PLEASE COMPLETE YOUR NAME AND DATE AT TOP OF FORM

Name :

Date:

VHI form

These are statements that people have used to describe their voices and the effects their voice has on their lives. Mark with an X the response that indicates how frequently you have the same response.

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

1. My voice makes it difficult for people to hear me	0	1	2	3	4
2. People have difficulty hearing me in a noisy room	0	1	2	3	4
3. My voice difficulties restrict my personal and social life	0	1	2	3	4
4. I feel left out of conversations because of my voice	0	1	2	3	4
5. My voice problem causes me to lose income	0	1	2	3	4
6. I feel as though I have to strain to produce voice	0	1	2	3	4
7. The clarity of my voice is unpredictable	0	1	2	3	4
8. My voice problem upsets me	0	1	2	3	4
9. My voice makes me feel handicapped	0	1	2	3	4
10. People ask “What’s wrong with your voice?”	0	1	2	3	4

Total _____