

Name: _____

Date: _____

Voice Handicap Index (VHI-10)

Instructions: These are statements that many people have used to describe their voices and effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0 = never 1 = almost never 2 = sometimes 3 = almost always 4 = always

- | | | | | | |
|---|---|---|---|---|---|
| 1. My voice makes it difficult for people to hear me. | 0 | 1 | 2 | 3 | 4 |
| 2. I run out of air when I talk. | 0 | 1 | 2 | 3 | 4 |
| 3. People have difficulty understanding me in a noisy room. | 0 | 1 | 2 | 3 | 4 |
| 4. The sound of my voice varies throughout the day. | 0 | 1 | 2 | 3 | 4 |
| 5. My family has difficulty hearing me when I call them throughout the house. | 0 | 1 | 2 | 3 | 4 |
| 6. I use the phone less often than I would like to. | 0 | 1 | 2 | 3 | 4 |
| 7. I'm tense when talking to others because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 8. I tend to avoid groups of people because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 9. People seem irritated with my voice. | 0 | 1 | 2 | 3 | 4 |
| 10. People ask, "What's wrong with your voice?" | 0 | 1 | 2 | 3 | 4 |

Reflux Symptom Index

Within the last month, how did the following problems affect you?

(0-5 rating scale with 0 = No problem and 5 = Severe)

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|---|---|---|---|---|---|---|
| 1. Hoarseness or a problems with your voice. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Clearing your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Excess throat mucous or postnasal drip | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Difficulty swallowing food, liquids or pills | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Coughing after you ate or after lying down | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Breathing difficulties or choking episodes | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Troublesome or annoying cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Sensations or something sticking in your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Heartburn, chest pain, indigestion or stomach acid coming up | 0 | 1 | 2 | 3 | 4 | 5 |