

1. Introduction

This survey has been designed to evaluate the assessment practices of Speech and Language Therapists (SLTs) in the Republic of Ireland working with voice disorders.

The survey can be taken by any SLT currently working with voice disorders as part of their caseload. This includes those working full-time or part-time, but does not include those volunteering or on student placement. SLTs do not have to be working exclusively with voice, so long as voice disorders are part of their caseload.

This survey is designed to evaluate practices of therapists working with clients that present with:

- A) (Hyper-)functional voice disorders.
- B) Psychogenic voice disorders.
- C) Muscle tension dysphonia.
- D) Organic voice disorders caused by hyperfunctional behaviours (e.g. nodules).

It does not include those with head and neck cancer, neurogenic voice disorders or the transgendered voice.

The author would like to express his gratitude to those taking this survey for their time.

2. Demographic Information

1. Please enter the number of years you have been practicing as an SLT, regardless of caseload. Round to the nearest whole. Those who have not yet completed their first year of practice may enter 0, if this applies.

2. Which of the following best describes your setting. Choose all that apply.

- Acute care hospital.
- Rehabilitation hospital.
- Community care (adults).
- Community care (paediatrics).
- Intellectual disability.
- Physical disability.
- Private practice.
- Teaching/lecturing.
- Other (please specify)

3. Please indicate what kinds of voice patients you see. Choose all that apply.

- Children.
- Adolescents.
- Adults.
- Physical disability.
- Intellectual disability.

4. Which of the following statements best describes your service?

- The service I provide is a dedicated voice service. For example, a therapist post specifically for ENT, or a post as part of a dedicated service plan for ENT patients.
- The service I provide is comprised of a variety of different patients and voice patients just happen to be one of them.

5. Would you describe voice disorders as being a clinical interest of yours?

- Yes.
- No.

6. Are you familiar with the basic protocol for functional assessment of voice pathology, produced by the European Laryngological Society?

- Yes.
- No.

3. Auditory-Perceptual and Subjective Assessment Techniques

7. Please indicate which of the following perceptual rating scales for voice you use to judge or describe clients' voice quality. Choose all that apply.

- GRBAS.
- GRBASI.
- Newcastle Audio Ranking (NeAR)
- Buffalo III Voice Profile.
- Vocal Profile Analysis Scheme (VPA).
- Stockholm Voice Evaluation Approach (SVEA).
- Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V).
- Phonetic symbols (e.g. the Voice Quality Symbols/VoQS).
- Quick Screen for Voice (QVS).
- A "mild/moderate/severe" scale.
- Your own verbal descriptors of vocal features (e.g. breathy/creaky/monopitch).
- Other (please specify)

8. Have you received training (formal or informal) in how to interpret voice quality for the purposes of administering any of the above rating scales listed in Question 7?

- Yes.
- No.

9. Please indicate which of the following self-rating/impact scales you provide to your patients. Choose all that apply.

- Voice Handicap Index (VHI).
- Voice Handicap Index-10 (VHI-10).
- Paediatric Voice Handicap Index (PVHI).
- Voice-Related Quality of Life (V-RQOL).
- Paediatric Voice-Related Quality of Life (PV-RQOL).
- Voice Outcome Survey (VOS).
- Paediatric Voice Outcome Survey (PVOS).
- Voice Symptom Scale (VoiSS).
- Visual Analogue Self-Esteem Scale (VASES).
- Voice Activity and Participation Profile (VAPP).
- Voice Performance Questionnaire (VPQ).
- Voice Disability Coping Questionnaire (VDCQ).
- A simple numerical scale (e.g. "mark how severe you are from 1 to 10").
- A verbal descriptor scale (e.g. "mild/moderate/severe").
- A line bisection scale (e.g. "mark on this line how you feel about your voice from mild to severe").
- Other (please specify)

