

The Singing Voice Handicap Index 10

Name: _____

Date: _____

Instructions: These are statements that many people have used to describe their singing and the effects of their singing on their lives. Circle the response that indicates how frequently you have the same experience in the last 4 weeks.

0 = never 1 = almost never 2 = sometimes 3 = almost always 4 = always

- | | | | | | |
|--|---|---|---|---|---|
| 1. It takes a lot of effort to sing. | 0 | 1 | 2 | 3 | 4 |
| 2. I am unsure of what will come out when I sing. | 0 | 1 | 2 | 3 | 4 |
| 3. My voice “gives out” on me while I am singing. | 0 | 1 | 2 | 3 | 4 |
| 4. My singing voice upsets me. | 0 | 1 | 2 | 3 | 4 |
| 5. I have no confidence in my singing voice. | 0 | 1 | 2 | 3 | 4 |
| 6. I have trouble making my voice do what I want it to. | 0 | 1 | 2 | 3 | 4 |
| 7. I have to “push it” to produce my voice when singing. | 0 | 1 | 2 | 3 | 4 |
| 8. My singing voice tires easily. | 0 | 1 | 2 | 3 | 4 |
| 9. I feel something is missing in my life because of my inability to sing. | 0 | 1 | 2 | 3 | 4 |
| 10. I am unable to use my “high voice.” | 0 | 1 | 2 | 3 | 4 |