Resource Packet

Assessment of Speech: Voice
# Voice Severity Rating Scale

## Determination of Speech Impairment: Voice

<table>
<thead>
<tr>
<th>Student</th>
<th>School</th>
<th>Grade</th>
<th>Date of Rating</th>
<th>DOB</th>
<th>Age</th>
<th>SLT</th>
</tr>
</thead>
</table>

### Pitch

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Pitch is within normal limits.</td>
</tr>
<tr>
<td>1</td>
<td>There is a noticeable difference, which may be intermittent.</td>
</tr>
<tr>
<td>3</td>
<td>There is a persistent, noticeable inappropriate raising or lowering of pitch for age and sex.</td>
</tr>
</tbody>
</table>

### Intensity

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Intensity is within normal limits.</td>
</tr>
<tr>
<td>1</td>
<td>There is a noticeable difference in intensity, which may be intermittent.</td>
</tr>
<tr>
<td>3</td>
<td>There is persistent, noticeable, inappropriate increase or decrease in the intensity of speech or the presence of aphonia.</td>
</tr>
</tbody>
</table>

### Quality

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Quality is within normal limits.</td>
</tr>
<tr>
<td>1</td>
<td>There is a noticeable difference in quality, which may be intermittent.</td>
</tr>
<tr>
<td>3</td>
<td>There is persistent, noticeable, breathiness, glottality, harshness, hoarseness, tenseness, stridency or other abnormal quality.</td>
</tr>
</tbody>
</table>

### Resonance

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Nasality is within normal limits.</td>
</tr>
<tr>
<td>1</td>
<td>There is a noticeable difference in nasality, which may be intermittent.</td>
</tr>
<tr>
<td>3</td>
<td>There is persistent, noticeable cul desac, hyper or hyponasality, or mixed nasality.</td>
</tr>
</tbody>
</table>

**Instructions:**

1. Do not include regional or dialectal differences when scoring.
2. Circle the score for the most appropriate description for each category, i.e., Pitch or Intensity.
3. Compute the total score and record below.
4. Circle the total score on the bar/scale below.

<table>
<thead>
<tr>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Moderate</td>
<td>to</td>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**TOTAL SCORE** ________

Based on compilation of the assessment data, this student scores in the **Mild, Moderate or Severe** range Voice Disorder. There is documentation/supporting evidence of adverse effects of the Voice disorder on educational performance.

**Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.**

Voice Severity Rating Scale
Assessment Guidelines for Speech – Voice

VOICE ASSESSMENT CONSIDERATIONS

There are multiple aspects to consider when evaluating voice impairments:

- pitch,
- loudness, and
- quality – including resonance.

Many disorders of voice or resonance have an organic etiology with a related medical history. Other disorders are functionally based, caused by “faulty usage” or behavioral histories. For assessment and instructional purposes, classifying voice disorders by vocal behaviors or symptoms provides the most useful information for the Speech-Language Therapist (SLT). Boone and McFarlane (1988) suggest that “Patients with voice quality and resonance problems generally require some medical evaluation of the ears, nose, and throat as part of the total voice evaluation…A laryngeal examination must be made before a patient can begin voice therapy for problems related to quality or resonance…Voice therapy efforts should be deferred until a medical examination (which would include laryngoscopy) is concluded, because there are occasional laryngeal pathologies, such as papilloma or carcinoma, for which voice therapy would be strongly contraindicated. In such cases, the delay of accurate diagnosis of these pathologies could be life-threatening (pp. 104-105).” No child should be enrolled for voice therapy without prior otolaryngological examination. However, the presence of a medical condition (e.g., vocal nodules) does not necessitate the provision of voice therapy as a disability requiring special education – nor does a prescription for voice therapy from a physician.

