The VoiSS- Voice Symptoms Scale

Your Name…….

Your Date of Birth…….

Today's Date……/……/…….

Please circle one answer for each item
Please do not leave any blank items

1.	Do you have difficulty attracting attention?	Never	Occasionally	Some of the time	Most of the time	Always
2.	Do you have problems singing?	Never	Occasionally	Some of the time	Most of the time	Always
3.	Is your throat sore?	Never	Occasionally	Some of the time	Most of the time	Always
4.	Is your voice hoarse?	Never	Occasionally	Some of the time	Most of the time	Always
5.	When talking in company do people fail to hear you?	Never	Occasionally	Some of the time	Most of the time	Always
6.	Do you lose your voice?	Never	Occasionally	Some of the time	Most of the time	Always
7.	Do you cough or clear your throat?	Never	Occasionally	Some of the time	Most of the time	Always
8.	Do you have a weak voice?	Never	Occasionally	Some of the time	Most of the time	Always
9.	Do you have problems talking on the telephone?	Never	Occasionally	Some of the time	Most of the time	Always
10.	Do you feel miserable or depressed because of your voice problem?	Never	Occasionally	Some of the time	Most of the time	Always
11.	Does it feel as if there is something stuck in your throat?	Never	Occasionally	Some of the time	Most of the time	Always
12.	Do you have swollen glands?	Never	Occasionally	Some of the time	Most of the time	Always
13.	Are you embarrassed by your voice problem?	Never	Occasionally	Some of the time	Most of the time	Always
14.	Do you find the effort of speaking tiring?	Never	Occasionally	Some of the time	Most of the time	Always
15.	Does your voice problem make you feel stressed and nervous?	Never	Occasionally	Some of the time	Most of the time	Always
16.	Do you have difficulty competing against background noise?	Never	Occasionally	Some of the time	Most of the time	Always

Please Turn Over ⇒

VoiSS

Please circle the correct answer for each item
Please do not leave any blank items

17.	Are you unable to shout or raise your voice?	Never	Occasionally	Some of the time	Most of the time	Always
18.	Does your voice problem put a strain on your family and friends?	Never	Occasionally	Some of the time	Most of the time	Always
19.	Do you have a lot of phlegm in your throat?	Never	Occasionally	Some of the time	Most of the time	Always
20.	Does the sound of your voice vary throughout the day?	Never	Occasionally	Some of the time	Most of the time	Always
21.	Do people seem irritated by your voice?	Never	Occasionally	Some of the time	Most of the time	Always
22.	Do you have a blocked nose?	Never	Occasionally	Some of the time	Most of the time	Always
23.	Do people ask what is wrong with your voice?	Never	Occasionally	Some of the time	Most of the time	Always
24.	Does your voice sound creaky and dry?	Never	Occasionally	Some of the time	Most of the time	Always
25.	Do you feel you have to strain to produce voice?	Never	Occasionally	Some of the time	Most of the time	Always
26.	How often do you get throat infections?	Never	Occasionally	Some of the time	Most of the time	Always
27.	Does your voice 'give out' in the middle of speaking?	Never	Occasionally	Some of the time	Most of the time	Always
28.	Does your voice make you feel incompetent?	Never	Occasionally	Some of the time	Most of the time	Always
29.	Are you ashamed of your voice problem?	Never	Occasionally	Some of the time	Most of the time	Always
30.	Do you feel lonely because of your voice problem?	Never	Occasionally	Some of the time	Most of the time	Always

Thank you for completing this questionnaire
Have you remembered to circle one response for each item?

For Office use:

Total VoiSS= …….

Impairment: 1, 2, 4, 5, 6, 8, 9, 14, 16, 17, 20, 23, 24, 25, 27 (max 60) = ……..

Emotional: 10, 13, 15, 18, 21, 28, 29, 30 (max 32) = ……..

Physical: 3, 7, 11, 12, 19, 22, 26 (max 28) = ……..