1 SELF EVALUATION AND AWARENESS QUESTIONNAIRE

Name:			Age: Phone No.					
What languages do you speak? Level of Study:								
					Cell Phone No.			
Pa	ast Voice Teache	er:			Years of Study:			
M	usical Coaches:			Present Voice Teacher:				
La	anguage Coache	s:						
V	oice Category:							
	a. Soprano	b. Mezzo S	oprano	c. Co	ntralto	d. Tenor	e. Baritone	
	f. Bass Bari	tone g. E	Bass	h. Otł	ner			
V	oice Type:							
	a. Legero	b. Lyric	c. Dr	amatic	d. Co	loratura	e. Other	
•	Do you think y	ou try to mak	ke your v	oice big	ger tha	n it should	l? Explain briefly	
•	What area of v	ocal producti	on do yo	u feel n	eeds th	e most wo	rk? (Scale 1 – 4	
	1-Least, 4-Most) a Inhalation	h Activation	on	c Pho	onation	d	. Articulation	
	w. 11111w1w11011	_ 0.1100174000		J. 1 III		u		
•	Is your vibrato	o normal, fast,	, slow, or	is your	tone st	raight?		
•	Any problems	with your ons	sets or re	leases?				
•	Does your voic	e get tired aft	er singin	g? (Exam	ple: hoars	eness, scratchy	y, phlegm, cracks, etc.)	
•	Are you aware	of tension in	your:	(Circle	all that a	pply)		
	a. Throat	b. Jaw	c. To	ngue	d. Ne	ck, e	. Shoulders,	

² SELF EVALUATION AND AWARENESS QUESTIONNAIRE

YOUR HEALTH:

•	How would you ra	ate your health?				
	a. Excellent	b. Good	c. Fair	d. Poor		
•	Do you have any allergies? Explain briefly.					
•	Do you have asthr	na, TMJ, or any othe	r ailments you wis	h to declare?		
•	•	experience upper res	-	such as: flus, sore		
	throats, infected so	re throats, colds, cough	is, etc.			
•	What medications	s do you regularly tak	e?			
•	What medications	s do you occasionally t	take?			
_	Do you now on ho	ava van avan amakad?	How much? Who	n did von anit?		
•	Do you now, or na	ive you ever smoked?	now much: whe	n did you quit:		
•	Do you exercise?	How often? What kind	ds?			
•	How well and how	w much do you sleep?				
•	How much water	do you drink a day?				
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³ SELF EVALUATION AND AWARENESS QUESTIONNAIRE

An	swer the following questions rating your answers on a s	scale of 1 - 10. (1 - least, 10 - most)			
•	How much talent do you think you have?	1 2 3 4 5 6 7 8 9 10			
•	What is your level of self-motivation?	1 2 3 4 5 6 7 8 9 10			
•	What is your level of technical skill?	1 2 3 4 5 6 7 8 9 10			
•	How much self-discipline do you have?	1 2 3 4 5 6 7 8 9 10			
•	What is your level of resilience?	1 2 3 4 5 6 7 8 9 10			
	(Example: Ability to bounce back from auditions and try and try	again, Don't easily get discourage.)			
•	How is your physical endurance?	1 2 3 4 5 6 7 8 9 10			
	(Example: Can you adjust well to any kind of travel? Can you hat changing routines?)	ndle late hours, changing diets, stress			
•	What is your level of musicianship?	1 2 3 4 5 6 7 8 9 10			
	(Example: Play another instrument. Can learn music on your or	wn. Good sight-reading skills.)			
•	Is performing draining or exhilarating for you?				
	hy Do You Sing? (Check all that apply) Because someone else wants me to				
	Because someone else wants me to				
2.	· —				
3.	`				
4.	To be apart of a professional group or chorus				
5.	To develop my talents as a gift to myself and to my Go	od			
6.	· —				
7.	To be a Professional Soloist:				
	a. Opera b. Oratorio	c. Church soloist			
	d. Broadway soloist e. Recital wor				
	f. Recording artist (classical) h. Popular sir				
	j. Gospel k. Musical theater i. Other				
	To sing just for the sake of singing, being paid or not _				
	To sing only as a hobby (not my intended main income)				
10.	I like attention				
11.	I like to be on stage				
12.	I like the applause				

4 SELF EVALUATION AND AWARENESS QUESTIONNAIRE 13. It makes me feel alive 14. I want to be better than anyone else 15. I'm motivated to become very good so that I can share the joy of singing with others as a teacher. • If you enjoy teaching, what level / age are you aiming for? a. Pre-school b. Grade school c. Junior High d. High School e. Junior College f. University g. Private schools h. Public Schools i. Conservatory j. Other Why are you taking this class? a. Because I want to b. Because someone else wants me to ___ c. Because it is a requirement ____ d. Because I enjoy performing e. I don't enjoy performing but I know I need to in order to develop my skills as a singer f. I want to work on my nerves / stage fright ____ g. I want more technique ____ h. I want more coaching i. Other ____ How much time per week do you practice?

• How much time per week would you like to practice?

5 SELF EVALUATION AND AWARENESS QUESTIONNAIRE • How important do you think practicing is? • Do you practice in an area where you feel comfortable? • How long do you think it takes to learn to sing at a professional level? Finances (Please check) b. Family financed ____ c. Have a sponsor ____ a. Wealthy d. Working full-time ____ e. Working part-time ____ f. Struggling student ____ g. Financial Aid: Loan / grants ____ h. Full scholarship ____ i. Partial scholarship ____ • Do you have dependents to care for? How many? • Do you have transportation? Type? • What would you like to be doing 1 year from now?

• What would you like to be doing 3 years from now? Please express any concerns you have about you and / or your voice. I will give this questionnaire back to you. Keep it and periodically re-evaluate yourself.	6 SELF EVALUATION AND AWARENESS QUESTIONNAIRE		
	• What would you like to be doing 3 years from now?		
	Please express any concerns you have shout you and / or your voice		
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