10. Do you assess laryngeal structures or tension through the use of external palpation?
- Yes.
 - No.
11. In your voice assessment, do you examine the client's oral cavity, including oral-motor function?
- Yes.
 - No.
12. Do you evaluate clients' perceptions of sensations in their throat (e.g. feelings of tightness/dryness/irritability)?
- Yes.
 - No.
13. Do you evaluate the client's speech rate?
- Yes.
 - No.
14. Do you assess/describe the respiratory pattern of the client (e.g. clavicular, thoracic, diaphragmatic)?
- Yes.
 - No.
15. Do you assess/describe breath support/coordination for speech?
- Yes.
 - No.
16. Do you assess for modal voice?
- Yes.
 - No.
17. Do you assess the client's ability to alter voice production (pitch and/or loudness) in response to direction or modelling?
- Yes.
 - No.
18. Do you take voice samples/recordings of clients' voices?
- Yes.
 - No.
19. Do you routinely use a standard piece of text (e.g. Grandfather Passage, Rainbow Passage) to evaluate vocal function?
- Yes.
 - No.
20. Do you evaluate vocal function based off conversational speech?
- Yes.
 - No.

21. Do you evaluate the client's body posture or movement?

- Yes.
- No.

4. Objective Assessment

22. Please indicate which of the following non-instrumental clinical assessments you use. Choose all that apply.

- S/Z Ratio
- Maximum Phonation Time
- Other (please specify)

23. Please indicate which of the following instrumental assessments you have access to within your Speech and Language Therapy department, even if you are not trained in their use. Choose all that apply.

- Computerised Speech Lab / Multi Dimensional Voice Program (MDVP)
- Praat
- Dr. Speech
- CSpeech/TF32
- Göttingen Hoarseness Diagram
- Aerodynamic assessment tools
- Videokymography
- Electroglottography
- Videostroboscopy
- High-speed digital imaging
- Endoscopy
- Electromyography (EMG)
- Nasometer
- Loudness Measures (with a device, e.g. Sound Pressure Level meter)
- Pitch Measures (with a device, e.g. pitch tuner)
- Other (please specify)

24. Please indicate which of the following instrumental assessments you have access to outside of your Speech and Language Therapy department, even if you are not trained in their use. For example, the ENT department in your setting may have endoscopy, or another local SLT department may accept referrals for assessment using videostroboscopy. Choose all that apply.

- Computerised Speech Lab / Multi Dimensional Voice Program (MDVP)
- Praat
- Dr. Speech
- CSpeech/TF32
- Göttingen Hoarseness Diagram
- Aerodynamic assessment tools
- Videokymography
- Electroglottography
- Videostroboscopy
- High-speed digital imaging
- Endoscopy
- Electromyography (EMG)
- Nasometer
- Loudness Measures (with a device, e.g. Sound Pressure Level meter)
- Pitch Measures (with a device, e.g. pitch tuner)
- Other (please specify)

25. Which of the following instrumental assessments do you feel competent in using, whether through formal training or experience? Choose all that apply.

- Computerised Speech Lab / Multi Dimensional Voice Program (MDVP)
- Praat
- Dr. Speech
- CSpeech/TF32
- Göttingen Hoarseness Diagram
- Aerodynamic assessment tools
- Videokymography
- Electroglottography
- Videostroboscopy
- High-speed digital imaging
- Endoscopy
- Electromyography (EMG)
- Nasometer
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- Other (please specify)

5. Case Information Taking

26. Do you routinely take a case history from clients?
- Yes.
 - No.
27. Do you have access to medical records for your clients (e.g. medical charts)?
- Yes.
 - No.
28. Which of the following do you ask clients about? Choose all that apply.
- Medical/surgical history
 - Allergies
 - Current medications
 - Involvement with other professionals (e.g. physiotherapy, counselling)
 - Home life
 - Social life (including sports, hobbies, interests, activities)
 - Current employment
 - Smoking
 - Alcohol intake
 - Caffeine intake
 - Water intake
 - Diet (in terms of foods)
 - Use of lozenges/sprays/inhalers/decongestants
 - Exposure to chemicals
 - Exposure to dry/hot/dusty environment
29. Do you probe the client for further information about significant events around the time of onset of voice difficulties?
- Yes.
 - No.
30. Do you probe the client for phonotraumatic behaviours (e.g. excessive throat clearing, shouting)?
- Yes.
 - No.
31. Do you evaluate the client's mood?
- Yes.
 - No.
32. Do you evaluate the client's personality type?
- Yes.
 - No.

33. Do you evaluate clients for the potential presence of reflux?

- Yes.
- No.