SELF EVALUATION AND AWARENESS QUESTIONNAIRE

Name:        Age:
What languages do you speak?        Phone No.
Level of Study:        Cell Phone No.
Past Voice Teacher:        Years of Study:
Musical Coaches:        Present Voice Teacher:
Language Coaches:
Voice Category:
   f. Bass Baritone   g. Bass   h. Other
Voice Type:
   a. Legero   b. Lyric   c. Dramatic   d. Coloratura   e. Other
   • Do you think you try to make your voice bigger than it should? Explain briefly.

   • Does voice size matter to you? Explain briefly.

   • What area of vocal production do you feel needs the most work? (Scale 1 – 4
     1-Least, 4-Most)
     a. Inhalation___   b. Activation___   c. Phonation___   d. Articulation___

   • Is your vibrato normal, fast, slow, or is your tone straight?

   • Any problems with your onsets or releases?

   • Does your voice get tired after singing? (Example: hoarseness, scratchy, phlegm, cracks, etc.)

   • Are you aware of tension in your:   (Circle all that apply)
YOUR HEALTH:

- How would you rate your health?
  a. Excellent  b. Good  c. Fair  d. Poor
- Do you have any allergies? Explain briefly.
- Do you have asthma, TMJ, or any other ailments you wish to declare?
- How often do you experience upper respiratory ailments such as: flu, sore throats, infected sore throats, colds, coughs, etc.
- What medications do you regularly take?
- What medications do you occasionally take?
- Do you now, or have you ever smoked? How much? When did you quit?
- Do you exercise? How often? What kinds?
- How well and how much do you sleep?
- How much water do you drink a day?
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Answer the following questions rating your answers on a 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 discouragement.)
- **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 handle late hours, changing diets, stress, changing routines?)
- **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 own. Good sight-reading skills.)
- **Is performing draining or exhilarating for you?**

**Why Do You Sing?** (Check all that apply)

1. Because someone else wants me to ___
2. To feed my soul ___
3. Self-satisfaction (To know that I am good at my art) ___
4. To be apart of a professional group or chorus ___
5. To develop my talents as a gift to myself and to my God ___
6. To share mainly with close friends and love ones ___
7. To be a Professional Soloist:
   a. Opera ___
   b. Oratorio ___
   c. Church soloist ___
   d. Broadway soloist ___
   e. Recital work ___
   f. Recording artist (classical) ___
   h. Popular singer ___
   i. Jazz ___
   j. Gospel ___
   k. Musical theater ___
   l. Other ___
8. To sing just for the sake of singing, being paid or not ___
9. 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 ___

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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?**
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- 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)

a. Wealthy ___  
b. Family financed ___  
c. Have a sponsor ___

d. Working full-time ___  
e. Working part-time ___  
f. Struggling student ___

- 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.