



**Voice Center
Pre-Visit
Questionnaires**

Name: _____

DOB: _____

Today's Date: _____

If you are new to the NYU Voice Center, welcome! And for those returning patients, welcome back. The NYU Voice Center is the premier center dedicated to patients with voice, swallowing and other airway disorders including cough and difficulty breathing. As a component to our commitment to optimal patient care, you will be asked to complete several questionnaires at each visit. While we appreciate that these questionnaires can be a bit tedious, they are quite valuable to us as they assist us in tracking your progress as well as our outcomes. In addition, on occasion, we may use these instruments as a component of clinical research projects under the appropriate regulatory oversight. If you have any questions, please feel free to ask any of the staff.

NEW PATIENTS: If you are a **new patient** please start here. Returning patients begin with the VHI-10 below.

What medical complaint(s) brought you here today? _____

How did you hear about the NYU Voice Center? _____

How long have you had this/these problem(s)? _____

Have you received treatment for this/these problem(s)? Yes No, If so, what? _____

When are your symptoms worse? Morning Night With meals No particular time Other _____

How severely are you affected by this/these problem(s)? No problem Mild annoyance Severe Occasional

Do these problems limit professional and/or social activities Yes No

What is your profession? _____

Do you sing? Yes No

How important is your voice on a daily basis? Critical Very Important Moderately Important Not so Important

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

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

All patients (new and returning): If your visit today is related to your voice, please complete the questionnaire below.

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.

	Never	Almost never	Some-times	Almost always	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 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

If you consider yourself to be a singer, please complete the questions on this page

new patients only

- I sing the following kind of music (circle all that apply):**
- country classical jazz musical theater choral
gospel pop rock other: _____
- Singing is (circle one):**
- Primary source of income Secondary source of income Not source of income
- How would you categorize your singing? (circle one)**
- Professional entertainment Teacher/instructor Music/singing student Amateur choir/singing group

Who is your current voice teacher/coach? _____

Evaluation of Ability to Sing Easily (EASE)

Please circle the response to each prompt below about how your voice is feeling today

	Not at all	Mildly	Moderately	Extremely
1. My voice is husky	1	2	3	4
2. My voice is dry/scratchy	1	2	3	4
3. My throat cracks and breaks	1	2	3	4
4. My throat muscles are feeling overworked	1	2	3	4
5. My voice is breathy	1	2	3	4
6. My singing voice feels good	1	2	3	4
7. The onsets of my notes are delayed or breathy	1	2	3	4
8. My voice feels strained	1	2	3	4
9. I am worried about my voice	1	2	3	4
10. I am having difficulty with my breath for long phrases	1	2	3	4
11. My top notes are breathy	1	2	3	4
12. My voice sounds rich and resonant	1	2	3	4
13. My voice is cutting out on some notes	1	2	3	4
14. I am having difficulty singing softly	1	2	3	4
15. My voice is tired	1	2	3	4
16. I am having difficulty changing registers	1	2	3	4
17. I am having difficulty with my high notes	1	2	3	4
18. Singing feels like hard work	1	2	3	4
19. I am having difficulty projecting my voice	1	2	3	4
20. I am concerned about my voice	1	2	3	4
21. My voice feels ready for performance if required	1	2	3	4
22. I am having difficulty sustaining long notes	1	2	3	4



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If your visit today is related to difficulty breathing, please complete the questions below

Dyspnea Index (DI): Please circle the response that indicates how frequently you experience these symptoms

	Never	Almost Never	Some- times	Almost Always	Always
1. I have trouble getting air in.	0	1	2	3	4
2. I feel tightness in my throat when I am having my breathing problem.	0	1	2	3	4
3. It takes more effort to breathe in than it used to.	0	1	2	3	4
4. Changes in weather affect my breathing problem.	0	1	2	3	4
5. My breathing gets worse with stress.	0	1	2	3	4
6. I make sound/noise breathing in.	0	1	2	3	4
7. I have to strain to breathe.	0	1	2	3	4
8. My shortness of breath gets worse with exercise or physical activity.	0	1	2	3	4
9. My breathing problem makes me feel stressed.	0	1	2	3	4
10. My breathing problem causes me to restrict my personal and social life.	0	1	2	3	4

Vocal Cord Dysfunction – Questionnaire (VCD-Q): The following are statements that many people have used to describe their breathing symptoms and the effects of these symptoms on their lives. Please circle the response that indicates how much you agree with each statement

	Strongly disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. My symptoms are confined to my throat/upper chest	1	2	3	4	5
2. I feel like I can't get breath past a certain point in my throat/upper chest because of restriction	1	2	3	4	5
3. My breathlessness is usually worse when breathing in	1	2	3	4	5
4. My attacks typically come on very suddenly	1	2	3	4	5
5. I feel that there is something in my throat that I can't clear	1	2	3	4	5
6. My attacks are associated with changes in my voice	1	2	3	4	5
7. My breathing can be noisy during attacks	1	2	3	4	5
8. I'm aware of other specific triggers that cause attacks	1	2	3	4	5
9. My symptoms are associated with an ache or itch in my throat	1	2	3	4	5
10. I am frustrated that my symptoms have not been understood correctly	1	2	3	4	5
11. I am unable to tolerate any light pressure around the neck – e.g. tight clothes or bending the neck	1	2	3	4	5
12. The attacks impact on my social life	1	2	3	4	5



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If your visit today is related to a problem with coughing, please answer the form below

Cough Severity Index (CSI)

Please circle the response that indicates how frequently you experience the these symptoms

	Never	Almost Never	Some- times	Almost Always	Always
My cough is worse when I lay down.	0	1	2	3	4
My coughing problem causes me to restrict my personal and social life.	0	1	2	3	4
I tend to avoid places because of my cough problem.	0	1	2	3	4
I feel embarrassed because of my coughing problem.	0	1	2	3	4
People ask, "What's wrong?" because I cough a lot.	0	1	2	3	4
I run out of air when I cough.	0	1	2	3	4
My coughing problem affects my voice.	0	1	2	3	4
My coughing problem limits my physical activity.	0	1	2	3	4
My coughing problem upsets me.	0	1	2	3	4
People ask me if I am sick because I cough a lot.	0	1	2	3	4

Total: ____ / 40



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If your visit today is related to difficulty swallowing, please complete the form below.

Eating Assessment Tool (EAT-10)

These are statements that many people have used to describe their symptoms of difficulty swallowing and the effects this has on their lives. Circle the response that indicates the extent that you experience the following problems.

	0=No Problem					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	

Total: ____ / 40