

E.N.T. -VOICE & SINUS CENTER OF NEVADA

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Board Certified

Voice Questionnaire

1. 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 my 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 make me feel handicapped.	0	1	2	3	4
People ask, "What's wrong with your voice?"	0	1	2	3	4

2. Within the last **MONTH**, how did the following problems affect you?

0= No Problems

5= Severe Problems

Hoarseness or problems with your voice.	0	1	2	3	4	5
Clearing your throat.	0	1	2	3	4	5
Excess throat mucous or post nasal 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
Sensations 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

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