

Objective Voice and Speech Analysis of Persons with Chronic Hoarseness by Prosodic Analysis of Speech Samples

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Abstract

Automatic voice assessment is often performed using sustained vowels. In contrast, speech analysis of read-out texts can be applied to voice and speech assessment. Automatic speech recognition and prosodic analysis were used to find regression formulae between automatic and perceptual assessment of four voice and four speech criteria. The regression was trained with 21 men and 62 women (average age: 49.2 years) and tested with another set of 24 men and 49 women (48.3 years), all suffering from chronic hoarseness. They read the text “Der Nordwind und die Sonne” (“The North Wind and the Sun”). 5 voice and speech therapists evaluated the data on 5-point Likert scales. 10 prosodic and recognition accuracy measures (features) were identified which describe all the examined criteria. Inter-rater correlation within the expert group was between $r=0.63$ for the criterion “match of breath and sense units” and $r=0.87$ for the overall voice quality. Human-machine correlation was between $r=0.40$ for the match of breath and sense units and $r=0.82$ for intelligibility. The perceptual ratings of different criteria were highly correlated with each other. Likewise, the feature sets modeling the criteria were very similar. The automatic method is suitable for assessing chronic hoarseness in general and for subgroups of functional and organic dysphonia. In its current version, it is almost as reliable as a randomly picked rater from a group of voice and speech therapists.

Key words: assessment, prosodic analysis, automatic speech recognition, technology, voice disorders

Introduction

Subjective-perceptual voice and speech assessment cannot fulfill the requirements of evidence-based medicine (1). It is problematic with respect to different degrees of experience among the examiners (2). Objective, automated evaluation methods are often restricted to voice quality measures which are computed from sustained vowels or phones but not from longer segments of speech (3, 4, 5). Speech criteria cannot be processed in this way. They require more elaborate solutions and are usually evaluated perceptually. Especially intelligibility has been identified as one of the most important parameters for voice and speech assessment (6, 7).

In this study, two types of automatic speech analysis were applied for objective evaluation of voice and speech parameters from continuous speech. The first method is automatic speech recognition which tries to identify the spoken words in an utterance. The second method is prosodic analysis. The word “prosody” usually refers to suprasegmental phenomena in speech, i.e. they are longer in effect than for one single phone which is regarded as the basic unit of speech. They comprise linguistic aspects, such as word and phrasal accent, phrase boundaries, sentence modality, and paralinguistic aspects, e.g. the speaker’s emotion. In the context of automatic speech analysis, “prosodic analysis” means the computation of measures from a speech sample, which help identify prosodic phenomena but also other aspects related to speech.

In earlier studies, experimental diagnosis tools based on speech recognition were applied for speech of adult patients who suffered from neurological diseases (8), in persons after laryngectomy with tracheo-esophageal speech (9), and in children with cleft lip and palate (10, 11). Correlations of up to $r=0.9$ and above were measured between subjective ratings of intelligibility and automatic measures, e.g. word accuracy, word recognition rate, prosodic, or phonological features (9, 11, 12, 13).

The aim of this study was modeling the average human perceptual rating of clinically relevant voice and speech criteria by a combination of automatic speech recognition and prosodic analysis. The study was performed in the frame of a project on the automatic evaluation of chronic hoarseness with benign causes. One important aspect of the experiments was also that no special hardware should be necessary in the clinics (14, 15). The following questions were examined:

- Can perceptual voice and speech criteria be modeled by automatic speech analysis based on speech recordings?
- Is a model that was designed for the entire group of chronically hoarse persons also valid for the subgroups of functional and organic dysphonia?

Material

Patients

Two groups of persons with chronic hoarseness were used in this study. Speech samples of one group, further denoted as set 1, were used to determine automatic measures that can describe perceptual evaluation criteria. The second group – here called set 2 (16) – was used to test whether the findings on set 1 also hold for other data with the same type of voice

disorder. For both sets, the most frequent disorders were grouped to functional and organic dysphonia (table I).

[Insert table I about here.]

All persons were native German speakers who were asked to speak standard German while being recorded. None of them had speech disorders caused by medical problems others than hoarseness, none had psychological problems or any report of hearing impairment. Patients suffering from cancer were excluded from the study. The study respected the principles of the World Medical Association Declaration of Helsinki on ethical principles for medical research involving human subjects and has been approved by the ethics committee of the university clinics in Erlangen (approval no. 4223).

