

1 **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:

- a. Soprano b. Mezzo Soprano c. Contralto d. Tenor e. Baritone
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)
a. Throat b. Jaw c. Tongue d. Neck, e. Shoulders,

2 **SELF EVALUATION AND AWARENESS QUESTIONNAIRE**

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: flus, 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?**

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)

- a. Wealthy ___ b. Family financed ___ c. Have a sponsor ___
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?**

6 **SELF EVALUATION AND AWARENESS QUESTIONNAIRE**

- **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.