



Name \_\_\_\_\_ Date \_\_\_\_\_

### Voice Handicap Index (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.

*0 = never    1 = almost never    2 = sometimes    3 = almost always    4 = always*

F 1.	My voice makes it difficult for people to hear me.	0	1	2	3	4
F 2.	People have difficulty understanding me in a noisy room.	0	1	2	3	4
F 3.	My voice difficulties restrict personal and social life.	0	1	2	3	4
F 4.	I feel left out of conversations because of my voice.	0	1	2	3	4
F 5.	My voice problem causes me to lose income.	0	1	2	3	4
P 6.	I feel as though I have to strain to produce voice.	0	1	2	3	4
P 7.	The clarity of my voice is unpredictable.	0	1	2	3	4
E 8.	My voice problem upsets me.	0	1	2	3	4
E 9.	My voice makes me feel handicapped.	0	1	2	3	4
P 10.	People ask, "What's wrong with your voice?"	0	1	2	3	4

PLEASE ADD UP YOUR TOTAL \_\_\_\_\_