

**VOICE FUNCTION OUTCOME MEASURE**

Below you will find a list of voice problems. There is no right or wrong answers and only you can provide this information. Please rate your problems as they have been over the past **two weeks**. Do not hesitate to ask for assistance if necessary. Thank you.

\*\* 1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how “bad” it is by circling the number that corresponds with how you feel using this scale: →

	No Problem	Very mild problem	Mild or slight problem	Moderate Problem	Severe Problem	Problem as bad as it can be	5 Most Important Items
<b>BECAUSE OF MY VOICE, I HAVE PROBLEMS</b>							
1. Saying certain words (ex: words with many syllables)	0	1	2	3	4	5	<input type="checkbox"/>
2. Speaking for prolonged, continuous periods. (ex: many sentences or full paragraphs)	0	1	2	3	4	5	<input type="checkbox"/>
3. Speaking at certain times of the day. (ex: mornings, late afternoon)	0	1	2	3	4	5	<input type="checkbox"/>
4. Speaking on the telephone	0	1	2	3	4	5	<input type="checkbox"/>
5. Being heard in very loud noise situations. (ex: factory)	0	1	2	3	4	5	<input type="checkbox"/>
6. Communicating new, complex or unfamiliar topic to listener	0	1	2	3	4	5	<input type="checkbox"/>
<b>PLEASE INDICATE HOW MUCH OF A PROBLEM YOU HAVE AS A RESULT OF YOUR VOICE</b>							
7. Frustration over physical inability to speak or yell spontaneously	0	1	2	3	4	5	<input type="checkbox"/>
8. Job requirements modified because of speaking problems	0	1	2	3	4	5	<input type="checkbox"/>
9. Loss of job or inability to get new job because of speaking problem	0	1	2	3	4	5	<input type="checkbox"/>

\*\* 2. Please mark the ones of most importance to you (maximum of 5 items) → → → → ↑

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

\_\_\_\_\_  
Excellent                  Very Good                  Good                  Fair                  Poor

Have you had any previous voice therapy?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any other voice problems?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_