

Throat:

A: RSI: Within the PAST MONTH how did the following problems affect you? 0= no problem 5=Severe Problem
If none of these apply, please skip to section B.

Symptom

0 1 2 3 4 5

- Hoarseness or a problem with your voice
- Clearing your throat
- Excess throat mucous or post nasal 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

B: GCI: Within the PAST MONTH how did the following problems affect you? 0= no problem 5=Severe Problem
If none of these apply, leave blank in both sections.

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

VHI-10: Mark the response that indicates how frequently you have the same experience. 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 my 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