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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**QUESTIONNAIRE**

1 - TALK	___
2 - VHI-10	___
3 - RSI	___
4 - SVHI-10	___
5 - DI	___
6 - CSI	___

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

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

2. **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.

My voice makes it difficult for people to hear me.	0	1	2	3	4	0 = Never
People have difficulty understanding me in a noisy room.	0	1	2	3	4	1 = Almost never
My voice difficulties restrict personal and social life.	0	1	2	3	4	2 = Sometimes
I feel left out of conversations because of my voice.	0	1	2	3	4	3 = Almost always
My voice problem causes me to lose income.	0	1	2	3	4	4 = Always
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	

3. **RSI 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.

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 mucous	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
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

Otology/Neurotology • Occupational Hearing Loss • Laryngology/Professional Voice Care  
 Otolaryngology/Allergy • Facial Plastic/Cosmetic Surgery • Head and Neck Surgery

*Drexel University College of Medicine does not provide clinical otolaryngologic patient care.*

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

- I sing the following kind 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 source of income
- How would you **category** your singing? (circle one):  
Professional entertainment    Teacher/instructor    Music/singing student    Amateur choir/singing group

**SVHI-10** These are statements that many people have used to describe their singing and the effects of their singing on their lives. Please circle the response that indicates how frequently you have the same experience in the **last 4 weeks**.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. It takes a lot of effort to sing.                                       | 0 | 1 | 2 | 3 | 4 |
| 2. I am unsure of what will come out when I sing.                          | 0 | 1 | 2 | 3 | 4 |
| 3. My voice "gives out" on me while I am singing.                          | 0 | 1 | 2 | 3 | 4 |
| 4. My singing voice upsets me.   | 0 | 1 | 2 | 3 | 4 |
| 5. I have no confidence in my singing voice.                               | 0 | 1 | 2 | 3 | 4 |
| 6. I have trouble making my voice do what I want it to.                    | 0 | 1 | 2 | 3 | 4 |
| 7. I have to "push it" to produce my voice when singing.                   | 0 | 1 | 2 | 3 | 4 |
| 8. My singing voice tires easily.  | 0 | 1 | 2 | 3 | 4 |
| 9. I feel something is missing in my life because of my inability to sing. | 0 | 1 | 2 | 3 | 4 |
| 10. I am unable to use my "high voice".                                    | 0 | 1 | 2 | 3 | 4 |

2) IF YOU HAVE SHORTNESS OF BREATH AND/OR COUGH, PLEASE COMPLETE BOTH SECTIONS BELOW

- Does your breathing problem primarily happen when you are coughing? Please circle:    YES    NO

**DI** Please circle the response that indicates how frequently you experience these symptoms (0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I have trouble getting air in.  | 0 | 1 | 2 | 3 | 4 |
| 2. My breathing problem causes me to restrict my personal and social life. | 0 | 1 | 2 | 3 | 4 |
| 3. My shortness of breath gets worse with stress.                          | 0 | 1 | 2 | 3 | 4 |
| 4. The change in weather affects my breathing problem.                     | 0 | 1 | 2 | 3 | 4 |
| 5. My breathing gets worse with stress.                                    | 0 | 1 | 2 | 3 | 4 |
| 6. I have to strain to breathe.  | 0 | 1 | 2 | 3 | 4 |
| 7. It takes more effort to breathe than it used to.                        | 0 | 1 | 2 | 3 | 4 |
| 8. My breathing problem upsets me.   | 0 | 1 | 2 | 3 | 4 |
| 9. My shortness of breath scares me.                                       | 0 | 1 | 2 | 3 | 4 |
| 10. My breathing problem makes me feel stressed.                           | 0 | 1 | 2 | 3 | 4 |

**CSI** Please circle the response that indicates how frequently you experience these symptoms (0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. My cough is worse when I lay down.                                     | 0 | 1 | 2 | 3 | 4 |
| 2. My coughing problem causes me to restrict my personal and social life. | 0 | 1 | 2 | 3 | 4 |
| 3. I tend to avoid places because of my cough problem.                    | 0 | 1 | 2 | 3 | 4 |
| 4. I feel embarrassed because of my coughing problem.                     | 0 | 1 | 2 | 3 | 4 |
| 5. People ask, "What's wrong?" because I cough a lot.                     | 0 | 1 | 2 | 3 | 4 |
| 6. I run out of air when I cough.   | 0 | 1 | 2 | 3 | 4 |
| 7. My coughing problem affects my voice.                                  | 0 | 1 | 2 | 3 | 4 |
| 8. My coughing problem limits my physical activity.                       | 0 | 1 | 2 | 3 | 4 |
| 9. My coughing problem upsets me.   | 0 | 1 | 2 | 3 | 4 |
| 10. People ask me if I am sick because I cough a lot.                     | 0 | 1 | 2 | 3 | 4 |