected him/her?

_____ **V36**

_____

_____

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EVOLUTION OF THE PROBLEM

1. List 3 instances where his/her voice is the least bothersome:

a)	**V37**
b)	
c)	

2. List 3 instances in which the voice problem is most bothersome:

a)	**V38**
b)	
c)	

3. What happens to his/her voice when he/she gets

Excited?		**V39**
Anxious?		**V40**
Angry?		**V41**
Sad/depressed?		**V42**

4. Does he/she complain of any pain in the neck, face or ears?

Yes ☐ No ☐ **V43**

5. Describe the nature of pain and when it is experienced

_____ **V44**

_____

_____

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7. When is his/her voice better?

In the morning	Midday	Evening	No change during the day	V45

8. How often does he/she "lose" his/her voice?

V46

9. Has he/she ever received any prior speech, voice or hearing evaluations/therapy? If yes, where, when, and why.

V47

10. How effective has prior therapy been in helping him/her with the problem?

V48

HEALTH HISTORY

1. Is he/she exposed to second-hand smoke?	YES ☐ NO ☐	V49
2. Is he/she under stress?	YES ☐ NO ☐	V50
3. Is there a family history of emotional difficulties?	YES ☐ NO ☐	V51
4. Are there pets in the home?	YES ☐ NO ☐	V52

If Yes, please describe:	V53

11. Does anyone in the immediate family or among close associated have a similar voice problem?

Yes ☐ No ☐ **V54**

If Yes, please describe: **V55**

12. Please describe your child's personality

V56

13. Please describe your child's behaviour with parents and with sibling/s

V57

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14. Check the relevant items to indicate your child's present health:

1. Allergies		V58
2. Numbness		
3. Sinus Infection		
4. Paralysis/Paresis		
5. Asthma		
6. Incoordination of face or tongue muscles		
7. Broken Nose		
8. Influenza		
9. Bronchitis		
10. Mouth-Breathing		
11. Chronic Colds		
12. Pneumonia		
13. Chronic Laryngitis		
14. Physical defect		
15. Chronic rhinitis		
16. Cleft Palate		
17. Poliomyelitis		

18. Ear Disease		V58
19. Rheumatic Fever		
20. Scarlet Fever		
21. Hearing problem		
22. Syphilis		
23. Typhoid Fever		
24. Tremor/Twitching		
25. Glandular imbalance		
26. Ulcers		
27. Hyperthyroidism		
28. Visual Problem		
29. Hypothyroidism		
30. Hormone therapy		
31. Whooping Cough		
32. Heart Trouble		
33. Hypertension		
34. Other		
Check if multiples	V59	

15. If the answer to any of the above items is “Yes”, especially allergies, please list/ give relevant details:

V60

16. List periods of hospitalization or medical treatment: (In terms of hospital, date and reason)

V61

17. List any surgical procedures (related or unrelated to the voice problem)

V62

18. Has your child ever experienced difficulty with anaesthesia? (Previous operations, dentists, etc.)

Yes ☐ No ☐ V63

19. If yes, please describe:

V64

20. Has your child ever been intubated?

Yes ☐ No ☐ V65

21. List **all** prescription and non-prescription medication used over the past year (Name the type if you cannot remember the brand name, i.e. aspirin, allergy pills, especially if taking any ADHD medication)

Name(s)	Dosage	How long has your child taken this?	
1.			**V66**
2.			**V67**
3.			**V68**
4.			**V69**
5.			**V70**
6.			**V71**
7.			**V72**
8.			**V73**

22. Has he/she ever had a trauma to the head or neck?

Yes ☐ No ☐ **V74**

23. Has he/she ever had a neurological examination?

Yes ☐ No ☐ **V75**

24. If yes, by whom, when, where, and why?

_____ **V76**

_____

_____