Name: _____
Date of Birth: _____
Today's Date: _____

VCD Patient Questionnaire

NLHQ: **Check the answer that best describes you currently.**
1 = all of the time 2 = most of the time 3 = a good bit of the time 4 = some of the time
5 = a little bit of the time 6 = hardly any of the time 7 = none of the time

Symptom	1	2	3	4	5	6	7
There is an abnormal sensation in my throat.	☐	☐	☐	☐	☐	☐	☐
I feel phlegm and mucous in my throat.	☐	☐	☐	☐	☐	☐	☐
I have pain in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something stuck in my throat.	☐	☐	☐	☐	☐	☐	☐
My throat is blocked.	☐	☐	☐	☐	☐	☐	☐
My throat feels tight.	☐	☐	☐	☐	☐	☐	☐
There is an irritation in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something pushing on my chest.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something pressing on my throat.	☐	☐	☐	☐	☐	☐	☐
There is a feeling of constriction as though needing to inhale a large amount of air.	☐	☐	☐	☐	☐	☐	☐
There is a tickle in my throat.	☐	☐	☐	☐	☐	☐	☐
There is an itch in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a hot or burning sensation in my throat.	☐	☐	☐	☐	☐	☐	☐
TOTAL SCORE	_____ / 91						

RSI: **Within the past month how did the following problems affect you?**
0 = no problem 5 = severe problem

Symptom	0	1	2	3	4	5
Hoarseness or a problem with your voice	☐	☐	☐	☐	☐	☐
Clearing your throat	☐	☐	☐	☐	☐	☐
Excess throat mucous or postnasal drip	☐	☐	☐	☐	☐	☐
Difficulty swallowing food, liquids, or pills	☐	☐	☐	☐	☐	☐
Coughing after you ate or after lying down	☐	☐	☐	☐	☐	☐
Breathing difficulties or choking episodes	☐	☐	☐	☐	☐	☐
Troublesome or annoying cough	☐	☐	☐	☐	☐	☐
Sensation of something sticking in your throat or a lump in your throat	☐	☐	☐	☐	☐	☐
Heartburn, chest pain, indigestion, or stomach acid coming up	☐	☐	☐	☐	☐	☐
TOTAL SCORE	_____ / 45					

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Dyspnea Index: **These are some symptoms you may be feeling. Check the response that indicates how frequently you experience these symptoms.**

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

Symptom	0	1	2	3	4
I have trouble getting air in.	☐	☐	☐	☐	☐
I feel tightness in my throat when I am having a breathing problem.	☐	☐	☐	☐	☐
It takes more effort to breathe than it used to.	☐	☐	☐	☐	☐
Changes in weather affect my breathing problem.	☐	☐	☐	☐	☐
My breathing gets worse with stress.	☐	☐	☐	☐	☐
I make sound/noise breathing in.	☐	☐	☐	☐	☐
My shortness of breath gets worse with exercise or physical activity.	☐	☐	☐	☐	☐
My breathing problem makes me feel stressed.	☐	☐	☐	☐	☐
My breathing problem makes me restrict my personal and social life.	☐	☐	☐	☐	☐
TOTAL SCORE:	**_____ / 40**				

1. Describe your symptoms:

2. When did symptoms begin? Do you associate them with a particular event?

3. I have the most trouble with: (circle one)

____ Inhalation ____ Exhalation

4. My voice changes when I have trouble breathing: (circle one)

____ Yes ____ No

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5. I have noisy breathing (stridor): (circle one)

____ All the time
____ When I exercise
____ When I exercise
____ Other times: (describe)

6. The following circumstances make my breathing worse: (circle all that apply)

____ Strong odors
____ Stress
____ Mucous
____ Other: (describe)
____ Heat
____ Exercise
____ Speaking