Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V)

Name: ___________________________ Date: ____________

The following parameters of voice quality will be rated upon completion of the following tasks:
1. Sustained vowels, /a/ and /i/ for 3-5 seconds duration each.
2. Sentence production:
   a. The blue spot is on the key again.
   b. How hard did he hit him?
   c. We were away a year ago.
   d. We eat eggs every Easter.
   e. My mama makes lemon muffins.
   f. Peter will keep at the peak.
3. Spontaneous speech in response to: "Tell me about your voice problem." or "Tell me how your voice is functioning."

Legend: C = Consistent  I = Intermittent
       MI = Mildly Deviant
       MO = Moderately Deviant
       SE = Severely Deviant

SCORE

Overall Severity

Roughness

Breathiness

Strain

Pitch (Indicate the nature of the abnormality): ____________________________

Loudness (Indicate the nature of the abnormality): ____________________________

COMMENTS ABOUT RESONANCE: NORMAL  OTHER (Provide description):____________________

ADDITIONAL FEATURES (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor,
wet/gurgly, or other relevant terms):

Clinician:________________________