



# Voice & Swallow Questionnaire

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

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Below 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 makes me feel handicapped.	0	1	2	3	4
People ask, "What's wrong with your voice?"	0	1	2	3	4
	<b>Total:</b>				

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

**0 = no problem    1 = mild problem    2 = mild to moderate    3 = moderate    4 = moderate to severe    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 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 eat 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
Sensation of something sticking or a lump in throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid backing up?	0	1	2	3	4	5
	<b>Total:</b>					

**If you have swallowing problems, circle the appropriate response. If you have no problems swallowing, you may leave this blank.**

**0 = no problem    1 = mild to moderate    2 = mild to moderate    3 = moderate    4 = severe problem**

My swallowing problem has caused me to lose weight	0	1	2	3	4
My swallowing problem interferes with my ability to go out for meals	0	1	2	3	4
Swallowing liquids takes extra effort	0	1	2	3	4
Swallowing solids takes extra effort	0	1	2	3	4
Swallowing pills takes extra effort	0	1	2	3	4
Swallowing is painful	0	1	2	3	4
The pleasure of eating is affected by my swallowing	0	1	2	3	4
When I swallow food sticks in my throat	0	1	2	3	4
I cough when I eat	0	1	2	3	4
Swallowing is stressful	0	1	2	3	4
	<b>Total:</b>				

