PEDIATRIC VOICE HANDICAP INDEX (pVHI)

Name: _______________________________ Date: __/__/___

Instructions: These are statements that many people have used to describe their voices and the effects of their voices on their lives. Please circle the response that indicates how frequently your child experiences the same symptoms. (0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

My child’s voice makes it difficult for people to hear him/her. 0 1 2 3 4
People have difficulty understanding my child in a noisy room. 0 1 2 3 4
At home, we have difficulty hearing my child when he/she calls through the house. 0 1 2 3 4
My child tends to avoid communicating because of his/her voice. 0 1 2 3 4
My child speaks with friends, neighbors, or relatives less often because of his/her voice. 0 1 2 3 4
People ask my child to repeat him/herself when speaking face-to-face. 0 1 2 3 4
My child’s voice difficulties restrict personal, educational, and social activities. 0 1 2 3 4
My child runs out of air when talking. 0 1 2 3 4
The sound of my child’s voice changes throughout the day. 0 1 2 3 4
People ask, “What’s wrong with your child’s voice?” 0 1 2 3 4
My child’s voice sounds dry, raspy, and/or hoarse. 0 1 2 3 4
The quality of my child’s voice is unpredictable. 0 1 2 3 4
My child uses a great deal of effort to speak (e.g., straining). 0 1 2 3 4
My child’s voice is worse in the evening. 0 1 2 3 4
My child’s voice “gives out” when speaking. 0 1 2 3 4
My child has to yell in order for others to hear him/her. 0 1 2 3 4
My child appears tense when talking with others because of his/her voice. 0 1 2 3 4
People seem irritated with my child’s voice. 0 1 2 3 4
I find other people don’t understand my child’s voice problem. 0 1 2 3 4
My child is frustrated with his/her voice problem. 0 1 2 3 4
My child is less outgoing because of his/her voice problem. 0 1 2 3 4
My child is annoyed when people ask him/her to repeat. 0 1 2 3 4
My child is embarrassed when people ask him/her to repeat. 0 1 2 3 4

I would rate my child’s talkativeness as the following: (circle response)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiet</td>
<td>Average</td>
<td>Extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listener</td>
<td>Talker</td>
<td>Talkative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall Severity Rating of Voice
(Please place “X” mark anywhere along this line to indicate the severity of your child’s voice problem)

| Normal | Severe |