

# University of Texas Voice Center Patient Questionnaire

[NAME:]  
[DATE:]

F/UP \_\_\_\_\_ NEW \_\_\_\_\_

What is the main problem(s) that we can help you with today? \_\_\_\_\_

What seemed to trigger the problem? \_\_\_\_\_

When did your problem start (date)? \_\_\_\_\_ What is your occupation: \_\_\_\_\_

How severe is the problem today? **Mild** - - - - - **Moderate** - - - - - **Severe**

I would rate my degree of TALKATIVENESS as the following: (circle number response)

**1**
**2**
**3**
**4**
**5**
**6**
**7**
**8**
**9**
**10**  
*Quiet Listener*
*Average Talker*
*Extremely Talkative*

**RSI:** These are statements that 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.

| <i>Symptom</i>  | 0 = no problem | 5 = severe problem |   |   |   |   |
|---|----------------|--------------------|---|---|---|---|
| Hoarseness or a problem with your voice                                 | 0              | 1                  | 2 | 3 | 4 | 5 |
| Clearing your throat  | 0              | 1                  | 2 | 3 | 4 | 5 |
| Excess throat mucous or postnasal drip                                  | 0              | 1                  | 2 | 3 | 4 | 5 |
| Difficulty swallowing food, liquids, or pills                           | 0              | 1                  | 2 | 3 | 4 | 5 |
| Coughing after you ate or after lying down                              | 0              | 1                  | 2 | 3 | 4 | 5 |
| Breathing difficulties or choking episodes                              | 0              | 1                  | 2 | 3 | 4 | 5 |
| Troublesome or annoying cough   | 0              | 1                  | 2 | 3 | 4 | 5 |
| Sensation of something sticking in your throat or a lump in your throat | 0              | 1                  | 2 | 3 | 4 | 5 |
| Heartburn, chest pain, indigestion, or stomach acid coming up           | 0              | 1                  | 2 | 3 | 4 | 5 |

**VHI – 10:** Circle the response that indicates how frequently you have the same experience described below. Within the past month, how did the following problems affect you?

| <i>Symptom</i>   | 0 = Never, | 1 = Almost Never, | 2 = Sometimes, | 3 = Almost Always, | 4 = Always |
|--|------------|-------------------|----------------|--------------------|------------|
| My voice makes it difficult for people to hear me.       | 0          | 1                 | 2              | 3                  | 4          |
| People have difficulty understanding me in a noisy room. | 0          | 1                 | 2              | 3                  | 4          |
| My voice difficulties restrict personal and social life. | 0          | 1                 | 2              | 3                  | 4          |
| I feel left out of conversations because of my voice.    | 0          | 1                 | 2              | 3                  | 4          |
| My voice problem causes me to lose income.               | 0          | 1                 | 2              | 3                  | 4          |
| I feel as though I have to strain to produce voice.      | 0          | 1                 | 2              | 3                  | 4          |
| The clarity of my voice is unpredictable.                | 0          | 1                 | 2              | 3                  | 4          |
| My voice problem upsets me.                              | 0          | 1                 | 2              | 3                  | 4          |
| My voice makes me feel handicapped.                      | 0          | 1                 | 2              | 3                  | 4          |
| People ask, "What's wrong with your voice?"              | 0          | 1                 | 2              | 3                  | 4          |

**GFI:** Within the past month, how did the following problems affect you?

| <i>Symptom</i>                                   | 0 = no problem | 5 = severe problem |   |   |   |   |
|--|----------------|--------------------|---|---|---|---|
| Speaking took extra effort                       | 0              | 1                  | 2 | 3 | 4 | 5 |
| Throat discomfort or pain after using your voice | 0              | 1                  | 2 | 3 | 4 | 5 |
| Vocal fatigue (voice weakened as you talked)     | 0              | 1                  | 2 | 3 | 4 | 5 |
| Voice cracks or sounds different                 | 0              | 1                  | 2 | 3 | 4 | 5 |