Speech Recordings

The data were assessed during regular out-patient examinations. Each person read the text “Der Nordwind und die Sonne”, known as “The North Wind and the Sun” in the Anglo-American language area (17). The German version is a phonetically rich text with 108 words (71 disjunctive) and 172 syllables. It is widely used in medical speech evaluation. The texts were recorded as one passage digitally with standard desktop computer equipment. A sampling frequency of 16 kHz was used; the data were quantized with a resolution of 16 bit linear. For set 1, a handheld microphone Sony F-V310 (Cardioid IMP6000 Dynamic Mic.; Sony, Minato, Tokyo, Japan) was used, set 2 was recorded with an AKG C 420 (AKG Acoustics, Vienna, Austria) headset. The distance between mouth and microphone was about 10 cm for set 1 and about 5 cm for set 2.

Methods

Subjective Evaluation

In order to achieve results comparable to our former experiments (9, 13, 18), an evaluation sheet with four voice and four speech criteria was used (table II). It was based on literature about clinically relevant criteria (6, 7). The voice penetration criterion was defined by Pahn et al. as the voice capacity to penetrate background noise (19). The criteria were rated on a 5-point Likert scale. For the purpose of automatic analysis, the scores were converted to integer numbers. These were not printed on the evaluation sheet. As in the CAPE-V (20), the overall quality score was not based on a Likert scale, but a 10 cm visual analog scale (VAS). The raters were asked to mark their impression without regarding their results for the single criteria before. The distance in centimeters from the left boundary to the drawn line was measured with a precision of 0.1 cm, so possible overall quality scores were between 0.0 and 10.0.

[Insert table II about here.]

5 experienced voice and speech therapists evaluated each patient subjectively while listening to a play-back of the text samples. They were played to the raters once in randomized order via loudspeakers in a quiet seminar room without disturbing noise or echoes. Every sample was played in full, and all respective raters listened and evaluated at the same time. Sets 1 and 2 were evaluated by two different rater groups. Two of the therapists were part of both groups; however, set 2 had already been evaluated three years before set 1.

Automatic Speech Recognition System and Prosodic Analysis

A “prosody module” was used to find automatically computable counterparts for subjective ratings. It computes features based on frequency, duration, and speech energy (intensity) measures. Those are well-established in automatic speech analysis on normal voices (21, 22, 23, 24). Prosodic information is inherent in speech segments, such as syllables, words, phrases, and whole utterances. To these segments, a human being assigns perceptual properties, e.g. as pitch, loudness, articulation rate, voice quality, duration, pause or rhythm. In general, there is no unique feature in the speech signal corresponding to them exactly, but there are features which highly correlate with them; examples are the fundamental frequency (F_0), which correlates to pitch, and the signal energy correlating to loudness. The F_0 -based features including jitter, and the amplitude-based shimmer are widely used in automatic voice evaluation. In this study, however, they were obtained from speech instead of vowel samples only. An algorithm for voiced-unvoiced decision detects the voiced sections of the recording, and the perturbation-based measures are computed only on them.

The prosody module for the analysis of the read-out standard text requires a “word hypotheses graph” (WHG) as input which contains the information where each word begins and ends in the respective recording. This time-alignment is done by a speech recognition module on a word-wise transliteration of the spoken text. For this study, the recordings were assumed to be free of reading errors, and the text reference was used as transliteration. Previous studies had shown that the reading errors that usually occur in such data do not on average deteriorate the result of the evaluation (25).

The recognition system is based on semi-continuous Hidden Markov Models (HMMs) which define a statistical model for each phoneme to be recognized. The recordings are analyzed in segments (frames) of 16 ms length at a frame shift rate of 10 ms. The signal energy is summed up in frequency bands equally spaced on an auditory-based Mel scale. The final features are achieved by a discrete cosine transform; these measures are known as Mel-Frequency Cepstrum Coefficients (26) or shortly MFCCs. Eleven MFCCs, an intensity measure (speech energy), and the first derivative of each of these 12 measures form a 24-dimensional feature vector that is the basis for phoneme classification. The recognized phonemes are combined to words according to a given vocabulary list. The vocabulary of the recognition system for the generation of the WHGs consisted of the 71 different words of the text “Der Nordwind und die Sonne”. For more details, see (27).

Two measures of the word recognition module were used for the analysis. They are computed from the comparison between the recognized word sequence and the reference text consisting of $n_{\text{all}}=108$ words. With the number of words that were wrongly substituted (n_{sub}), deleted (n_{del}) and inserted (n_{ins}) by the automatic speech recognizer, the word accuracy in percent is given as

$$\text{WA} = [1 - (n_{\text{sub}} + n_{\text{del}} + n_{\text{ins}})/n_{\text{all}}] \cdot 100 \quad .$$

The word recognition rate omits the wrongly inserted words:

$$\text{WR} = [1 - (n_{\text{sub}} + n_{\text{del}})/n_{\text{all}}] \cdot 100$$

We used a so-called unigram language model to weight the probability of appearance of each word model. Hence, the frequency of occurrence for each single word in the text was known to the system. In order to give more weight to the results of the acoustic analysis, statistic

information about sequences of words (which is usually applied in automatic speech recognition) was not used. It would have corrected too many recognition errors and thus distorted the good relation of human and machine recognition (28). This would make WA and WR useless as measures for intelligibility and other criteria. The recognition module had been trained with 27 hours of undistorted German speech. In that way, normal voices were the reference for the acoustic evaluation. It was not adapted to the single speakers of the test set, but stayed the same for each particular analysis.

