

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### **Paediatric Voice Quality of Life Survey (PVRQOL)**

Please answer these questions based on what your child's voice (your own voice if you are a teenage respondent) has been like over the last 2 weeks.

Consider how severe the problem is, when you get it and how frequently it happens.

Please rate each item below on how bad it is (the amount of each problem).

**1 = None, not a problem**

**2 = A small amount**

**3 = A moderate amount**

**4 = A lot**

**5 = Problem is "as bad as it can be"**

**6 = Not applicable**

Because of my child's voice...	How much of a problem is this?				
	1	2	3	4	5
My child/ I has trouble speaking loudly or being heard in noisy situations.					
My child/ I runs out of air and needs to take frequent breaths when talking.					
MY child/ I sometimes does not know what will come out when they begin speaking.					
My child/ I is sometimes anxious or frustrated (because of their voice).					
My child/ I is sometimes depressed (because of their voice).					
My child/ I has trouble using the phone or speaking with friends in person.					
My child/ I has trouble doing their schoolwork or job (because of their voice).					
My child/ I has to repeat themselves to be understood.					
My child has become less outgoing (because of their voice).					
Total					

