

Name: _____

Date: ___/___/___

NEWCASTLE LARYNGEAL HYPERSENSITIVITY QUESTIONNAIRE

Please tick **one** answer for each question.

	1 All of the time	2 Most of the time	3 A good bit of the time	4 Some of the time	5 A little of the time	6 Hardly any of the time	7 None of the time
A - Irritation							
I feel phlegm and mucous in my throat							
There is a tickle in my throat							
There is an itch in my throat							
B - Obstruction							
There is an abnormal sensation in my throat							
I have sensation of something stuck in my throat							
My throat is blocked							
My throat feels tight							
There is an irritation in my throat							
I have a sensation of something pressing on my throat							
There is a feeling of constriction as though needing to inhale a large amount of air							
Food catches when I eat or drink							
C - Pain/ Thermal							
I have pain in my throat							
I have a sensation of something pushing on my chest							
I have a hot or burning sensation in my throat							

