



Paediatric 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 these symptoms.

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

F1	My child's voice makes it difficult for people to hear him / her.	0	1	2	3	4
F2	People have difficulty understanding my child in a busy classroom.	0	1	2	3	4
F3	At home, we have difficulty hearing my child when he / she calls through the house.	0	1	2	3	4
F4	My child tends to avoid communicating because of his/her voice.	0	1	2	3	4
F5	My child speaks less often to friends, neighbours and relatives because of his/her voice.	0	1	2	3	4
F6	People ask my child to repeat himself / herself when speaking face to face.	0	1	2	3	4
F7	My child's voice difficulties restrict personal, educational and social activities.	0	1	2	3	4
P1	My child runs out of air while speaking.	0	1	2	3	4
P2	The sound of my child's voice changes throughout the day.	0	1	2	3	4
P3	People ask; "What's wrong with your child's voice?"	0	1	2	3	4
P4	My child's voice sounds dry, raspy and / or hoarse.	0	1	2	3	4
P5	The quality of my child's voice is unpredictable.	0	1	2	3	4
P6	My child uses a great deal of effort to speak (e.g. straining).	0	1	2	3	4
P7	My child's voice is worse in the evening.	0	1	2	3	4
P8	My child's voice 'gives out' when speaking.	0	1	2	3	4
P9	My child has to yell for others to hear him / her.	0	1	2	3	4
E1	My child appears tense when talking with others because of his / her voice.	0	1	2	3	4



E2	People seem irritated at my child's voice	0	1	2	3	4
E3	I find other people don't understand my child's voice problem.	0	1	2	3	4
E4	My child is frustrated with his / her voice problem.	0	1	2	3	4
E5	My child is less out-going because of his / her voice problem.	0	1	2	3	4
E6	My child is annoyed when people ask him / her to repeat.	0	1	2	3	4
E7	My child is embarrassed when people ask him / her to repeat.	0	1	2	3	4
	Total: (F= P= E=)					

I would rate my child's talkativeness as follows:

1	2	3	4	5	6	7
Quiet Listener		Average Talker			Extremely Talkative	

Overall severity rating of voice

(Please place an "X" anywhere on the line below to indicate the severity of your child's voice problem.)

Normal Severe