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PHELPS

Name:

Date:

Please fill these out reflecting recent symptoms < 1 week

Reflux Symptom Index (RSI)

How do the following problems affect you?	0 = No Problem 5 = Severe Problem					
1. Hoarseness or a problem with your voice	0	1	2	3	4	5
2. Clearing your throat	0	1	2	3	4	5
3. Excess throat mucous or postnasal drip	0	1	2	3	4	5
4. Difficulty swallowing food, liquids, or pills	0	1	2	3	4	5
5. Coughing after you ate or after lying down	0	1	2	3	4	5
6. Breathing difficulties or choking episodes	0	1	2	3	4	5
7. Troublesome or annoying cough	0	1	2	3	4	5
8. Sensations of something sticking in your throat or a lump in your throat	0	1	2	3	4	5
9. Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5

Voice Handicap Index (VHI-10)

Please circle the response that indicated how frequently you have these recent experiences:
 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 voice difficulties restrict my 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

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Dyspnea Index

Below are some symptoms that you may be feeling.

Please circle the number that indicates how often you feel these symptoms.

(0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

- | | |
|--|-----------|
| 1. I have trouble getting air in. | 0 1 2 3 4 |
| 2. I feel tightness in my throat when I am having a breathing problem. | 0 1 2 3 4 |
| 3. It takes more effort to breathe than it used to. | 0 1 2 3 4 |
| 4. Changes in weather affect my breathing problem. | 0 1 2 3 4 |
| 5. My breathing gets worse with stress | 0 1 2 3 4 |
| 6. I make sound/noise breathing in | 0 1 2 3 4 |
| 7. I have to strain to breathe. | 0 1 2 3 4 |
| 8. My shortness of breath gets worse with exercise of physical activity. | 0 1 2 3 4 |
| 9. My breathing problem makes me feel stressed. | 0 1 2 3 4 |
| 10. My breathing problem causes me to restrict my personal/social life. | 0 1 2 3 4 |

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Eating Assessment Tool - 10

Please circle to the response that indicates how frequently you have these experiences (recently).

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

My swallowing problem has caused me to lose weight	0	1	2	3	4
My problem interferes with my ability to go out to eat	0	1	2	3	4
Swallowing liquids takes extra effort	0	1	2	3	4
Swallowing solids takes extra effort	0	1	2	3	4
Swallowing pills takes extra effort	0	1	2	3	4
Swallowing is painful	0	1	2	3	4
The pleasure of eating is affected by my swallowing	0	1	2	3	4
When I swallow, food sticks in my throat	0	1	2	3	4
I cough when I eat	0	1	2	3	4
Swallowing is stressful	0	1	2	3	4

Glottal Function Index

Today,

0 = No problem, 5 = Severe problem

How did the following problems affect you ?

1. Speaking took extra effort	0	1	2	3	4	5
2. Throat discomfort or pain after using your voice	0	1	2	3	4	5
3. Vocal fatigue (voice weakened as you talked)	0	1	2	3	4	5
4. Voice cracks or sounds different	0	1	2	3	4	5

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Cough Severity Index

Please circle to the response that indicates how frequently you have these experiences

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

- | | | | | | |
|---|---|---|---|---|---|
| 1. My cough is worse when I lie down. | 0 | 1 | 2 | 3 | 4 |
| 2. My cough restricts my personal and social life | 0 | 1 | 2 | 3 | 4 |
| 3. I tend to avoid places because of my cough problem | 0 | 1 | 2 | 3 | 4 |
| 4. I feel embarrassed because of my coughing problem. | 0 | 1 | 2 | 3 | 4 |
| 5. People ask, “What’s wrong?” because I cough a lot. | 0 | 1 | 2 | 3 | 4 |
| 6. I run out of air when I cough. | 0 | 1 | 2 | 3 | 4 |
| 7. My coughing problem affects my voice. | 0 | 1 | 2 | 3 | 4 |
| 8. My coughing problem limits my physical activity. | 0 | 1 | 2 | 3 | 4 |
| 9. My coughing problem upsets me. | 0 | 1 | 2 | 3 | 4 |
| 10. People ask me if I am sick because I cough a lot. | 0 | 1 | 2 | 3 | 4 |