



Speech and Hearing Clinic

Patient Intake Form

Name: _____

Date: _____

Describe your voice problem: _____

How long have you had the voice problem: _____

Has this changed over time: yes: _____ no: _____

What are the symptoms? (What does your voice sound like to you? What won't it do, that it should, or what does it do that it shouldn't?) _____

What is/are your occupation(s)? _____

Please list your medical history/conditions: _____

Please list your Current Medications and the dosages: _____

Please list any surgeries that you have undergone: _____

Alcohol Intake: Never: _____ Drinks per week: _____

Smoking History: Never: _____ Packs per day: _____ Quit/When: _____

Caffeine/Carbonated Beverages Intake: Never: _____ Drinks per day: _____

Recreational Drug Use: Never: _____ Please Specify Quit/When: _____

Water intake: Never: _____ Number of cups / ounces per day: _____

Outcome Measures

Reflux Symptom Index (RSI)

0-5 rating scale; 0=no problem, 5=severe problem

Hoarseness or a problem with your voice.	0	1	2	3	4	5	
Clearing your throat.	0	1	2	3	4	5	
Excess throat mucus or post nasal drip.	0	1	2	3	4	5	
Difficulty swallowing foods, liquids, or pills.	0	1	2	3	4	5	
Coughing after you eat or lie down.	0	1	2	3	4	5	
Breathing difficulties or choking episodes.	0	1	2	3	4	5	
Troublesome or annoying cough.	0	1	2	3	4	5	
Sensations of something sticking in your throat, or a lump in your throat.	0	1	2	3	4	5	
Heartburn, chest pain, indigestion, or stomach acid coming up.	0	1	2	3	4	5	
						RSI	

Voice Handicap Index

These are statements that many people have used to describe their voices and the impact of their voice problems 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

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 family has difficulty hearing me when I call them throughout the house.	0	1	2	3	4
I use the phone less often than I would like to because of my voice.	0	1	2	3	4
I tend to avoid groups of people because of my voice.	0	1	2	3	4
I speak with friends, neighbors, or relatives less often because of my voice.	0	1	2	3	4
People ask me to repeat myself when speaking face-to-face.	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 run out of air when I talk.	0	1	2	3	4
The sound of my voice varies throughout the day.	0	1	2	3	4
People ask, "What's wrong with your voice?"	0	1	2	3	4
My voice sounds creaky and dry.	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
I try to change my voice to sound different.	0	1	2	3	4
I use a great deal of effort to speak.	0	1	2	3	4
My voice is worse in the evening.	0	1	2	3	4
My voice "gives out" on me in the middle of speaking.	0	1	2	3	4
I am tense when talking to others because of my voice.	0	1	2	3	4
People seem irritated with my voice.	0	1	2	3	4
I find other people don't understand my voice problem.	0	1	2	3	4
My voice problem upsets me.	0	1	2	3	4
I am less outgoing because of my voice problem.	0	1	2	3	4
My voice makes me feel handicapped.	0	1	2	3	4
I feel annoyed when people ask me to repeat.	0	1	2	3	4
I feel embarrassed when people ask me to repeat.	0	1	2	3	4
My voice makes me feel incompetent.	0	1	2	3	4
I am ashamed of my voice problem.	0	1	2	3	4

Jacobson, B., Johnson, A., Grywalski, C., Silbergieith, A., Jacobson, G., Benninger, M., Newman, C. (1997).
The Voice Handicap Index (VHI) American Journal of Speech Language Pathology, 6 (3), 66-70.