

VOICE HANDICAP INDEX

(Jacobson, Johnson, Grywalski, et al.) **Speech Pathology Department**

Date of Rirth:

Patient Name:		Date of Birth:					
Instructions : These are statements that many people have used to lives. Please check the response that indicates how frequently you				of their vo	ice on thei		
	Never	Almost Never	Sometimes	Almost Always	Always		
F1. My voice makes it difficult for people to hear me.							
P2. I run out of air when I talk.							
F3. People have difficulty understanding me in a noisy room.							
P4. The sound of my voice varies throughout the day.							
F5. My family has difficulty hearing me when I call them throughout the house.							
F6. I use the phone less often than I would like.							
E7. I'm tense when talking with others because of my voice.							
F8. I tend to avoid groups of people because of my voice.							
E9. People seem irritated with my voice.							
P10. People ask, "What's wrong with your voice?"							
F11. I speak with friends, neighbors, or relatives less often because of my voice.							
F12. People ask me to repeat myself when speaking face-to-face.							
P13. My voice sounds creaky and dry.							
P14. I feel as though I have to strain to produce my voice.							
E15. I find other people don't understand my voice problem.							
F16. My voice difficulties restrict my personal and social life.							

PATIENT HEALTH HISTORY

Side 1 of 2

02/09/22

PATIENT LABEL



PS 4359

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	Nover	Almost	Comotimos	Almost	Almono				
P17. The clarity of my voice is unpredictable.	Never	Never	Sometimes	Always	Always				
1 17. The clarity of my voice is unpredictable.									
P18. I try to change my voice to sound different.									
F19. I feel left out of conversations because of my voice.									
P20. I use a great deal of effort to speak.									
P21. My voice is worse in the evening.									
F22. My voice problem causes me to lose income.									
E23. My voice problem upsets me.									
E24. I am less out-going because of my voice problem.									
E25. My voice makes me feel handicapped.									
P26. My voice "gives out" on me in the middle of speaking.									
E27. I feel annoyed when people ask me to repeat.									
E28. I feel embarrassed when people ask me to repeat.									
E29. My voice makes me feel incompetent.									
E30. I'm ashamed of my voice problem.									
Please select the word that matches how you feel your voice is today: Normal Mild Moderate Severe Patient/Legal Representative Signature: Date/Time: If signed by other than patient, indicate relationship: Print Name (Legal Representative):									
	viewed by (Staff Signature): Date/Time:								
(Never=0 points; Almost Never=1 point; Sometimes=2 points; A	lmost Always	s= 3 points; A	.lways=4 points))					
P Scale:	E Scale: _								
Mean values (SD) for VHI subscale and total scale scores as a function of self-perceived voice severity. Group									
Scale Mild	Modera	Moderate Severe							
Functional 10.07 (1.99)	•	12.41 (1.38) 18.30 (1.50)			_				
Physical 15.54 (1.97)	•	18.63 (1.37) 22.78 (1.48)							
Emotional 8.08 (2.31) Total 33.69 (5.60)	13.33 (1. 44.37 (3.		20.30 (61.39 (•					
10tai 33.09 (3.00)	44.37 (3.	.00)	01.39 (T. Z I J					
PATIENT HEALTH HISTORY									
PS 4359 Side 2 of 2 02/09/22									

PATIENT LABEL