

VOICE HANDICAP INDEX-10 (VHI-10)

Name: _____

Date: ___ / ___ / ___

Instructions: These are statements that many people have used to describe their voices and the effects of their voices on their lives. Please circle the response that indicates how frequently you experience the same symptoms. (0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

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|--|---|---|---|---|---|
| 1. My voice makes it difficult for people to hear me. | 0 | 1 | 2 | 3 | 4 |
| 2. People have difficulty understanding 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 |

SCORE:

What is your perception of the severity of your voice problem? _____

1	2	3	4	5	6	7
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Least Severe

Most Severe