CONDUCTING A SPEECH EVALUATION FOR VOICE

- Conduct hearing and vision screenings.
- Obtain relevant information from the parents (i.e., concerns about communication skills, developmental history, etc).
- Information must be gathered from two educators – the student’s classroom teacher as well as another professional. For preschoolers, obtain information from child care providers and other adults who see the child outside the family structure.
- Obtain information from teachers related to progress in the general curriculum, communication skills, behavior, and social interactions. General curriculum for preschoolers is developmentally appropriate activities.
- Review school records (e.g., grades, test scores, special education file, documentation of prereferral strategies/interventions, and discipline and attendance records).
- Complete an oral-peripheral examination.
- Obtain medical report from an Otolaryngologist.
- Collect a representative sample of the student’s speech.
- Analyze voice, pitch, intensity and quality.
- Document how the student’s voice impairment adversely affects the student’s educational performance in the general education classroom or the learning environment. For preschoolers, document how the voice dysfunction adversely affects their ability to participate in developmentally appropriate activities.

- Complete the Voice Severity Rating Scale.

- Finalize and submit to the IEP team a Speech and Language Evaluation Report.

**INTERPRETING AND REPORTING EVALUATION RESULTS**

Several checklists are available to report findings. For more detailed information regarding procedures for assessing fundamental frequency/habitual pitch, breathing patterns and breath support, and the s/z ratio for respiratory/phonatory efficiency, refer to Assessment in Speech-Language Pathology: A Resource Manual (Shipley and McAfee, 1998). Procedures for the identification of resonance problems including hypernasality, hyponasality and assimilation nasality, and assessment of velopharyngeal functioning can be found in this resource packet as well. The impairment must not be related to unresolved upper respiratory infection or allergies that are not being actively treated by a physician.

**USING THE VOICE SEVERITY RATING SCALE**

The Voice Severity Rating Scale is to be used as a tool after conducting a complete assessment of the student’s voice. The scale is designed to assist the examiner with interpretation and documentation of the results of voice assessment findings in terms of severity (pitch, intensity, quality and resonance). This scale is not a diagnostic instrument and should not be used in the absence of assessment data.

In order to be identified as a student with a Speech Impairment with voice difficulties, the severity of voice dysfunction must be determined to have an “adverse effect on educational performance.” The rating scale serves three purposes:

1) to document the presence of voice dysfunction and to what extent (Mild, Moderate, Severe),

2) to indicate the absence or presence of adverse effects on educational performance, and

3) to determine whether or not the student meets eligibility standards for a speech impairment in voice.

“Educational performance” refers to the student’s ability to participate in the educational process and must include consideration of the student’s social, emotional, academic, and vocational performance. The presence of voice dysfunction does not automatically indicate an adverse effect on the student’s ability to function within the educational setting. The voice dysfunction must be shown to interfere with the student’s ability to perform in the educational setting before a disability is determined. The effect on educational performance is, therefore, best determined through classroom observation, consultation with classroom teachers and other special educators, and interviews with parents and the student. Teacher checklists are useful for determining how the voice dysfunction affects educational performance.
Parent Release of Information

Name: __________________________
Date of Birth: ___________________
School: ________________________
Date Sent: ______________________

Dear Parent or Guardian:

Your child’s teacher has expressed concerns about his/her voice. According to Tennessee State Rules and Regulations for Special Education programs, a voice assessment shall include an examination by an Otolaryngologist. We feel that s/he should be seen by an Otolaryngologist.

Please take the enclosed forms and information to the doctor with your

1. copy of this letter, and

2. medical response form with the attached envelope addressed to the school system.

The medical form is to be filled out by the doctor and returned to us so that we may determine appropriate follow-up services. In order to comply with federal law, your written permission is required so that the school system can receive information from your doctor. Please sign on the line indicated below and give this form to your child’s doctor.

___________________________________
Parent’s Signature

I, ___________________________________, permit my physician to
release information about my child’s voice mechanism examination to the
____________________ school system.

