

Investigation protocol

Name and surname: _____
number: _____

Phone

Date of birth: ____/____/____

Age: _____

Gender: ☐ M

☐ F

Speech evaluation:

Reported respiratory mode: ☐ Oral ☐ Nasal ☐ Mix

Reported respiratory difficulties:

- Allergies: ☐ Yes ☐ No

- Nocturnal snoring: ☐ Present ☐ Absent

- Others: _____

Oral posture: ☐ Closed ☐ Semi-closed ☐ Open

Subjective symptoms: _____

Objective symptoms

Phonics chart

Pitch level:

Elevated

Regular

Reduced

Inconsistent

Vocal Intensity:

Elevated

Regular

Reduced

Inconsistent

Vocal timbre:

Hoarse

Personal (Specific to the subject)

Veiled

Inconsistent

Phonetic attack:

Hard

Correct

Delayed

Inconsistent

Vocal hold:

Regular

Reduced

Phonation duration:

Regular

Reduced

Respiratory framework:

Thoracic-apical

Costo-diaphragmatic

Mix

Closed nasality: ☐ Present ☐ Absent

- Phonetic balance:

i	e	a	o	u
	ε		.	

p	b	f	v	ts	dz	m	l	r
t	d	s	z	tʃ	dʒ	ɱ	ʎ	
k	g	ʃ				n		
						ɳ		
						ɲ		

On repetition

Stable phonemes:

Occasional phonemes:

Absent phonemes:

System simplifications:

Structure simplifications: