



Voice Prosthesis Questionnaire (version 2)

This questionnaire asks about your current experience with your voice prosthesis and related issues. Please answer all of the questions by circling the response that is closest to your situation.

Name: _____ Medical Record No.: _____ Date: _____
Age: _____ Sex: male / female

1. How long have you been using the voice prosthesis?
Number of years / months _____

2. Which voice prosthesis do you currently use?
i.) Blom-Singer: Duckbill / Low pressure / Indwelling
ii) Provox type _____
iii) Other: _____

3. Do you use any other form of communication other than your valve?
1=oesophageal speech 2=electrolarynx 3=mouthing 4= sign language 5=writing 6=no

4. Do you know the length (mm) & diameter (Fr) of your current prosthesis?
_____ mm _____ Fr

5. How would you rate your restored voice?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

6. Do people understand you?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

7. Is your voice loud enough?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

8. How do you rate the tone of your voice?

0 1 2 3 4 5 6 7 8 9 10
Too low Too high

9. Have you had any leakage relating to your prosthesis in the last 7 days?

1= yes 2= no Last valve change: _____ days _____ months ago

Device

Speech-related issues

Leakage-related issues

10. How much of an issue has leakage been in general to you?

0 1 2 3 4 5 6 7 8 9 10
 No issue Major issue

11. What method(s) have you used to control leakage?

1= nothing 3= plug (indwelling users only) 4= any other _____
 2= antifungal medication (please specify name, frequency, duration & method of use)

12. How often has the voice prosthesis been changed?

1= never 2= every _____ months/ year

13. Do you use the same valve more than once after removal & cleaning?

1= no 2= yes, then how many times? _____

14. Reason(s) for replacement:

1= leakage *through* prosthesis 3= no voicing 5=other _____
 2= leakage *around* prosthesis 4= effortful voicing

15. Do you change your own prosthesis?

1= yes 2= no

16. How would you describe the removal?

0 1 2 3 4 5 6 7 8 9 10
 Very easy Very difficult

If difficult, why? _____

17. How would you describe the insertion?

0 1 2 3 4 5 6 7 8 9 10
 Very easy Very difficult

If difficult, why? _____

18. If you have experienced an accidental loss of your voice prosthesis, what caused it?

1=coughed out 2= swallowed 3= inhaled 4=other _____

Maintenance

19. Is your prosthesis easy to clean?

1= yes 2= no, please specify why _____

20. How do you clean your voice prosthesis?

1= brush 2= pipette 3= both 4= any other _____

21. If yes, how many times per day? _____

22. How much time is spent (approx.) over 24 h, looking after your valve?

cleaning _____ min
 valve changes _____ min
 stoma care _____ min

23. Are you able to achieve a tight stoma seal when using your voice?

1= yes 2= no If not, why? _____

24. How much has the voice restoration influenced your quality of life (see def. at the end of Questionnaire)?

0 1 2 3 4 5 6 7 8 9 10
Worsened No change Improved

25. How much has the voice restoration allowed you to return to your daily activities?

0 1 2 3 4 5 6 7 8 9 10
None at all Yes, fully

26. How do you rate your ability to swallow?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

27. Do you have any complaints or suggestions about the voice prosthesis?

28. Which humidification system do you currently use?

None / Provox HME / Blom-Singer / Laryngofoam / Buchanan bib / Other _____

IF YOU DO NOT USE A HUMIDIFICATION SYSTEM, THEN PLEASE GO TO QUESTION 37

29. How often do you change your filter/protector?

Every ____ h

30. How do you rate your voice with the humidification system?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

31. Do people understand you?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

32. Is your voice loud enough?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

33. How do you rate the tone of your voice?

0 1 2 3 4 5 6 7 8 9 10
Too low Too high

QoL

Humidification issues

34. How much has the humidification system influenced your quality of life?

0 1 2 3 4 5 6 7 8 9 10
Worsened No change Improved

35. Have you noticed a reduction in the amount of mucus produced since using a humidification system?

0 1 2 3 4 5 6 7 8 9 10
None A lot

36. Do you have any complaints or suggestions about the humidification system?

37. Which hands-free system do you use for voicing?

None / Blom-Singer ATV / ATV11 / Provox Free-hands / Other _____

IF YOU DO NOT USE A HANDS-FREE SYSTEM, PLEASE GO TO QUESTION 45

38. How do you rate your voice with a hands-free system?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

39. Do people understand you?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

40. Is your voice loud enough?

In a quiet room 0 1 2 3 4 5 6 7 8 9 10
Never Always

In a noisy environment 0 1 2 3 4 5 6 7 8 9 10
Never Always

On the telephone 0 1 2 3 4 5 6 7 8 9 10
Never Always

41. How do you rate the tone of your voice?

0 1 2 3 4 5 6 7 8 9 10
Too low Too high

42. Has the hands-free system influenced your quality of life?

0 1 2 3 4 5 6 7 8 9 10
Worsened No change Improved

Hands-free issues