Sincerely,

____________________________________
Speech/Language Therapist
Physician Signature Form

Name_________________________________________ Date Sent ______________________
Address_________________________________________ Birth Date ____________________
Parents______________________________________ Telephone ________________________
School______________________________________________________________

Dear Physician:
The above-named student is suspected to have a voice problem. In accordance with Tennessee’s Eligibility Standards for Speech/Language Impairments, a voice assessment shall include an examination by an Otolaryngologist. After your examination, please fill in the following information to assist in determining if voice therapy would be beneficial.

Medical diagnosis:_____________________________________________________________

I. Nose: Obstruction?_________ If so, explain__________________________________

II. Palate: Structural abnormalities?__________________________________________
    Functional abnormalities?__________________________________________
    Adequate velopharyngeal port closure?____________________________________

III. Pharynx: Asymmetry of muscle contraction?______________________________
     Growth(s) or other abnormalities?______________________________________

IV. Larynx: Size normal for age and sex?______________________________
     Do vocal folds approximate properly during phonation?____________________
     Evidence of muscle tension during phonation?____________________________
     Color of vocal folds normal?___________________________________________
     Visible scars? _______________ Growths? ____________________________
     Other pathologies?_____________________________________________________

Does patient have allergies, sinus infections, or other chronic conditions, which might contribute to abnormal vocal quality? ________________________________________________________________

Could patient’s misuse of voice have contributed to abnormal structure or function? ________________________________________________________________

Do your findings explain the abnormal vocal quality? __________________________

Do you recommend surgery? ___________________ Medication? ___________________

Do you recommend voice therapy with a trained speech-language pathologist? ___________________

Other recommendations: ____________________________________________________

____________________________________________________________________________

Please return to:

____________________________________________________________________________

____________________________________________________________________________
Voice Evaluation
(for Otolaryngologist)

STUDENT NAME __________________________ DATE OF BIRTH ______________
DATE OF REPORT ______________ DATE SENT ______________ AGE __________

_________________________________ is suspected to have a voice problem.

According to Tennessee State Rules and Regulations for Special Education programs, a
voice assessment shall include an examination by an Otolaryngologist. The information
you provide on this form is a required component for the assessment of voice impairment.

1. Are there any structural or functional abnormalities present for the following? (Check and
describe briefly.)
   - [ ] Nose ___________________________________________________________________
   - [ ] Lips ___________________________________________________________________
   - [ ] Jaw ___________________________________________________________________
   - [ ] Tongue __________________________________________________________________
   - [ ] Palate __________________________________________________________________
   - [ ] Pharynx __________________________________________________________________
   - [ ] Ears ___________________________________________________________________
   - [ ] Teeth ___________________________________________________________________
   - [ ] Other ___________________________________________________________________
   - [ ] No structural or functional abnormalities present

2. Describe the appearance of the vocal cords. (Check those that apply.)
   - [ ] Normal ___________________________________________________________________
   - [ ] Thickened __________________________________________________________________
   - [ ] Edematous __________________________________________________________________
   - [ ] Inflamed ___________________________________________________________________
   - [ ] Malformed __________________________________________________________________
   - [ ] Other ___________________________________________________________________
   _____________________________________________________________________________

3. Is there presence of vocal pathology?
   - [ ] Vocal nodules __________________________________________________________________
   - [ ] Polyps ___________________________________________________________________
   - [ ] Ulcers ___________________________________________________________________
   - [ ] None _____________________________________________________________________

4. Are there any medical recommendations: ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Some children can be helped to eliminate or modify voice problems through speech therapy. Do
   you see any limitations on the amount or kind of speech therapy?
   - [ ] No  [ ] Yes __________________________________________________________________

6. Comments: ________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

Otolaryngologist’s Name (Print) __________________________ Date __________
Otolaryngologist’s Signature ____________________________
Teacher Input - Voice

<table>
<thead>
<tr>
<th>Student _____________________________</th>
<th>Date ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher ______________________________</td>
<td>Grade/Program ____________</td>
</tr>
</tbody>
</table>

Your observations of the above student’s speech will help determine if s/he has a voice problem which adversely affects educational performance. Please answer all questions and return this form to ____________________________.

