## Patient Self-Assessment Voice (part 1 of 2)

| Check the response that indicates how frequently |
| :--- |
| you have the same experience. |
| 1. My voice makes it difficult for people to hear me. |
| 2. I run out of air when I talk. |
| 3. People have difficulty understanding me in a noisy room. |
| 4. The sound of my voice varies throughout the day. |

## PATIENT SELF-ASSESSMENT Voice (part 2 of 2)

| Check the response that indicated how "bad" <br> the problem is when you get it and how frequently <br> it happens. <br> Because of my voice: |
| :--- |
| 1. I have trouble speaking loudly or being heard in noisy situations. |
| 2. I run out of air and need to take frequent breaths when talking. |
| 3. I sometimes do not know what will come out when I begin speaking. |
| 4. I am sometimes anxious or frustrated (because of my voice). |
| 5. I sometimes get depressed (because of my voice). |
| 6. I have trouble using the telephone (because of my voice). |
| 7. I have trouble doing my job or practicing my profession |
| (because of my voice). |

## The overall quality of my voice during the last two weeks has been (please check):



[^0]
[^0]:    Hogikyan ND, Sethuraman G. Validation of an instrument to measure voice-related quality of life (V-RQOL). Journal of Voice. 1999. 13:557-569