For each word provided by the recognition module, the prosody module computes three basic groups of “local” prosodic features. Duration features represent word and pause durations. Energy features contain information about maximum and minimum energy, their respective positions in the word, the energy regression coefficient and mean-squared error. Similarly the F_0 features, based on the detected fundamental frequency, comprise information about the extreme F_0 values and their positions, voice onset and offset with their positions, and also the regression coefficient and mean-squared error of the F_0 trajectory. Duration, energy, and F_0 values are stored as absolute and normalized values. The 24 basic prosodic features are computed in different contexts where applicable, i.e. in intervals containing the single word or pause only or a word-pause-word interval. In this way, 33 prosodic features are computed for each word (table III). In former studies, up to 95 features had been used. The findings of those experiments allowed the reduction of the original set to the more compact set in this study. Besides the local features, 15 “global” features (table IV) are computed for intervals of 15 words length each. Details and further references of all features are given in (18, 22, 23).

The features are computed at each word position of the spoken text. The speech experts, however, gave ratings not for each word but for the entire paragraph. In order to receive one single value for each feature that can be compared to the human ratings, the average of each word-based feature over the whole text served as the final feature value.

[Insert table III about here.]

[Insert table IV about here.]

Support Vector Regression

In order to find the best subset of word accuracy, word recognition rate, and the prosodic features to model the subjective ratings for each criterion, a correlation-based feature selection method was applied. Feature selection was performed for set 1 in a 10-fold cross-validation manner using the CfsSubsetEval algorithm (29) of the Weka toolbox (30). The features with the highest ranks were then used as input for a regression method based on Support Vector Machines (SVM).

An SVM performs a binary classification based on a hyperplane separation. The separator is chosen in order to maximize the distances (margin) between the hyperplane that separates the two classes and the closest training vectors which are called support vectors. SVMs can also be used for Support Vector Regression (31). The general idea of regression is to use the vectors of the observed variables (training set) to approximate a function which predicts the target value of a given vector of the predicted variable (test set). Due to the fact that no binary classification has to be performed, the so-called ϵ -tube is defined where ϵ describes the deviation which is allowed between the training vectors and the regression line. Similar to SVM classification, not all training vectors are needed to select the most appropriate ϵ -tube, but only a subset of them, i.e. the support vectors. For this study, the sequential minimal optimization algorithm (31) of the Weka toolbox was applied. For the regression for a

respective rating criterion, the automatically computed measures (WA, WR, and all prosodic features) served as the training set for the regression. The test set consisted of the subjective, perceptual scores for the respective rating criterion.

All statistical computations for rater agreement or human-machine agreement were also performed with the Weka toolbox (30). All correlations are given as Pearson's correlation coefficient r .

Results

The perceptual evaluation (table V) shows mostly very similar results on sets 1 and 2. Hoarseness and speaking effort were regarded better among set 2, while the match of breath and sense units, the vocal tone, intelligibility, and overall quality were reported better in set 1. There were also some significant differences between the two dysphonia subgroups. Voice quality, voice penetration, use of prosody, match of breath and sense units, tone, and intelligibility are remarkably worse in the organic dysphonia group whereas hoarseness and effort are worse in the functional dysphonia group.

[Insert table V about here.]

Table VI shows the inter-rater correlation among the rater groups for set 1 and 2 and the subsets of set 2 with functional and organic dysphonia, respectively. Mostly, correlations above $r=0.7$ are reached.

[Insert table VI about here.]

Table VII shows the sets of features that were obtained by the regression for each of the rating criteria. Only 10 of the 33 local and 15 global features were found to describe all the examined criteria. Two of them are energy-based, namely the normalized energy values in a word (EnNormW) and a word-pause-word interval (EnNormWPW). MeanJitter and StandDevJitter are F_0 -based. Four of them are duration features: the normalized duration of a word-pause-word interval (DurNormWPW), the length of silent pause before a word (Pause-before), the duration of the unvoiced sections (Dur-Voiced), and the ratio of the duration of the voiced sections and the duration of the sample (RelDur+Voiced/Sig). The two remaining features are the number of unvoiced sections determined in the sample (#-Voiced) and the word accuracy (WA) of the speech recognition system.

