

Voice-related Experiences of Nonbinary Individuals (VENI)

Name: _____

Date: _____

Rating scale:

- 1 = never or rarely
- 2 = sometimes
- 3 = often
- 4 = usually or always

For each of the following statements, please circle the rating that fits best based on your experience as a nonbinary individual.

1. The quality of my voice varies throughout the day.	1	2	3	4
2. It is difficult to control the pitch of my voice.	1	2	3	4
3. Some emotions cause my pitch to change beyond my control.	1	2	3	4
4. My voice changes unexpectedly depending on the situation.	1	2	3	4
5. My pitch becomes less desirable by the end of the day.	1	2	3	4
6. I experience strain when trying to make my voice sound like I want it to.	1	2	3	4
7. It takes a lot of effort and focus to sound the way I want to.	1	2	3	4
8. I speak in public less often than I would like to because of my voice.	1	2	3	4
9. I suspect that people misgender me because of my voice.	1	2	3	4
10. I speak to people close to me less often than I would like because of my voice.	1	2	3	4
11. I suspect that people react negatively to my voice.	1	2	3	4
12. My voice gets in the way of me living as myself.	1	2	3	4
13. I dislike the sound of my voice.	1	2	3	4
14. I feel that others take me less seriously because of my voice.	1	2	3	4
15. I feel that others think poorly of me because of my voice.	1	2	3	4
16. I'm uncomfortable talking on the phone because I might be misgendered.	1	2	3	4
17. I worry about how strangers perceive my voice.	1	2	3	4

For clinician's use:

Functional Items: 8, 9, 10, 11, 12, 14, 15, 16

Physical Items: 1, 2, 3, 4, 5, 6, 7

Emotional Items: 13, 17