

Voice Related Quality of Life Measure

Patient Name: _____ **Date:** _____

We are trying to learn more about how a voice problem can interfere with your day-to-day activities. On this paper, you will find a list of possible voice-related problems. Please answer all questions based on what your voice has been like over the past two weeks. There are no “right” or “wrong” answers.

Considering both how severe the problem is when you get it, and how frequently it happens, please rate each item below on how “bad” it is (that is, the amount of each problem that you have). Using the following scale for rating the amount of the problem.

- 1 = None, not a problem
- 2 = A small amount
- 3 = A moderate (medium) amount
- 4 = A lot
- 5 = Problem is as “bad as it can be”

Because of my voice.....

	None	A small amount	A moderate amount	A lot	“Bad as it can be”
1. I have trouble speaking loudly or being heard in noisy situations.	1	2	3	4	5
2. I run out of air and need to take frequent breaths when talking.	1	2	3	4	5
3. I sometimes do not know what will come out when I begin speaking.	1	2	3	4	5
4. I am sometimes anxious or frustrated (because of my voice).	1	2	3	4	5
5. I sometimes get depressed (because of my voice).	1	2	3	4	5
6. I have trouble using the telephone (because of my voice).	1	2	3	4	5
7. I have trouble doing my job or practicing my professions (because of my voice)	1	2	3	4	5
8. I avoid going out socially (because of my voice).	1	2	3	4	5
9. I have to repeat myself to be understood.	1	2	3	4	5
10. I have become less outgoing (because of my voice).	1	2	3	4	5