MeanJitter is part of the best feature sets for every criterion. WA and EnNormWPW are also part of almost every best feature set. For speech effort and intelligibility, two sets each appeared to be best. The second set for effort contains EnNormWPW instead of DurNormWPW. The second set for intelligibility contains EnNormWPW instead of Pause-before.

[Insert table VII about here.]

Table VIII contains the correlations between the automatic evaluation and the perceptual reference for set 1, for the complete set 2, and for its two subsets with different kinds of dysphonia. The best values reach $r=0.8$ for voice penetration, intelligibility, and overall quality for the entire set 2.

[Insert table VIII about here.]

The correlations between the perceptual ratings of different criteria are larger than $r=0.9$ in some cases (table IX). Especially *penetr*, *effort*, and *overall* correlate with each other and some other criteria to a very high degree. The correlations between the single automatically computed features are given in table X. According to the definition of the features, high values could be expected e.g. for DurNormWPW and Pause-before ($r=0.94$) or Dur-Voiced and RelDur+Voiced/Sig ($r=-0.95$), but some other results were not that obvious in advance, e.g. for EnNormWPW and DurNormWPW ($r=0.94$). Replacing the respective features in the best feature sets by measures which were highly correlated did not improve human-machine correlation in any case, however.

[Insert table IX about here.]

[Insert table X about here.]

Discussion

The human-machine correlation was in most cases slightly smaller than the human-human agreement, but the general effectiveness of the automatic approach was clearly shown. Even more, the agreement was in some cases even better on the previously unseen set 2 data than on set 1, although the human-human correlation was not significantly different on both sets. A human-machine correlation being equal to the human-human correlation means that the machine evaluates voice and speech criteria as reliably as an average human rater. Hence, the first research question of this study can be answered positively: perceptual voice and speech criteria can be modeled by automatic speech analysis based on speech recordings.

Also the answer for the second question of this study is positive in general: the approach is applicable to chronic hoarseness in general and also to further specific subclasses. However, for some rating criteria, the human-machine correlation was smaller on the organic dysphonia samples. On the other hand, this was also observable in the human-human correlation. One possible source of this effect may be the different size of the set 2 data subsets which was $n=45$ for the functional and $n=24$ for the organic dysphonia. This was caused by the acquisition process: the data collection was supposed to be representative, and no pre-selection for equally sized subsets was made. Specific regressions for the subsets were not trained, because they are too small to create reliable models for the rating criteria.

Both sets 1 and 2 are representative collections. They are almost equal in the distribution of gender, age, and subtypes of chronic hoarseness. The speech samples of both sets were recorded with different microphones. However, no negative influence of the recording media on the results was observed when dataset 2 was tested with the regression which was trained with set 1. Hence, the success of the approach is not dependent on the microphone type. Another aspect supporting the common usability of the method is that the perceptual evaluation was performed by different raters for the two groups. No large differences in the inter-rater correlation within the two groups were observed which also shows that, in general, an average perceptual rating is a reliable reference. However, in clinical practice this is not applicable since one patient is usually not evaluated by 5 therapists.

The procedure of perceptive evaluation, which was used for this study, may raise the question whether the raters really evaluated intelligibility, for instance. The way of evaluation was supposed to depict the methods that are usually applied in therapy sessions. The raters were

clearly instructed to evaluate intelligibility instead of voice quality, because it is known that the degree of voice distortion influences the rating of intelligibility (32). It is very difficult, however, to exclude this effect in clinical practice where intelligibility is often not evaluated as a percentage of correctly understood words, because these exact tests are time-consuming. Additionally, a percentage scale is too detailed to be relevant for therapy suggestions. The percentage values would very likely be grouped into a small number of intervals with a certain decision for therapy for each of them. For this reason, we decided to instruct the therapists to rate intelligibility in five classes right from the beginning. It is obvious that these labeled classes may not be assigned uniformly by the raters due to certain bottom or floor effects, which actually makes the conversion to integer numbers a non-linear operation. However, in the same way we regard it as very likely that the effect on communication success by differences in percentage intelligibility is also not equally distributed. A comprehensive study on these effects is not the topic of this work, but we believe that the difference between 30% and 40% of understood words, for instance, will cause another degree of information loss than between 90% and 100%. The average value of the ratings of several raters was used in order to get a representative evaluation, not a single one with personal bias. Some researchers prefer the consensus method, where the raters agree on a common rating. But this does not reflect the average of independent ratings, since some of the involved persons may neglect their own impression and rather choose a label which is more consistent with the others.

The same acoustic properties, which influence different perceptual rating criteria, can obviously also be found in their technical counterparts: the large similarity of the feature sets for the different rating criteria may have also been caused by the agreement of the perceptual ratings among different criteria (table IX); see also e.g. (33).

