

VOICE FUNCTION OUTCOME MEASURE COPYRIGHT NOTICE

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Below you will find a list of voice problems. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no "right" or "wrong" answers, and only you can provide us with this information. Please rate your problems as they have been over the past **two weeks**. Thank you for your participation. Do not hesitate to ask our research assistant or other office staff members for assistance if necessary.

Problem Scale: Considering how severe the problem is when you get it and how frequently it happens, please rate each item below on how "bad" it is using the following scale:

- 0 = Not present/no problem**
- 1 = Very mild problem**
- 2 = Mild or slight problem**
- 3 = Moderate problem**
- 4 = Severe problem**
- 5 = Problem is as "bad as it can be"**

Because of my voice, I have problems....

- 1. Saying certain words (example: hard sounds or many syllables)..... 0 1 2 3 4 5
- 2. Speaking for prolonged, continuous periods. (example: many sentences, full paragraphs, or combinations of thought) 0 1 2 3 4 5
- 3. Speaking at certain times of the day. (example: mornings, late evening, etc.).. 0 1 2 3 4 5
- 4. Speaking on the telephone 0 1 2 3 4 5
- 5. Being heard in very loud noise situations. (example: factories, automobile, etc.)..... 0 1 2 3 4 5
- 6. Communicating new, complex, or unfamiliar topic to listener 0 1 2 3 4 5

Please indicate how much of a problem you have as a result of your voice:

- 7. Frustration over physical inability to speak or yell spontaneously..... 0 1 2 3 4 5
- 8. Job requirements modified because of speaking problems..... 0 1 2 3 4 5
- 9. Loss of job or inability to get new job because of speaking problem 0 1 2 3 4 5

Of the 9 problems listed above, please **circle** the ones that are the **MOST IMPORTANT** to you and that you hope will improve with treatment. Please circle up to a **maximum of 5 problems**.

Please list any other voice problems you may have: _____

10. Overall, how would you rate the quality of your voice?

Excellent

Very Good

Good

Fair

Poor

11. Have you had any previous voice therapy? _____ YES _____ NO

If YES, please describe: _____

You have now finished this questionnaire, thank you for your participation.