

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 |
|--------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|



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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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 |
|---------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------------|--------------------------|

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)

Newcastle Laryngeal Hypersensitivity Questionnaire Worksheet

| Name / Identifier | Newcastle Laryngeal Hypersensitivity Questionnaire Question | | | | | | | | | | | | | | Total Score | Obstruction | Irritation | Pain / Thermal |
|-------------------|---|----------------|------|-----------------|----------------|--------------|-------------------|------------------|--------------------|--------------|--------------|---------------|-------------|--------------------------|-------------|-------------|------------|----------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | |
| | Abnormal sensation | Phlegm / Mucus | Pain | Something Stuck | Blocked Throat | Tight Throat | Throat Irritation | Pushing on Chest | Pressing on throat | Constriction | Food Catches | Throat Tickle | Throat Itch | Hot or Burning Sensation | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

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

A normal value on the questionnaire is > 17.1
The minimum clinically important difference is 1.7

More information about the questionnaire is available in:

[Vertigan, Bone & Gibson. 2014. Development and Validation of the Newcastle Laryngeal Hypersensitivity Questionnaire. *Cough*.10\(1\):1. doi:10.1186/1745-9974-10-1](#)