The composition of the best feature subsets for the rating criteria confirms the importance of jitter for automatic voice assessment. Even more, also jitter extracted from all voiced segments in a speech sample, not only from sustained vowels, can give important information about voice and speech parameters. There is discussion whether jitter is reliable above 5% (34), but it has been shown that taking into account also higher values for the comparison between perceptual and automatic evaluation can improve human-machine correlation (16). Additionally, a study with four automatic tools for voice analysis revealed that even jitter of 15% can be reliably detected by most of them. This was, however, measured on synthesized sustained vowels (35).

It was also shown by the prosodic analysis that the normalized energy computed from words and from word-pause-word intervals contributes to many high human-machine correlations. It would be straightforward to assume that a louder speaker is more intelligible, for instance. However, in the best prosodic feature set, the energy values are normalized so that a continuously high energy level will have no effect. It is more likely that single phones or phone classes, which cannot be uttered properly due to the speech impairment, appear in the signal as more noisy and cause local changes in the energy distribution. Leinonen et al. have shown that this effect occurs mainly in the 1-2 and 7-9 kHz area (36). This has an influence on the vocal tone or the hoarseness, for instance. Durations of pauses, words, and word-pause-word intervals contain information about the speaking rate or the duration of pauses for breathing. Hence, they are indicators for speaking effort, the match of breath and sense units, intelligibility, or the use of prosody. Features, like Dur-Voiced, #-Voiced, or RelDur+Voiced/Sig, give information about the stability of phonation. It is currently not clear, however, why for some criteria the unvoiced and for other criteria the voiced segments

are more important for the evaluation. Replacing them by their respective counterparts led to drastically worse human-machine correlations, although especially the correlation of Dur-Voiced and RelDur+Voiced/Sig is very high ($r=-0.95$).

The word accuracy and word recognition rate provided by a speech recognition system had shown significantly high human-machine correlations for intelligibility in laryngectomees with tracheo-esophageal speech (9), in children with cleft lip and palate (11), and patients with oral squamous cell carcinoma (13). In this study, the WR was not part of the best feature sets. The WA, however, proved to be a non-neglectable measure for almost all examined voice and speech criteria.

This study took into account representative groups of persons with chronic hoarseness. Hence, the results can currently be seen valid for this group of voice patients. In other kinds of dysphonia, there may be effects that could especially cause other correlations between the perceptual rating criteria and also between the human and machine evaluation. For example, there can be aphonic voices which are very well intelligible. It is also not intuitive, why features, such as DurNormWPW, can be related to voice or speech quality evaluation. Because of high speaking effort due to functional or organic dysphonia, the speaking rate may be lower. For other types of voice or speech problems, this may not necessarily hold. WA and WR could be influenced by dialect or foreign accent. The present study was restricted to native German speakers who were asked to speak standard German. The language spoken by the patients and raters may also have an influence of the perceptual ratings. In a study by Ghio et al. (37), there was a significant difference in the roughness evaluations of French and Italian speakers. On the technical side, the sampling rate of the audio data could have an influence on the accuracy of the automatic ratings. Due to conditions of some of the applied programs, a sampling frequency of 16 kHz was chosen in this study which is high enough for sufficient perturbation reliability (38).

Several studies of other groups speak also in favor of voice analysis from connected speech (39, 40, 41, 42). Other groups state that sustained vowels are equally suitable (43), or they see individual advantages in both methods (44). A combination of both may be a promising solution. With the extension of the method by some additional features, which are known to be valid indicators for voice quality, the results of the automatic analysis can be further improved in the future. Among those features are the harmonicity-to-noise ratio HNR or the cepstral peak prominence CPP, which can also be obtained from running speech (16, 45, 46, 47, 48). MFCCs have been used for speech recognition in this study, but they can also be used for voice quality assessment (49).

Another important advantage of the presented method is that it does not just classify voices into one of the two categories “normal” and “pathologic”. For quantification of a communication disorder in clinical use, this is not sufficient. Instead, the experiments provided regression formulae which can be used to translate the obtained measures onto the whole range of perceptual ratings.

As a conclusion, the presented methods can serve as the basis for an automatic, objective support for rehabilitation. The system is easily applicable, and it is able to evaluate a person’s voice and speech at the same time. The overall time needed for the analysis of about 50 seconds of text read by one speaker is about one minute on a single-core machine with 2.4 GHz clock frequency. Hence, the system does also not slow down the process of a therapy session.

