

Q - Pediatric - Generic - Voice Outcome Survey

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Pediatric Voice Outcome Survey

To what extent does your child's voice limit his or her ability to be understood in a noisy area?

- ☐ Limited a lot
☐ Limited a little
☐ Not limited at all

During the past 2 weeks, to what extent has your child's voice interfered with his or her normal social activities or with his or her school?

- ☐ Not at all
☐ Slightly
☐ Moderately
☐ Quite a bit
☐ Extremely

How often does your child have trouble with food or liquids "going down the wrong pipe" when he or she eats food or drinks liquid and begins to cough after eating or drinking?

- ☐ All the time
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never

Do you find your child "straining" when he or she speaks because of his or her voice problem?

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely