Name: _____
Date of Birth: _____
Today's Date: _____

Return Patient Questionnaire

What treatment or intervention(s) have you had for your voice problem since your initial evaluation?

Is your voice improving?

What treatment or intervention is working the best?

On a scale of 0 to 10, how would you rate your voice quality today? ***0= Worst*** ***10= Best***

0 1 2 3 4 5 6 7 8 9 10

RSI: Within the past month how did the following problems affect you?

0 = no problem **5 = severe problem**

Symptom	0	1	2	3	4	5
Hoarseness or a problem with your voice	☐	☐	☐	☐	☐	☐
Clearing your throat	☐	☐	☐	☐	☐	☐
Excess throat mucous or postnasal drip	☐	☐	☐	☐	☐	☐
Difficulty swallowing food, liquids, or pills	☐	☐	☐	☐	☐	☐
Coughing after you ate or after lying down	☐	☐	☐	☐	☐	☐
Breathing difficulties or choking episodes	☐	☐	☐	☐	☐	☐
Troublesome or annoying cough	☐	☐	☐	☐	☐	☐
Sensation of something sticking in your throat or a lump in your throat	☐	☐	☐	☐	☐	☐
Heartburn, chest pain, indigestion, or stomach acid coming up	☐	☐	☐	☐	☐	☐
TOTAL SCORE	_____/45					

VHI – 10: Mark the response that indicates how frequently you have these experiences.

0 = no problem ***4 = severe problem***

Symptom	0	1	2	3	4
My voice makes it difficult for people to hear me.	☐	☐	☐	☐	☐
People have difficulty understanding me in a noisy room.	☐	☐	☐	☐	☐
My voice difficulties restrict personal and social life.	☐	☐	☐	☐	☐
I feel left out of conversations because of my voice.	☐	☐	☐	☐	☐
My voice problem causes me to lose income.	☐	☐	☐	☐	☐
I feel as though I have to strain to produce voice.	☐	☐	☐	☐	☐
The clarity of my voice is unpredictable.	☐	☐	☐	☐	☐
My voice problem upsets me.	☐	☐	☐	☐	☐
My voice makes me feel handicapped.	☐	☐	☐	☐	☐
People ask, "What's wrong with your voice?"	☐	☐	☐	☐	☐
TOTAL SCORE	_____/40				

GCI: Within the past month how did the following problems affect you?

0 = no problem 5 = severe problem

Symptom	0	1	2	3	4	5
Speaking took extra effort	☐	☐	☐	☐	☐	☐
Throat discomfort or pain after using your voice	☐	☐	☐	☐	☐	☐
Vocal fatigue (voice weakened as you talked)	☐	☐	☐	☐	☐	☐
Voice cracks or sounds different	☐	☐	☐	☐	☐	☐
TOTAL SCORE	/ 20					

EAT-10: To what extent are the following scenarios problematic to you?

0= No problem 4= Severe problem

Symptom	0	1	2	3	4
My swallowing problem has caused me to lose weight.	☐	☐	☐	☐	☐
My swallowing problem interferes with my ability to go out for meals.	☐	☐	☐	☐	☐
Swallowing liquids takes extra effort.	☐	☐	☐	☐	☐
Swallowing solids takes extra effort.	☐	☐	☐	☐	☐
Swallowing pills takes extra effort.	☐	☐	☐	☐	☐
Swallowing is painful	☐	☐	☐	☐	☐
The pleasure of eating is affected by my swallowing.	☐	☐	☐	☐	☐
When I swallow food sticks in my throat.	☐	☐	☐	☐	☐
I cough when I eat.	☐	☐	☐	☐	☐
Swallowing is stressful	☐	☐	☐	☐	☐
TOTAL SCORE:	**_____ / 40**				

Which of the following symptoms apply to you?

____ Hoarseness
____ Breathiness
____ Loss of pitch range
____ Vocal fatigue when speaking
____ Vocal fatigue when singing
____ Pain while speaking
____ Pain while singing
____ Tickling or choking sensation while speaking
____ Tickling or choking sensation while singing
____ Trouble speaking loudly
____ Trouble speaking softly
____ Swallowing Difficulty
____Shortness of Breath
____Increased effort to talk
____Difficulty speaking on the phone
____ Difficulty being understood or heard by strangers
____ Difficulty speaking in noisy environments

____Clear throat frequently
____Cough excessively
____Under stress (personal/professional)
____Unable to yell
____Dry throat or mouth
____Lump in throat feeling
____Variable vocal quality
____Tightness in nose and/or throat
____Fullness in nose and/or throat
____Volume Disturbance
____Speak extensively at work
____Speak extensively at home/socially
____Sing frequently
____Whisper frequently
____Live/work/perform in dry/dusty areas
____Yell or talk loudly frequently
____Other: