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Title: Evaluation of vocal performance questionnaire in people with chronic refractory cough

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Body: Background: Perceptual voice analysis has shown a high prevalence of abnormal voice quality in people with chronic refractory cough (CRC). However little is known regarding patients' perception of voice in this population. Aims: This study aims to explore vocal problems using the Vocal Performance Questionnaire (VPQ) and to evaluate its possible relationships with cough outcome measures. Methods: 27(10 male) people with CRC, defined as cough>8weeks and refractory to medical management, completed Leicester Cough Questionnaire (LCQ), capsaicin cough challenge (log C5), cough frequency (24 hour Leicester Cough Monitor); and severity (VAS) outcome measures. The VPQ; a 12 item tool assesses impact of voice disorders with a score >12 indicating dysphonia. It has not previously been used in CRC. Mann-U Whitney and Spearman's statistical tests were performed. Results: Of 27 CRC participants, mean age 58 (SD:13); 17 reported a change in voice since onset of cough, 22 reported talking as a trigger for cough and 19 laughing. When VPQ scores for those participants who reported voice changes were compared to those who did not, there was a significant difference; median (IQR), 22(13) for those who reported voice changes, and 12(6) (p=0.02) for those who did not. A significant correlation was found between VPQ and cough frequency per hour (r=0.42, p=0.039), but not between VPQ and LCQ (r_s=-0.16, p=0.444); capsaicin cough challenge (r_s=-0.30, p=0.146); and VAS (r_s=0.06, p=0.786). Conclusions: This study shows that VPQ may be a useful tool to assess voice impairment in CRC and that an increased cough frequency was associated with a higher VPQ score; therefore an increased patient perceived dysphonia.