1. Is this student able to project loudly enough to be adequately heard in your classroom during recitations? __ Yes __ No

2. Does this student avoid reading out loud in class? __ Yes __ No

3. Does this student appear generally to avoid talking in your classroom? __ Yes __ No

4. Does this student ever lose his or her voice by the end of the school day? __ Yes __ No

5. Does this student use an unusually loud voice or shout a great deal in your classroom? __ Yes __ No

6. Does this student engage in an excessive amount of throat clearing or coughing? If so, which? __ Yes __ No

7. Is this student’s voice quality worse during any particular time of the day? If so, when? __ Yes __ No

8. Does this student’s voice quality make it difficult to understand the content of his or her speech? __ Yes __ No

9. Does this student’s voice quality in itself distract you from what s/he is saying? __ Yes __ No

10. Has this student ever mentioned to you that s/he thinks s/he has a voice problem? __ Yes __ No

11. Have you ever heard any of his/her peers mention his/her voice sounds funny or actually make fun of this student because of his/her voice problem? __ Yes __ No

12. If this student has a pitch that is too low or too high, does his/her pitch make it difficult to identify him/her as male or female just by listening? __ Yes __ No

13. During speaking, does this student’s voice break up or down in pitch to the extent that s/he appears to be embarrassed by this? __ Yes __ No

☐ YES  ☐ NO  It is my opinion that these behaviors adversely affect the student’s educational performance.

If yes, provide explanation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Teacher’s Signature __________________________ Date _____________

Voice Evaluation Worksheets

Child ___________________ DOB ________ Date _______ SLT ____________________

School ___________________ Teacher ____________________ Grade ______

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

<table>
<thead>
<tr>
<th>Voice Area</th>
<th>Impairment</th>
<th>Evidence</th>
<th>Adverse Effects on Educational Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
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<tr>
<td>Total Pitch Range</td>
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<td>Optimum Pitch</td>
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<tr>
<td>Pitch Appropriateness for Age</td>
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<td>Pitch Appropriateness for Sex</td>
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<td>Loudness Range</td>
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<tr>
<td>Aphonia</td>
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<tr>
<td>Breathiness</td>
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<tr>
<td>Diplophonia</td>
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<tr>
<td>Glottal Fry</td>
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<tr>
<td>Hoarseness</td>
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<tr>
<td>Harshness</td>
<td></td>
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<td></td>
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<tr>
<td>Tremor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Voice Area</td>
<td>Impairment</td>
<td>Evidence</td>
<td>Adverse Effects on Educational Performance</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<td>--------------------------------------------</td>
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<tr>
<td><strong>PHONATION (cont’d)</strong></td>
<td></td>
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<tr>
<td>Connected Speech</td>
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<tr>
<td>Voice Onset</td>
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<tr>
<td>Voiceless to Voiced</td>
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<tr>
<td>Appropriateness of Loudness</td>
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<tr>
<td>Pitch Breaks</td>
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<td>Pitch Range</td>
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<tr>
<td>Habitual Pitch</td>
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<tr>
<td>Aphonia</td>
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<td></td>
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<td>Breathiness</td>
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<td>Diplophonia</td>
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<tr>
<td>Glottal Fry</td>
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<td></td>
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<tr>
<td>Hoarseness</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Harshness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tremor</td>
<td></td>
<td></td>
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<tr>
<td><strong>RESONANCE IN CONNECTED SPEECH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyponasality</td>
<td></td>
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</tr>
<tr>
<td>Hyponasality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throatiness/Cul De Sac</td>
<td></td>
<td></td>
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<tr>
<td>Nasal Emission</td>
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</tr>
<tr>
<td>Assimilation Nasality</td>
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<td></td>
</tr>
<tr>
<td>Voice Area</td>
<td>Impairment</td>
<td>Evidence</td>
<td>Adverse Effects on Educational Performance</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>PROSODY IN CONNECTED SPEECH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Intonation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RESPIRATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Breathing Pattern</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Connected Speech</td>
<td></td>
<td></td>
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<tr>
<td><strong>Breath Support for Speech</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Posture</td>
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<td></td>
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<tr>
<td>Tension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASSOCIATED FACTORS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vocal Abuse Behaviors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Personality Factors</td>
<td></td>
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</tr>
<tr>
<td><strong>ORAL MECHANISM</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function/Tension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTL EXAMINATION RESULTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vocal Characteristics Checklist

