

## NEWCASTLE LARYNGEAL HYPERSENSITIVITY QUESTIONNAIRE

Please circle the answer that best describes you currently. Be sure to only select one response:

**EXAMPLE: I watch television**

|                                |                          |                                |                          |                                 |                                |                  |
|--------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|------------------|
| All of<br>of time<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None<br>the<br>7 |
|--------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|------------------|

1) There is an abnormal sensation in my throat: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



2) I feel phlegm and mucous in my throat: (TT)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



3) I have pain in my throat: (P/Th)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



4) I have a sensation of something stuck in my throat: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



5) My throat is blocked: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



6) My throat feels tight: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



7) There is an irritation in my throat: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



8) I have a sensation of something pushing on my chest:

(P/Th)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

9) I have a sensation of something pressing on my throat:

(O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

10) There is a feeling of constriction as though needing to inhale a large amount of air: (O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

11) Food catches when I eat or drink:

(O)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

12) There is a tickle in my throat:

(TT)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

13) There is an itch in my throat:

(TT)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

14) I have a hot or burning sensation in my throat:

(P/Th)

|                     |                          |                                |                          |                                 |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|
| All of<br>time<br>1 | Most of<br>the time<br>2 | A good bit<br>of the time<br>3 | Some of<br>the time<br>4 | A little of<br>of the time<br>5 | Hardly any of<br>the time<br>6 | None of<br>the time<br>7 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

**Office use only:**

TOTAL OBSTRUCTION (O) SCORE =

AVERAGE OBSTRUCTION SCORE = (TOTAL SCORE/8)

TOTAL PAIN/THERMAL (P/Th) SCORE =

AVERAGE PAIN/THERMAL SCORE = (TOTAL SCORE/3)

TOTAL THROAT TICKLE (TT) SCORE =

AVERAGE THROAT TICKLE SCORE = (TOTAL SCORE/3)

**TOTAL LHQ SCORE = (AVERAGE OBSTRUCTION + AVERAGE PAIN/THERMAL + AVERAGE THROAT TICKLE)**