

Weekly Vocal Hygiene Log

Week Starting:

1 - 5

NUMBER



Resonant Voice

	S	M	T	W	T	F	S
How did your voice feel at the start of the day? _____							
How did your voice feel in the middle of the day? _____							
How did your voice feel at the end of the day? _____							
How many glasses a day did you drink throughout the day? _____							
How many times did you overexert your voice? _____							
Did you experience: Loss of voice? _____							
Weakened voice? _____							
Weakened range? _____							
Raspiness? _____							
Did you engage in: Smoking? _____							
Drinking caffeine? _____							
Drinking alcohol? _____							
Weightlifting? _____							
Coughing/excessive throat clearing? _____							

Complete at the start of the week:

What are your vocal hygiene goals for this week?

Complete at the end of the week:

What are you proud from this week?

What will be your focus for improvement next week?