



Name \_\_\_\_\_

Date \_\_\_\_\_

Dear Patient,

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. As such, please be mindful and complete when completing these surveys.

If you have any questions, please feel free to ask any of the staff. We are here to assist you.

Sincerely,

Milan R. Amin, M.D.  
Director

Ryan C. Branski, Ph.D.  
Associate Director

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

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

**VHI-10 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.

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

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

**Please check that you have answered all the questions.**

**For Singers Only:**

I sing the following kind of music (circle all that apply)      country      classical      choral      pop      rock  
 gospel      jazz      other \_\_\_\_\_

Singing is (circle one)      primary source of income      secondary source of income  
 not source of income

How would you categorize your singing ? (circle)      professional entertainment      teacher/instructor  
 music/singing student      amateur choir/singing group

**Singing Voice Handicap Index-10**

These are statements that many people have used to describe their singing and the effects of their singing on their lives. **Circle** the response that indicates how frequently you have the same experience in the **last 4 weeks**.

	Never	Almost Never	Sometimes	Almost Always	Always
1) It takes a lot of effort to sing.	0	1	2	3	4
2) I am unsure of what will come out when I sing.	0	1	2	3	4
3) My voice "gives out" on me while I am singing.	0	1	2	3	4
4) My singing voice upsets me.	0	1	2	3	4
5) I have no confidence in my singing voice.	0	1	2	3	4
6) I have trouble making my voice do what I want it to.	0	1	2	3	4
7) I have to "push it" to produce my voice when singing.	0	1	2	3	4
8) My singing voice tires easily.	0	1	2	3	4
9) I feel something is missing in my life because of my inability to sing.	0	1	2	3	4
10) I am unable to use my "high voice."	0	1	2	3	4