## Appendix W: Vocal Self Perception - Student Questionnaire

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| **Student’s Name:** *First Name* *Middle Initial* *Last Name* |
| **Student’s Age**: *Enter Student’s Age* **Date**: *Click to Select Date* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **No Opinion** |
| 1. Do you ever think about your voice?
 |[ ] [ ] [ ]
| 1. Have you ever heard your voice on tape playback (e.g., on cassette recorder, answering machine)?
 |[ ] [ ] [ ]
| 1. Did you like your voice on tape playback?
 |[ ] [ ] [ ]
| 1. Has anyone ever commented on your voice?

If yes, describe what was said?*Click Here to Enter Text* |[ ] [ ] [ ]
|  |  |
| 1. Do you think your voice represents your image of yourself (masculine, feminine, intelligent, educated, friendly, etc.)?

If Yes or No, describe in what way?*Click Here to Enter Text* |[ ] [ ] [ ]
|  |  |
| 1. Do any of your friends, male or female, have voices that you especially like? If yes, explain.

*Click Here to Enter Text* |[ ] [ ] [ ]
|  |  |
| 1. Do any of your friends, male or female, have voices that you especially dislike? If yes, explain.

*Click Here to Enter Text* |[ ] [ ] [ ]
|  |  |
| 1. Does your voice sound like that of any other member of your family? If yes, explain.

*Click Here to Enter Text* |[ ] [ ] [ ]
|  |  |
| 1. Check any words below that describe your voice and the way you speak in general (either on tape replay or while actually talking).
 | Add any terms that may describe your voice. |
| pleasantraspyhoarseharshshrillsqueakymonotonousnasalmumblehusky | too soft high-pitchedlow-pitchedgrowlytoo fast too slowweakbreathy clear | too loudstrong thin whinyinterestingresonantmasculinefeminineexpressiveaverage | *Click Here to Enter Terms That May Describe Your Voice* |

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