ear nose throat
BALLARAT

# John Hunter Hospitality Frequency and Severity Scale

Please rate how FREQUENTLY the following symptoms have occurred in the last week.
Please answer each question. Choose the response that indicates how frequently you have the following symptoms.

## 1-5 Rating Scale

1= None of the Time
2 = A little of the time
3 = A good bit of the time
4 = Most of the time
5 = All of the time

| Situation | Severity of problem |
|---|---|
| Difficulty Breathing | 1 2 3 4 5 |
| Cough | 1 2 3 4 5 |
| Throat Clearing | 1 2 3 4 5 |
| Voice difficulty | 1 2 3 4 5 |
| Shortness of Breath | 1 2 3 4 5 |
| Throat Tightness | 1 2 3 4 5 |
| A sensation of something in the throat | 1 2 3 4 5 |
| Difficulty swallowing | 1 2 3 4 5 |
| Dry mouth or throat | 1 2 3 4 5 |
| Voice sounds deeper | 1 2 3 4 5 |
| I lose my voice | 1 2 3 4 5 |
| I feel like I'm going to choke or gag when I eat or drink | 1 2 3 4 5 |
| Feelings of anxiety | 1 2 3 4 5 |

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| | |
|---|---|
| Voice feels tired | 1 2 3 4 5 |
| I can't speak loudly | 1 2 3 4 5 |
| Difficulty breathing in | 1 2 3 4 5 |
| Difficulty breathing out | 1 2 3 4 5 |
| **TOTAL 5 x 17 = 85 max** | |

Please rate how SEVERE the following symptoms have occurred in the last week.

Please answer each question. Choose the response that indicates how severe you have the following symptoms.

## 1-5 Rating Scale

1= Absent - None of the Time

2 = Barely perceptible

3 = Mild discomfort

4 = Moderate discomfort

5 = Most severe discomfort ever

| Situation | Severity of problem |
|---|---|
| Difficulty Breathing | 1 2 3 4 5 |
| Coughing | 1 2 3 4 5 |
| Throat Clearing | 1 2 3 4 5 |
| Voice problems | 1 2 3 4 5 |
| Shortness of Breath | 1 2 3 4 5 |
| **TOTAL 5 x 5 = 25 max** | |

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## How did these symptoms affect your day to day activity. (Tick one of the indications below)

| | |
|---|---|
| Not limited – have done all activities that I want to | |
| Mildy limited – few activities not done | |
| Moderately limited – several activities done | |
| Very limited | |
| Severely limited – most activities not done | |

## Of all these symptoms which is the most annoying

| | |
|---|---|
| Breathing Difficulty | ☐ |
| Coughing | ☐ |
| Throat Clearing | ☐ |
| Voice Problems | ☐ |
| Other Throat Smptoms | ☐ |

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