

Patient Symptoms and Experiences

(Adult Airway, Voice, Throat & Swallowing)

Clinic / Endoscopy Date:/...../.....

If at all possible, please measure your height and weight at home

My height is:cm | My current weight is:Kg

Affix patient label here

This document is a folded booklet in four pages. Please complete all pages.

Please, explain in your words, what problem or problems have you been experiencing? Have they changed over time?

What do you think might be causing these problems? Did anything happen (e.g. COVID) soon before they started?

Have you tried any treatments for these problems before coming to see us?
Common things that patients will often have tried, or been prescribed, are anti-reflux medications, nasal sprays, change in diet...

How have these problem(s) affected you and your wellbeing? Are there things you cannot do as well as you like?
Have they affected things like eating, sleeping, work, speaking, or socialising? How do these problem(s) make you feel?

Is there anything about these problems you are specifically worried about?

What are you hoping we can help with? What things, if made better, will have the most impact on your wellbeing?
Many people have found it useful to write down a list of up to 3 things they most like to see get better.

At this moment, I rate my quality of life as follows:

1	2	3	4	5	6	7	8	9	10
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Very poor

Excellent

Please turn the page over



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We ask detailed questions about symptoms you may (or may not) be experiencing. These are 'validated' questionnaires and help us understand your symptoms better. They help us not to miss things, and may help you think about problems you may not have automatically thought of as being linked together.

Questions about Coughing: Please read each question carefully to assess your condition at present and answer the response that best applies to you. **NB. Cough and throat-clearing are not the same thing.** (CET)

Please answer all items.

	None	Seldom	Sometimes	Often	All of the Time
How frequently did you cough during the day?	0	1	2	3	4
Have your cough disturbed your sleep?	0	1	2	3	4
Did you have intense cough?	0	1	2	3	4
Have your cough interfered with your daily life?	0	1	2	3	4
Have your cough made you feel anxious or depressive?	0	1	2	3	4

Questions about your Voice: These are statements that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience (VH10).

Please answer all items.

	Never	Almost Never	Sometimes	Almost Always	Always
My voice makes it difficult for people to hear me.	0	1	2	3	4
People have difficulty understanding me in a noisy room.	0	1	2	3	4
My voice difficulties restrict personal and social life.	0	1	2	3	4
I feel left out of conversations because of my voice.	0	1	2	3	4
My voice problem causes me to lose income.	0	1	2	3	4
I feel as though I have to strain to produce voice.	0	1	2	3	4
The clarity of my voice is unpredictable.	0	1	2	3	4
My voice problem upsets me.	0	1	2	3	4
My voice makes me feel handicapped.	0	1	2	3	4
People ask, "What's wrong with your voice?"	0	1	2	3	4

Questions about your Throat: Do you have any of the following throat sensations? Please indicate by circling the figure which best describes how much you are affected. **Please answer all items and circle 0 if you don't apply.** (GETS)

	None → Unbearable								
Feeling of something stuck in the throat	0	1	2	3	4	5	6	7	
Pain in the throat	0	1	2	3	4	5	6	7	
Discomfort/irritation in the throat	0	1	2	3	4	5	6	7	
Difficulty in swallowing food	0	1	2	3	4	5	6	7	
Throat closing off	0	1	2	3	4	5	6	7	
Swelling in the throat	0	1	2	3	4	5	6	7	
Catarrh down throat	0	1	2	3	4	5	6	7	
Can't empty throat when swallowing	0	1	2	3	4	5	6	7	
Want to swallow all the time	0	1	2	3	4	5	6	7	
Food sticking when swallowing	0	1	2	3	4	5	6	7	

Please turn over



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Questions about your Swallowing: To what extent are the following scenarios problematic for you? (EAT10)

Please answer all items.	0 = No problem			4 = Severe problem	
	0	1	2	3	4
My swallowing problem has caused me to lose weight.	0	1	2	3	4
My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
Swallowing liquids takes extra effort.	0	1	2	3	4
Swallowing solids takes extra effort.	0	1	2	3	4
Swallowing pills takes extra effort.	0	1	2	3	4
Swallowing is painful.	0	1	2	3	4
The pleasure of eating is affected by my swallowing.	0	1	2	3	4
When I swallow food sticks in my throat.	0	1	2	3	4
I cough when I eat.	0	1	2	3	4
Swallowing is stressful.	0	1	2	3	4

Questions about Breathlessness: Please tick the one statement that best applies to you these days. (MRC)

<input type="checkbox"/> "I only get breathless with strenuous exercise".
<input type="checkbox"/> "I get short of breath when hurrying on the level or walking up a slight hill".
<input type="checkbox"/> "I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level".
<input type="checkbox"/> "I stop for breath after walking about 100 yards or after a few minutes on the level".
<input type="checkbox"/> "I am too breathless to leave the house" or "I am breathless when I getting dressed".

Questions about Reflux and Indigestion Please answer all items (FSSG₁₄)

Do you have any of the following symptoms? If so, please circle the appropriate response below.	Never	Occasionally	Sometimes	Often	Always
Do you get heartburn?	0	1	2	3	4
Does your stomach feel bloated?	0	1	2	3	4
Does your stomach ever feel heavy after meals?	0	1	2	3	4
Do you sometimes subconsciously rub your chest with your hand?	0	1	2	3	4
Do you ever feel sick after meals?	0	1	2	3	4
Do you get heartburn after meals?	0	1	2	3	4
Do you have an unusual (e.g. burning) sensation in your throat?	0	1	2	3	4
Do you feel full while eating meals?	0	1	2	3	4
Do some things get stuck when you swallow?	0	1	2	3	4
Do you get bitter liquid (acid) coming up into your throat?	0	1	2	3	4
Do you burp a lot?	0	1	2	3	4
Do you feel heartburn if you bend over?	0	1	2	3	4
Do you get epigastric pain (burning) after meals ?	0	1	2	3	4
Do you get epigastric pain (burning) before meals ?	0	1	2	3	4

The epigastric area is just under your rib cage / at the top of the tummy.