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References

1. Biddle AK, Watson, LR, Hooper CR, Lohr KN, Sutton SF. Criteria for determining disability in speech-language disorders. Summary, Evidence Report/Technology Assessment: Number 52. AHRQ Publication No. 02-E009. Rockville, MD: Agency for Healthcare Research and Quality, 2002.
2. Eadie TL, Kapsner M, Rosenzweig J, Waugh P, Hillel A, Merati A. The role of experience on judgments of dysphonia. *J Voice* 2010; 24:564-73.
3. Awan SN, Roy N. Outcomes measurement in voice disorders: application of an acoustic index of dysphonia severity. *J Speech Lang Hear Res* 2009; 52:482-99.
4. De Bruijn MJ, Ten Bosch L, Kuik DJ, Quené H, Langendijk JA, Leemans CR, Verdonck-de Leeuw IM. Objective acoustic-phonetic speech analysis in patients treated for oral or oropharyngeal cancer. *Folia Phoniatr Logop* 2009; 61:180-7.
5. Van Gogh C, Festen J, Verdonck-de Leeuw I, Parker A, Traissac L, Cheesman A, Mahieu H. Acoustical analysis of tracheoesophageal voice. *Speech Commun* 2005; 47:160-68.
6. Van As CJ, Koopmans-van Beinum FJ, Pols LC, Hilgers FJ. Perceptual evaluation of tracheoesophageal speech by naive and experienced judges through the use of semantic differential scales. *J Speech Lang Hear Res* 2003; 46:947-59.
7. Moerman M, Pieters G, Martens J-P, Van der Borgt MJ, Dejonckere P. Objective evaluation of the quality of substitution voices. *Eur Arch Otorhinolaryngol* 2004; 261:541-7.
8. Sy BK, Horowitz DM. A statistical causal model for the assessment of dysarthric speech and the utility of computer-based speech recognition. *IEEE Trans Biomed Eng* 1993; 40:1282-98.
9. Haderlein T, Riedhammer K, Nöth E, Toy H, Schuster M, Eysholdt U, Hornegger J, Rosanowski, F. Application of automatic speech recognition to quantitative assessment of tracheoesophageal speech with different signal quality. *Folia Phoniatr Logop* 2009; 61, 12-17.
10. Maier A. Speech of children with cleft lip and palate: Automatic assessment. Vol. 29 of *Studien zur Mustererkennung*. Berlin: Logos Verlag, 2009.
11. Schuster M, Maier A, Haderlein T, Nkenke E, Wohlleben U, Rosanowski F, Eysholdt U, Nöth E. Evaluation of speech intelligibility for children with cleft lip and palate by means of automatic speech recognition. *Int J Pediatr Otorhinolaryngol* 2006; 70:1741-7.
12. Middag C. Automatic analysis of pathological speech. Dissertation, Electronics and Information Systems (ELIS) department, Ghent University, Ghent, Belgium, 2012.
13. Windrich M, Maier A, Kohler R, Nöth E, Nkenke E, Eysholdt U, Schuster M. Automatic quantification of speech intelligibility of adults with oral squamous cell carcinoma. *Folia Phoniatr Logop* 2008; 60:151-6.
14. Ternström S, Granqvist S. Personal computers in the voice laboratory: Part two - audio devices. *Logoped Phoniatr Vocol* 2010; 35:98-102.
15. Kitzing P, Maier A, Ahlander VL. Automatic speech recognition (ASR) and its use as a tool for assessment or therapy of voice, speech, and language disorders. *Logoped Phoniatr Vocol* 2009; 34:91-6.
16. Moers C, Möbius B, Rosanowski F, Nöth E, Eysholdt U, Haderlein T. Vowel- and text-based cepstral analysis of chronic hoarseness. *J Voice* 2012; 26:416-24.