**Please check that you have answered all the questions (front and back).**

**SECTION 1) IF YOU ARE A SINGER OR HAVE CONCERNS ABOUT YOUR SINGING VOICE, PLEASE COMPLETE SECTION 1:**

| <i>S-VHI-10</i>   | <i>0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Almost Always, 4 = Always</i> |   |   |   |   |
|---|--|---|---|---|---|
| It takes a lot of effort to sing.                                       | 0  | 1 | 2 | 3 | 4 |
| I am unsure of what will come out when I sing.                          | 0  | 1 | 2 | 3 | 4 |
| My voice "gives out" on me while I am singing.                          | 0  | 1 | 2 | 3 | 4 |
| My singing voice upsets me.   | 0  | 1 | 2 | 3 | 4 |
| I have no confidence in my singing voice.                               | 0  | 1 | 2 | 3 | 4 |
| I have trouble making my voice do what I want it to.                    | 0  | 1 | 2 | 3 | 4 |
| I have to "push it" to produce my voice when singing.                   | 0  | 1 | 2 | 3 | 4 |
| My singing voice tires easily.  | 0  | 1 | 2 | 3 | 4 |
| I feel something is missing in my life because of my inability to sing. | 0  | 1 | 2 | 3 | 4 |
| I am unable to use my "high voice."                                     | 0  | 1 | 2 | 3 | 4 |

**SECTION 2) IF YOU HAVE SHORTNESS OF BREATH, COUGH, AND/OR SWALLOW DIFFICULTY, COMPLETE SECTIONS 2, 3, AND 4:**

| <i>DI</i>   | <i>0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Almost Always, 4 = Always</i> |   |   |   |   |
|---|--|---|---|---|---|
| I have trouble getting air in.  | 0  | 1 | 2 | 3 | 4 |
| My breathing problem causes me to restrict my personal and social life. | 0  | 1 | 2 | 3 | 4 |
| My shortness of breath gets worse with stress.                          | 0  | 1 | 2 | 3 | 4 |
| The changes in the weather affects my breathing problem.                | 0  | 1 | 2 | 3 | 4 |
| My breathing gets worse with stress.                                    | 0  | 1 | 2 | 3 | 4 |
| I have to strain to breathe.  | 0  | 1 | 2 | 3 | 4 |
| It takes more effort to breathe than it used to.                        | 0  | 1 | 2 | 3 | 4 |
| My breathing problem upsets me.   | 0  | 1 | 2 | 3 | 4 |
| My shortness of breath scares me.                                       | 0  | 1 | 2 | 3 | 4 |
| My breathing problem makes me feel stressed.                            | 0  | 1 | 2 | 3 | 4 |

**SECTION 3) IF YOU HAVE SHORTNESS OF BREATH, COUGH, AND/OR SWALLOW DIFFICULTY, PLEASE COMPLETE THIS SECTION:**

| <i>CSI</i>   | <i>0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Almost Always, 4 = Always</i> |   |   |   |   |
|--|--|---|---|---|---|
| My cough is worse when I lay down                                      | 0  | 1 | 2 | 3 | 4 |
| My coughing problem causes me to restrict my personal and social life. | 0  | 1 | 2 | 3 | 4 |
| I tend to avoid places because of my cough problem.                    | 0  | 1 | 2 | 3 | 4 |
| I feel embarrassed because of my coughing problem.                     | 0  | 1 | 2 | 3 | 4 |
| People as, "What's wrong?" because I cough a lot.                      | 0  | 1 | 2 | 3 | 4 |
| I run out of air when I cough.   | 0  | 1 | 2 | 3 | 4 |
| My coughing problem affects my voice.                                  | 0  | 1 | 2 | 3 | 4 |
| My coughing problem limits my physical activity.                       | 0  | 1 | 2 | 3 | 4 |
| My coughing problem upsets me.   | 0  | 1 | 2 | 3 | 4 |
| People ask me if I am sick because I cough a lot.                      | 0  | 1 | 2 | 3 | 4 |

**SECTION 4) IF YOU HAVE SHORTNESS OF BREATH, COUGH, AND/OR SWALLOW DIFFICULTY, PLEASE COMPLETE THIS SECTION:**

| <i>EAT-10</i>   | <b>0 = no problem</b> | <b>4 = severe problem</b> |   |   |   |
|---|-----------------------|---------------------------|---|---|---|
| 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 |

Please check that you have answered all the questions. THANK YOU!