Name: ______________________________________ Age: ______ Date: ______________________
Examiner: ________________________________________________________________

Instructions: Check each characteristic your student exhibits and indicate severity. Make additional comments on the right-hand side of the page.

1 = mild  2 = moderate  3 = severe

Comments

Pitch

___ too high________________________________________________________
___ too low________________________________________________________
___ monotone_______________________________________________________
___ limited variation_______________________________________________
___ excessive variation____________________________________________
___ pitch breaks___________________________________________________
___ diplophonia_____________________________________________________

Loudness

___ too loud________________________________________________________
___ too soft or quiet________________________________________________
___ monoloudness___________________________________________________
___ limited variation_______________________________________________
___ excessive variation____________________________________________

Phonatory-Based Quality

___ breathy voice____________________________________________________
___ shrill voice_____________________________________________________
___ strident voice__________________________________________________

---

1 Assessment in Speech-Language Pathology 1998 by Singular Publishing Group.
## Phonatory-Based Quality *(continued)*

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ harsh voice</td>
</tr>
<tr>
<td>___ hoarse voice</td>
</tr>
<tr>
<td>___ quivering voice</td>
</tr>
<tr>
<td>___ tremor in the voice</td>
</tr>
<tr>
<td>___ weak voice</td>
</tr>
<tr>
<td>___ loss of voice</td>
</tr>
<tr>
<td>___ glottal fry</td>
</tr>
</tbody>
</table>

## Nasal Resonance

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ hypernasal</td>
</tr>
<tr>
<td>___ nasal emission</td>
</tr>
<tr>
<td>___ assimilation nasality</td>
</tr>
<tr>
<td>___ hypernasal (denasal)</td>
</tr>
</tbody>
</table>

## Oral Resonance

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ cul-de-sac</td>
</tr>
<tr>
<td>___ chesty</td>
</tr>
<tr>
<td>___ thin, babyish voice</td>
</tr>
</tbody>
</table>

## Other

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ reverse phonation</td>
</tr>
<tr>
<td>___ progressively weakening voice</td>
</tr>
<tr>
<td>___ aggressive personality factors</td>
</tr>
<tr>
<td>___ breathing through the mouth</td>
</tr>
<tr>
<td>___ hard glottal attacks</td>
</tr>
<tr>
<td>___ inadequate breath support</td>
</tr>
<tr>
<td>___ throat clearing</td>
</tr>
<tr>
<td>___ disordered intonational patterns</td>
</tr>
<tr>
<td>___ disordered stress patterns</td>
</tr>
</tbody>
</table>
Vocally Abusive Behaviors Checklist

Name: ___________________________ Age: _______ Date: ________________________
Examiner: ____________________________________________________________

Instructions: Have the student evaluate each behavior according to the rating scale. Use the comments column on the right-hand side to add any additional, relevant information.