17. International Phonetic Association. Handbook of the International Phonetic Association. Cambridge: Cambridge University Press, 1999.
18. Haderlein T, Nöth E, Toy H, Batliner A, Schuster M, Eysholdt U, Hornegger J, Rosanowski F. Automatic evaluation of prosodic features of tracheoesophageal substitute voice. *Eur Arch Otorhinolaryngol* 2007; 264:1315-21.
19. Pahn J, Dahl R, Pahn E. Beziehung zwischen Messung der stimmlichen Durchdringungsfähigkeit, Stimmstatus nach Pahn und ausgewählten Parametern des Stimmanalyseprogramms MDVP (Kay). *Folia Phoniatr Logop* 2001; 53:308-16.
20. Zraick RI, Kempster GB, Connor NP, Thibeault S, Klaben BK, Bursac Z, Thrush CR, Glaze LE. Establishing validity of the Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V). *Am J Speech Lang Pathol* 2011; 20:14-22.
21. Ananthakrishnan S, Narayanan S. An automatic prosody recognizer using a coupled multi-stream acoustic model and a syntactic-prosodic language model. In: Proc. Int. Conf. on Acoustics, Speech, and Signal Processing (ICASSP). Philadelphia, PA: IEEE, 2005. Vol. I, P.269-72.
22. Batliner A, Fischer K, Huber R, Spilker J, Nöth E. How to find trouble in communication. *Speech Commun* 2003; 40:117-43.
23. Zeissler V, Adelhardt J, Batliner A, Frank C, Nöth E, Shi RP, Niemann, H. The prosody module. In: Wahlster W, editor. *SmartKom: Foundations of Multimodal Dialogue Systems*. New York: Springer, 2006. P.139-52.
24. Chen K, Hasegawa-Johnson M, Cohen A, Borys S, Kim S-S, Cole J, Choi J-Y. Prosody dependent speech recognition on radio news corpus of American English. *IEEE Trans Audio Speech Lang Processing* 2006; 14:232-45.
25. Haderlein T, Nöth E, Maier A, Schuster M, Rosanowski F. Influence of Reading Errors on the Text-Based Automatic Evaluation of Pathologic Voices. In: Sojka P, Horák A, Kopeček I, Pala K, editors. *Text, Speech and Dialogue; 11th Int. Conf. (TSD 2008)*. Berlin, Heidelberg: Springer, 2008. P.325-32.
26. Davis SB, Mermelstein P. Comparison of parametric representation for monosyllabic word recognition in continuously spoken sentences. *IEEE Transactions on Acoustics, Speech, and Signal Processing* 1980; 28:357-66.
27. Haderlein T, Nöth E, Batliner A, Eysholdt U, Rosanowski F. Automatic Intelligibility Assessment of Pathologic Speech over the Telephone. *Logoped Phoniatr Vocol* 2011; 36:175-81.
28. Maier A, Haderlein T, Stelzle F, Nöth E, Nkenke E, Rosanowski F, Schützenberger A, Schuster M. Automatic speech recognition systems for the evaluation of voice and speech disorders in head and neck cancer. *EURASIP Journal on Audio, Speech, and Music Processing*, 2010; 7 pages.
29. Hall MA. Correlation-based feature subset selection for machine learning. Dissertation, Department of Computer Science, University of Waikato, Hamilton, New Zealand, 1999.
30. Witten I, Frank E. *Data mining: Practical machine learning tools and techniques* (2nd ed.). San Francisco: Morgan Kaufmann Publishers, 2005.
31. Smola AJ, Schölkopf B. A tutorial on support vector regression. *Statistics and Computing* 2004; 14:199-222.
32. Weismer G, Martin R. Acoustic and perceptual approaches to the study of intelligibility. In: Kent R, editor. *Intelligibility in Speech Disorders*. Philadelphia: John Benjamins Publishing Co, 1992. P.67-118.
33. Preminger JE, Van Tasell DJ. Quantifying the relation between speech quality and speech intelligibility. *J Speech Hear Res* 1995; 38:714-25.
34. Titze IR. *Workshop on Acoustic Voice Analysis: Summary Statement*. Denver: National Center for Voice and Speech, 1995.

