

Voice Handicap Index (VHI)

Name: _____ Date: _____

These are statements that many people have used to describe their voice and the effects of their voice on their lives.

Please mark the response that indicates how frequently you have the same experience

	Never	Almost Never	Sometimes	Almost Always	Always
F1 My voice makes it difficult for people to hear me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3 People have difficulty understanding me in a noisy room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P10 People ask, "What is wrong with your voice?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P14 I feel as though I have to strain to produce voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F16 My voice difficulties restrict my personal and social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P17 The clarity of my voice is unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19 I feel left out of conversations because of my voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22 My voice problem causes me to lose income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E23 My voice problem upsets me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E25 My voice makes me feel handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how you feel your voice is today: Normal Mild Moderate Severe

Please indicate how satisfied you are by your voice by marking the appropriate point on the scale:

Extremely Satisfied Absolutely Dissatisfied
