



Sydney Sinus
& Allergy Centre

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VOICE QUESTIONNAIRE

Please answer the following questions as honestly as possible. There are no incorrect answers and this only guides diagnosis and management

Circle the appropriate response.

Within the last MONTH, how did the following problems affect you?	0 = No Problem			5 = Severe Problem			
Speaking took extra effort	0	1	2	3	4	5	
Throat discomfort or pain after using your voice	0	1	2	3	4	5	
Vocal fatigue (voice weakened as you talked)	0	1	2	3	4	5	GCI
Voice cracks or sounds different	0	1	2	3	4	5	

Circle the appropriate response.

Within the last MONTH, how did the following problems affect you?	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 mucous or postnasal drip	0	1	2	3	4	5	
Difficulty swallowing food, liquids, or pills	0	1	2	3	4	5	
Coughing after you ate or after lying 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	RSI
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5	

Circle the appropriate response.

Within the last MONTH, how often	0 = Never			5 = All the Time			
Did you have to clear your throat before speaking or talking on the telephone?	0	1	2	3	4	5	
Did throat discomfort or pain interfere with your normal work or daily activities?	0	1	2	3	4	5	
Did you limit the amount of time you spent talking to other people due to problems with your voice?	0	1	2	3	4	5	
Did coughing interfere with your work or other activities?	0	1	2	3	4	5	
Did breathing problems interfere with your work or other activities?	0	1	2	3	4	5	
Did you have a problem swallowing food, liquids, or pills?	0	1	2	3	4	5	

Please print out the Voice Questionnaire and bring it with you to your appointment.

Any concerns contact Dr Larry Kalish at the Sydney Sinus and Allergy Centre on **02 9362 5991**