Voice Related Quality Of Life Survey (VRQL) Voice Outcome Survey

Name: ____________________________ Date: _____________________________

We are trying to learn more about how your voice problem can interfere with your daily activities. On this form, you will find a series of questions that are possible voice related difficulties. Please answer all questions based upon what your voice has been like over the past two weeks. There is 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 its severity. Use 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, How much of a Problem is this?

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 speaking. 1 2 3 4 5
3. I sometimes do not know what will come out when I begin to speak. 1 2 3 4 5
4. I am sometimes getting depressed (because of my voice). 1 2 3 4 5
5. I am sometimes anxious and frustrated (because of my voice). 1 2 3 4 5
6. I have trouble doing my job or practicing my profession. 1 2 3 4 5
7. I have trouble using the telephone. 1 2 3 4 5
8. I avoid going out socially. 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. 1 2 3 4 5
Voice Outcome Survey

1. In general how would you say your speaking voice is?
   a. Excellent
   b. Good
   c. Adequate
   d. Poor to inadequate
   e. I have no voice.

The following questions ask about activities that you might do in a typical day.

2. To what extent does your voice now limit your ability to be understood in a noisy area?
   a. limited a lot
   b. limited a little
   c. not limited at all

3. During the past 2 weeks, to what extent has your voice interfered with your social activities or with your work?
   a. not at all
   b. slightly
   c. moderately
   d. quite a bit
   e. extremely

4. How often do you have trouble with food or liquids going down the wrong pipe when you eat, or find yourself coughing after eating or drinking?
   a. all the time
   b. most of the time
   c. some of the time
   d. rarely
   e. never

5. Do you find yourself straining when you speak because of your voice problems?
   a. not at all
   b. slightly
   c. moderately
   d. quite a bit
   e. extremely

Voice outcome survey – Massachusetts Eye and Ear infirmary