

**GLOTTAL FUNCTION INDEX**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIAGNOSIS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Within the last MONTH,How did the following problems affect you? | 0 = No Problem5 = Severe Problem |
| 1. Speaking took extra effort | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Throat discomfort or pain after using your voice. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Vocal fatigue (voice weakened as you talked) | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Voice cracks or sounds different | 0 | 1 | 2 | 3 | 4 | 5 |
|  | Total =  |