

Affix Patient Label here or record:

Name: .....

NHS No:

Hosp No:

D.O.B:   /   /     Male  Female



## VOCAL HANDICAP INDEX 10

**Date:** .....

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 |
| People ask, "What's wrong with your voice?"                | 0   1   2   3   4 |
| I feel as though I have to strain to produce voice         | 0   1   2   3   4 |
| My voice difficulties restrict my personal and social life | 0   1   2   3   4 |
| The clarity of my voice is unpredictable                   | 0   1   2   3   4 |
| I feel left out of conversation because of my voice        | 0   1   2   3   4 |
| My voice problem causes me to lose income                  | 0   1   2   3   4 |
| My voice problem upsets me                                 | 0   1   2   3   4 |
| My voice problem makes me feel handicapped                 | 0   1   2   3   4 |

Ref. DEARY, I. J. et. al. (2004) *Short, Self-Report Voice Symptom Scales*. Otolaryngology - Head and Neck Surgery, Sept 2004;131 (3): 232-5.

