



Patient Name: _____

Date: _____

Date of Birth: _____

Voice Handicap Index (VHI)

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

Part I-F	Never	Almost Never	Sometimes	Almost Always	Always
1. My voice makes it difficult for people to hear me	0	1	2	3	4
2. People have difficulty understanding me in a noisy room	0	1	2	3	4
3. My family has difficulty hearing me when I call them throughout the house	0	1	2	3	4
4. I use the phone less often than I would like to	0	1	2	3	4
5. I tend to avoid groups of people because of my voice	0	1	2	3	4
6. I speak with friends, neighbors, or relatives less often because of my voice	0	1	2	3	4
7. People ask me to repeat myself when speaking face-to-face	0	1	2	3	4
8. My voice difficulties restrict personal and social life	0	1	2	3	4
9. I feel left out of conversations because of my voice	0	1	2	3	4
10. My voice problem causes me to lose income	0	1	2	3	4
Part II-P	Never	Almost Never	Sometimes	Almost Always	Always
1. I run out of air when I talk	0	1	2	3	4
2. The sound of my voice varies throughout the day	0	1	2	3	4
3. People ask, "What's wrong with your voice?"	0	1	2	3	4
4. My voice sounds creaky and dry	0	1	2	3	4
5. I feel as though I have to strain to produce voice	0	1	2	3	4
6. The clarity of my voice is unpredictable	0	1	2	3	4
7. I try to change my voice to sound different	0	1	2	3	4
8. I use a great deal of effort to speak	0	1	2	3	4
9. My voice is worse in the evening	0	1	2	3	4
10. My voice "gives out" on me in the middle of speaking	0	1	2	3	4
Part III-E	Never	Almost Never	Sometimes	Almost Always	Always
1. I am tense when talking to others because of my voice	0	1	2	3	4
2. People seem irritated with my voice	0	1	2	3	4
3. I find other people don't understand my voice problem	0	1	2	3	4
4. My voice problem upsets me	0	1	2	3	4
5. I am less outgoing because of my voice problem	0	1	2	3	4
6. My voice makes me feel handicapped	0	1	2	3	4
7. I feel annoyed when people ask me to repeat	0	1	2	3	4
8. I feel embarrassed when people ask me to repeat	0	1	2	3	4
9. My voice makes me feel incompetent	0	1	2	3	4
10. I am ashamed of my voice problem	0	1	2	3	4

Jacobson, B., et al. (1997) The Voice Handicap Index (VHI): Development and Validation. American Journal of Speech-Language Pathology, 6, 66-70



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Reflux Symptom Index (RSI)

Within the **past month**, how did the following symptoms affect you? Please rate each item below on how "bad" it is (that is, the amount of each problem that you have). Use the following scale for rating the amount of the problem:

	No problem					Always
1. Hoarseness or a problem with your voice?	0	1	2	3	4	5
2. Clearing your throat?	0	1	2	3	4	5
3. Excess throat mucus 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 lie 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 of something sticking in your throat or a lump 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

For staff input only RSI Score: _____

Thank you for completing this questionnaire



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Eating Assessment Tool (EAT-10)

Within the **past month**, to what extent have the following scenarios problematic for you? Circle the appropriate response.

	No problem				Severe Problem
My swallowing problem has caused me to lose weight.	0	1	2	3	4
My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
Swallowing liquids takes extra effort.	0	1	2	3	4
Swallowing solids takes extra effort.	0	1	2	3	4
Swallowing pills takes extra effort.	0	1	2	3	4
Swallowing is painful.	0	1	2	3	4
The pleasure of eating is affected by my swallowing.	0	1	2	3	4
When I swallow food sticks in my throat.	0	1	2	3	4
I cough when I eat.	0	1	2	3	4
Swallowing is stressful.	0	1	2	3	4

For staff input only EAT-10 Scores:

Thank you for completing this questionnaire