

## Quick Screen For Voice<sup>1</sup>

Name:

Birthdate/Age:

Date:

Parent Name:

Speech-Language Pathologist:

Speech-Language concerns/services:

Hearing concerns/status:

Pertinent medical and social history:

Directions: The Quick Screen for Voice should be conducted in a quiet area. Elicit verbal activities, such as spontaneous conversation, picture description, imitated sentences, recited passages, counting, and other natural samples of voice and speech, or perform the tasks requested. The screening test is failed if one or more disorders in production are found in any area, indicating that a more thorough evaluation is needed.

**Mark all observations that apply, as the individual produces connected speech:**

### **Respiration**

Inhalatory stridor or expiratory wheeze

Infrequent breaths; talking too long on one breath

Limited breath support for speech

Reduced loudness or vocal weakness

### **Normal respiration for speech**

### **Phonation**

Rough or hoarse quality

Vocal strain and effort

Persistent glottal fry

Conversational pitch is too high or too low

Conversational voice is limited in pitch or loudness variability

Breathy quality

Aphonia

Hard glottal attacks

Conversational voice is too loud or too soft

### **Normal voice quality**

### **Resonance**

Hyponasality (observed during humming, nasal consonant contexts: Mommy makes me muffins; Man on the moon; Many men make money; etc.)

Consistent mouth breathing

Hypernasality (observed during vowel and oral consonants)

Nasal turbulence or audible nasal emission (observed during pressure consonant contexts: Counting from 60-69; Popeye plays baseball; Give Kate the cake; Buy Bobby a puppy; Take a ticket to Daddy; etc.

Juvenile resonance characteristics

### **Normal Resonance**

### **Nonverbal Vocal Range and Flexibility**

Model the series of nonverbal tasks that are described on the test form. Multiple trials are allowed. Visual cues such as hand gestures, moving a toy car across that table (for maximum phonation time) or up and down a hill (for pitch range), etc. may be used to supplement the auditory model.

1. Habitual pitch and loudness task: "Count from 1-10. Repeat, but stop at 'three' and hold out the /i/.

Abnormal pitch and/or loudness

### **Normal pitch and loudness**

2. Maximum phonation time (MPT) task: "Take your biggest breath and hold out an /a/ as long as possible."

Number of seconds /a/ sustained:

MPT less than:	Age (years)	Normal Mean in Seconds (Range)*
	3	7 (3-11)
	4	9 (5-15)
	5	10 (5-16)
	6-7	13 (5-20)
	8-9	16 (5-29)
	10-12	20 (9-39) Males 15 (5-28) Females
	13-17	23 (9-43) Males 20 (9-34) Females
	18+	28 (9-62) Males 22 (6-61) Females

**MPT within normal limits**

3. Pitch range task: “Make your voice go from low to high like this (demonstrate upward pitch glide on the word ‘whoop’). Now go down from your highest to lowest (demonstrate rapid downward pitch glide like a bomb falling).” Or, model and elicit a fire siren sound.

Little pitch variation

Voice breaks in pitch glides up or down

**Acceptable pitch range and flexibility**

**Comments/Observations:**

\* MPT values are related to age and height; multiple attempts also influence results. Data summarized from Kent, Kent, & Rosenbek (1997).

<sup>1</sup>Note. See *Quick Screen for Voice*, by L. Lee, J. C. Stemple, & L. Galze, in press, Gainesville, FL: Communicare Publishing. Copyright 2003 by Communicare. Reprinted with permission.