Name ____________________________ Date of Birth ____________ Today’s Date __________

**Voice Handicap Index - 10 (VHI-10)**

*Instructions:* 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.

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

F 1. My voice makes it difficult for people to hear me. 0 1 2 3 4
F 2. People have difficulty understanding me in a noisy room. 0 1 2 3 4
F 3. My voice difficulties restrict my personal and social life. 0 1 2 3 4
F 4. I feel left out of conversations because of my voice. 0 1 2 3 4
F 5. My voice difficulties restrict my personal and social life. 0 1 2 3 4
P 6. I feel as though I have to strain to produce voice. 0 1 2 3 4
P 7. The clarity of my voice is unpredictable. 0 1 2 3 4
E 8. My voice problem upsets me. 0 1 2 3 4
E 9. My voice makes me feel handicapped. 0 1 2 3 4
P 10. People ask, “What’s wrong with your voice?” 0 1 2 3 4

PLEASE ADD UP YOUR TOTAL ________

**Reflux Symptom Index (RSI)**

*Instructions:* Circle the appropriate response. Within the last month, how did the following problems affect you?

0 = no problem, 5 = severe problem

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 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. Sensation 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

PLEASE ADD UP YOUR TOTAL ________
