



Office Use Only:	
1 - TALK	_____
2 - VOICE	_____
3 - VHI-10	_____
4 - RSI	_____
5 - GCI	_____
6 - SVHI-10	_____
7 - DI	_____
8 - CSI	_____

Name _____ Date _____

1. I would rate my degree of talkativeness as the following: (Circle number response.)

1	2	3	4	5	6	7
Quiet Listener			Average Talker			Extremely Talkative

2. Rate your voice on a 0-10 scale (0 = worst voice, 10 = excellent voice) : _____

3. **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

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

4. **RSI Instructions:** Circle the response that indicates how severely you experience the conditions described below.

Within the last MONTH, how did the following problems affect you? 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 mucus	0	1	2	3	4	5
Difficulty swallowing food, liquids, or pills.	0	1	2	3	4	5
Coughing after eating 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 my throat or a lump in my throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5

5. **GCI Instructions:** Circle the response that indicates how severely you experience the conditions described below.

How do the following problems affect you? 0 = No problem 5 = Severe problem

Speaking takes 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 weakens as you talk/sing)	0	1	2	3	4	5
Voice cracks or sounds different	0	1	2	3	4	5

6. **Vocal Hygiene/Voice Use:**

List the number of daily servings you have of the following liquids:

Water _____ Caffeine (coffee/tea/soda) _____ Alcohol _____ Other (milk, juices, etc) _____

Do you smoke? Yes No Used to If yes, how much? _____ When did you quit? _____

Diagnosed with reflux? Yes No If yes, what (if any) reflux medication do you take? _____

Diagnosed with allergies? Yes No If yes, what (if any) medications do you take? _____

Job Title _____ Number of people in your home? _____ Hobbies _____

PLEASE MAKE SURE THAT YOU HAVE ANSWERED ALL THE QUESTIONS!! Check the back too!!

7. Please ONLY complete this section if you are a SINGER or have concerns about your SINGING VOICE.

- **I sing the following kind(s) of music (circle all that apply):**
Musical theater classical choral pop rock gospel jazz country other _____
- **Singing is (circle one):**
primary source of income secondary source of income not a source of income
- **How would you categorize your singing? (circle one)**
Professional entertainment teacher/instructor music/singing student amateur choir/singing group

SVHI-10 Instructions: These are statements that many people have used to describe their singing voices and their singing in their lives. Circle the response that indicates how frequently you have the same experience in the **last 4 weeks**.

0 = Never 1 = Almost never 2 = Sometimes 3 = Almost always 4 = Always

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

8. Please ONLY complete this section if you have SHORTNESS OF BREATH and/or CHRONIC COUGH

DI Instructions: Please circle the response that indicates how frequently you experience these symptoms.

0 = Never 1 = Almost never 2 = Sometimes 3 = Almost always 4 = Always

I have trouble getting air in.	0	1	2	3	4
My breathing problem causes me to restrict my personal & social life.	0	1	2	3	4
My shortness of breath gets worse with stress.	0	1	2	3	4
The change in 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

CSI Instructions: Please circle the response that indicates how frequently you experience these symptoms.

0 = Never 1 = Almost never 2 = Sometimes 3 = Almost always 4 = Always

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 coughing problem.	0	1	2	3	4
I feel embarrassed because of my coughing problem.	0	1	2	3	4
People ask, "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'm sick because I cough a lot.	0	1	2	3	4

PLEASE MAKE SURE THAT YOU HAVE ANSWERED ALL THE QUESTIONS!!

Thank you!!