1 = never 3 = occasionally 5 = always
2 = infrequently 4 = frequently

Comments

_____ alcohol consumption

_____ arcade talking

_____ arguing with peers, siblings, others

_____ athletic activity involving yelling

_____ breathing through the mouth

_____ caffeine products used (coffee, chocolate, etc.)

_____ calling others from a distance

_____ cheerleading or pep squad participation

_____ coughing or sneezing loudly

_____ crying

_____ dairy products used

_____ debate team participation

_____ environmental irritants exposure

_____ grunting during exercise or lifting

_____ inhalants used frequently

_____ laughing hard and abusively

_____ nightclub social talking


1 Assessment in Speech-Language Pathology 1998 by Singular Publishing Group.
____ participation in plays

____ singing in an abusive manner

____ smoking

____ speeches presented

____ talking loudly during menstrual periods

____ talking loudly during respiratory infections

____ talking for extended periods of time

____ talking in noisy environments

____ talking in smoky environments

____ talking while in the car

____ teaching or instructing

____ telephone used frequently

____ vocalizing toy or animal noises

____ vocalizing under muscular tension

____ yelling or screaming

____ other
### Vocal Self-Perception: Attitudinal Questionnaire

1. Do you ever think about your voice?  
   - Yes
   - No
   - No Opinion

2. Have you ever heard your voice on tape playback (e.g., on cassette recorder, answering machine)?  
   - Yes
   - No
   - No Opinion

3. Did you like your voice on tape playback?  
   - Yes
   - No
   - No Opinion

4. Has anyone ever commented on your voice?  
   - Yes, what was said? ________________________________  
   - ________________________________  
   - Yes
   - No
   - No Opinion

5. Do you think your voice represents your image of yourself (masculine, feminine, intelligent, educated, friendly, etc.)?  
   - Yes or No, in what way? ________________________________  
   - ________________________________  
   - Yes
   - No
   - No Opinion

6. Do any of your friends, male or female, have voices that you especially like?  
   - If Yes, explain. ________________________________  
   - ________________________________  
   - Yes
   - No
   - No Opinion

7. Do any of your friends, male or female, have voices that you especially dislike?  
   - If Yes, explain. ________________________________  
   - ________________________________  
   - Yes
   - No
   - No Opinion

8. Does your voice sound like that of any other member of your family?  
   - If Yes, explain. ________________________________  
   - ________________________________  
   - Yes
   - No
   - No Opinion

9. Circle any words below that describe your voice and the way you speak in general (either on tape replay or while actually talking).  
   - Add any other terms that may describe your voice.  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
     - ________________________________  
   - pleasant  
   - sexy  
   - raspy  
   - hoarse  
   - harsh  
   - shrill  
   - squeaky  
   - monotonous  
   - nasal  
   - mumble  
   - husky  
   - too soft  
   - high-pitched  
   - low-pitched  
   - grow  
   - too fast  
   - too slow  
   - weak  
   - breathy  
   - weak  
   - clear  
   - too loud  
   - strong  
   - thin  
   - whiney  
   - interesting  
   - resonant  
   - masculine  
   - feminine  
   - resonant  
   - expressive  
   - average
Voice Conservation Index for Children

CHILD’S INITIALS __________ AGE ______ SEX ______ DATE ______

Please circle the answer that is best.

1. When I get a cold, my voice gets hoarse.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

2. After cheering at a ballgame, I get hoarse.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

3. When I’m in a noisy situation, I stop talking because I think I won’t be heard.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

4. When I’m in a noisy situation, I speak very loudly.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

5. When I’m at home or at school, I spend a lot of time talking every day.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

6. I like to talk to people who are far away from me.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

7. When I play outside with my friends, I yell a lot.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

8. I lose my voice when I don’t have a cold.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

9. People tell me I talk too loudly.
   - All the time
   - Most of the time
   - Half the time
   - Once in a while
   - Never

10. People tell me I never stop talking.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

11. I like to talk.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

12. I talk on the phone.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

13. At home, I talk to people who are in another room.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

14. I like to make car or other noises when I play.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

15. I like to sing.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never

16. People don’t listen to me unless I talk loudly.
    - All the time
    - Most of the time
    - Half the time
    - Once in a while
    - Never


1 Saniga and Carlin (1991)