

# Q - Pediatric - Generic - Voice Related QoL Survey

Record ID

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## Questionnaire - Metadata

Session ID

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Questionnaire Started At

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Questionnaire Completed At

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Questionnaire Duration (seconds)

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**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). Because of my child's voice, how much of a problem is this?**

	None, not a problem	A small amount	A moderate amount	A lot	Problem is "as bad as it can be"	Not applicable
My child/ I has trouble speaking loudly or being heard in noisy situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I runs out of air and needs to take frequent breaths when talking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I sometimes does not know what will come out when they begin speaking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I is sometimes anxious or frustrated (because of their voice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I is sometimes depressed (because of their voice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I has trouble using the phone or speaking with friends in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child/ I has trouble doing their schoolwork or job (because of their voice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My child/ I has to repeat  
themselves to be understood.

☐☐☐☐☐☐

My child has become less  
outgoing (because of their  
voice).

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