## NEWCASTLE LARYNGEAL HYPERSENSITIVITY QUESTIONNAIRE

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

| A little of <br> of the time | Hardly any of <br> the time | None <br> the |
| :---: | :---: | :---: |
| 5 | 6 | 7 |

1) There is an abnormal sensation in my throat:
All of Most of time the time 1 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
(O)
None of the time 7

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

time \begin{tabular}{c}
Most of <br>
the time

$\quad$

A good bit <br>
of the time

$\quad$

Some of <br>
the time

$\quad$

A little of <br>
of the time

$\quad$

Hardly any of <br>
the time

$\quad$

None of <br>
the time
\end{tabular}


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:

| All of <br> time | Most of <br> the time | A good bit <br> of the time | Some of <br> the time | A little of <br> of the time | Hardly any of <br> the time |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 2 | 3 | 4 | 5 | 6 |

(O)
None of the time 7
5) My throat is blocked:
All of
time

1 \begin{tabular}{c}
Most of <br>
the time <br>
2

$~$

A good bit <br>
of the time <br>
3

 

Some of <br>
the time <br>
4

$\quad$

A little of <br>
of the time <br>
5

 

Hardly any of <br>
the time <br>
6

$\quad$

None of <br>
the time <br>
7
\end{tabular}

6) My throat feels tight:

| All of |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| time | Most of <br> the time | A good bit <br> of the time | Some of <br> the time | A little of <br> of the time | Hardly any of <br> the time |
| 1 | 2 | 3 | 4 | 5 | 6 |

(O)

7) There is an irritation in my throat:

| 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:

| All of <br> time | Most of <br> the time | A good bit <br> of the time | Some of <br> the time | A little of <br> of the time |
| :---: | :---: | :---: | :---: | :---: |
|  | 2 | 3 | 4 | 5 |


|  | $(\mathrm{P} / \mathrm{Th})$ |
| :---: | :---: |
| Hardly any of |  |
| the time | None of <br> the time <br> 6 |
| 7 |  |

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

| All of <br> time <br> 1 | Most of <br> the time | A good bit <br> of the time | Some of <br> the time | A little of <br> of the time <br> 5 | Hardly any of <br> the time | None of <br> the time |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |

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

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


11) Food catches when I eat or drink:

| All of <br> time | Most of <br> the time <br> 1 | 2 | A good bit <br> of the time |
| :---: | :---: | :---: | :---: | | Some of |
| :---: |
| the time |

A little of
of the time
5
( O )
Hardly any of the time 6

12) There is a tickle in my throat:

| All of |  |  |
| :---: | :---: | :---: |
| time | Most of <br> the time | A good bit <br> of the time |
| 1 | 2 | 3 |

Some of
the time
4
A little of
of the time
5

Hardly any of the time
6
None of the time 7

13) There is an itch in my throat:

> (TT)

| All of |  |  |
| :---: | :---: | :---: |
| time | Most of <br> the time <br> 1 | 2 | | A good bit |
| :---: |
| of the time |

Some of
the time
4
A little of
of the time

Hardly any of the time 6
None of the time
14) I have a hot or burning sensation in my throat:

| All of <br> time <br> 1 | Most of <br> the time | A good bit <br> of the time | Some of <br> the time |
| :---: | :---: | :---: | :---: |
| 2 | 3 | 4 |  |

A little of
of the time 5 Hardly any of
the time


Office use only:
TOTAL OBSTRUCTION (O) SCORE=
TOTAL PAIN/THERAMAL (P/Th) SCORE =
TOTAL THROAT TICKLE (TT) SCORE =


AVERAGE OBSTRUCTION SCORE $=($ TOTAL SCORE/8)
AVERAGE PAIN/THERMAL SCORE $=($ TOTAL SCORE/3)
AVERAGE THROAT TICKLE SCORE $=($ TOTAL SCORE/3)
TOTAL LHQ SCORE = (AVERAGE OBSTRUCTION + AVERAGE PAIN/THERMAL + AVERAGE THROAT TICKLE)


## Newcastle Laryngeal Hypersensitivity Questionnaire Worksheet



This worksheet calculates the component and total score for the Newcastle Laryngeal Hypersensitivity Questionnaire

## A normal value on the questionnaire is > $\mathbf{1 7 . 1}$

The minimum clinically important difference is 1.7
More information about the questionnaire is available in:
$\overline{\text { Vertigan, Bone \& Gibson. 2014. Development and Validation of the Newcastle Laryngeal Hypersensivity Questionnaire.Cough.10(1):1. doi:10.1186/1745-9974-10-1 }}$

