

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 of time time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None the 7
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1) There is an abnormal sensation in my throat: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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2) I feel phlegm and mucous in my throat: (TT)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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3) I have pain in my throat: (P/Th)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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4) I have a sensation of something stuck in my throat: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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5) My throat is blocked: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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6) My throat feels tight: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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7) There is an irritation in my throat: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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8) I have a sensation of something pushing on my chest:

(P/Th)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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9) I have a sensation of something pressing on my throat:

(O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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10) There is a feeling of constriction as though needing to inhale a large amount of air: (O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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11) Food catches when I eat or drink:

(O)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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12) There is a tickle in my throat:

(TT)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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13) There is an itch in my throat:

(TT)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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14) I have a hot or burning sensation in my throat:

(P/Th)

All of time 1	Most of the time 2	A good bit of the time 3	Some of the time 4	A little of of the time 5	Hardly any of the time 6	None of the time 7
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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)