35. Manfredi C, Giordano A, Schoentgen J, Fraj S, Bocchi L, Dejonckere P. Validity of jitter measures in non-quasi-periodic voices. Part II: The effect of noise. *Logoped Phoniatr Vocol* 2011; 36:78-89.
36. Leinonen L, Hiltunen T, Kangas J, Juvas A, Rihkanen H. Detection of dysphonia by pattern recognition of speech spectra. *Logoped Phoniatr Vocol* 1993; 18:159-67.
37. Ghio A, Cantarella G, Weisz F, Robert D, Woisard V, Fussi F, Giovanni A, Baracca G. Is the perception of dysphonia severity language-dependent? A comparison of French and Italian voice assessments. *Logoped Phoniatr Vocol*. Published online 1 Oct 2013.
38. Deliyski DD, Shaw HS, Evans MK. Influence of sampling rate on accuracy and reliability of acoustic voice analysis. *Logoped Phoniatr Vocol* 2005; 30:55-62.
39. Bäckström T, Lehto L, Alku P, Vilkman E. Automatic pre-segmentation of running speech improves the robustness of several acoustic voice measures. *Logoped Phoniatr Vocol*, 2003; 28:101-8.
40. Halberstam, B. Acoustic and perceptual parameters relating to connected speech are more reliable measures of hoarseness than parameters relating to sustained vowels. *ORL J Otorhinolaryngol Relat Spec* 2004; 66:70-73.
41. Vasilakis M, Stylianou Y. Voice pathology detection based on [sic] short-term jitter estimations in running speech. *Folia Phoniatr Logop* 2009; 61:153-70.
42. Godino-Llorente JI, Fraile R, Sáenz-Lechón N, Osmá-Ruiz V, Gómez-Vilda P. Automatic detection of voice impairments from text-dependent running speech. *Biomedical Signal Processing and Control* 2009; 4:176-82.
43. Parsa V, Jamieson DG. Acoustic discrimination of pathological voice: Sustained vowels versus continuous speech. *J Speech Lang Hear Res* 2001; 44:327-39.
44. Watts CR, Awan SN. Use of spectral/cepstral analyses for differentiating normal from hypofunctional voices in sustained vowel and continuous speech contexts. *J Speech Lang Hear Res* 2011; 54:1525-37.
45. Peterson EA, Roy N, Awan SN, Merrill RM, Banks R, Tanner K. Toward validation of the cepstral spectral index of dysphonia (CSID) as an objective treatment outcomes measure. *J Voice* 2013; 27:401-10.
46. Awan SN, Solomon NP, Helou LB, Stojadinovic A. Spectral-cepstral estimation of dysphonia severity: external validation. *Ann Otol Rhinol Laryngol* 2013; 122:40-8.
47. Lowell SY, Kelley RT, Awan SN, Colton RH, Chan NH. Spectral- and cepstral-based acoustic features of dysphonic, strained voice quality. *Ann Otol Rhinol Laryngol*. 2012; 121:539-48.
48. Heman-Ackah YD, Heuer RJ, Michael DD, Ostrowski R, Horman M, Baroody MM, Hillenbrand J, Sataloff RT. Cepstral peak prominence: a more reliable measure of dysphonia. *Ann Otol Rhinol Laryngol* 2003; 112:324-33.
49. Arias-Londoño JD, Godino-Llorente JI, Markaki M, Stylianou Y. On combining information from modulation spectra and mel-frequency cepstral coefficients for automatic detection of pathological voices. *Logoped Phoniatr Vocol* 2011; 36:60-9.

Tables

Table I. Age statistics for the patient groups and the most important subgroups

data set	<i>N</i>	<i>n</i> (men)	<i>n</i> (women)	mean(age)	<i>SD</i> (age)	min(age)	max(age)
set 1	83	21	62	49.2	17.3	15	86
- functional	41	8	33	44.1	16.6	15	81
- organic	27	8	19	53.9	17.9	18	86
set 2	73	24	49	48.3	16.8	19	85
- functional	45	13	32	47.1	16.3	20	85
- organic	24	9	15	52.2	15.6	25	79

Note: Ages are given in years.

Table II. Schematic diagram of the voice and speech evaluation sheet; the criteria are listed in the order in which they were presented to the raters.

critterion	refers to	abbrev.	scale	min. value	max. value
hoarseness	voice	<i>hoarse</i>	Likert 1 (very high)	5 (none)	
speech effort	speech	<i>effort</i>	Likert 1 (very high)	5 (none)	
voice penetration	voice	<i>penetr</i>	Likert 1 (very high)	5 (extremely bad)	
use of prosody	speech	<i>proso</i>	Likert 1 (very good)	5 (none)	
match of breath and sense units	speech	<i>brsense</i>	Likert 1 (very good)	5 (none)	
vocal tone	voice	<i>tone</i>	Likert 1 (very pleasant)	5 (very unpleasant)	
overall intelligibility	speech	<i>intell</i>	Likert 1 (very high)	5 (none)	
overall quality score	voice	<i>overall</i>	VAS 0.0 (very good)	10.0 (very bad)	

Note: VAS = visual analog scale

Table III. 33 local word-based prosodic features

features	context size	
	WPW	W
Pause-before		•
En: RegCoeff, MseReg, Mean, Abs, Norm	•	•
En: Max, MaxPos		•
Dur: Abs, Norm	•	•
F0: RegCoeff, MseReg	•	•
F0: Mean, Max, MaxPos, Min, MinPos, On, OnPos, Off, OffPos		•
DurTauLoc, EnTauLoc, F0MeanG		•

Note: •: feature was computed in this context

The context size denotes the interval on which the features are computed: W = word, WPW = word-pause-word. The features are abbreviated as follows:

Length of pauses “*Pause*”: length of the silent pause before the respective word in context (Pause-before)

Duration features “*Dur*”: absolute (Abs) and normalized (Norm) word duration

Energy features “*En*”: regression coefficient (RegCoeff) and mean square error (MseReg) of the energy curve within a word with respect to the regression curve; mean (Mean) and maximum energy (Max) with its position on the time axis (MaxPos); absolute (Abs) and normalized (Norm) energy values

F₀ features “*F0*”: regression coefficient (RegCoeff) and the mean square error (MseReg) of the F₀ curve with respect to its regression curve; mean (Mean), maximum (Max), minimum (Min), voice onset (On), and offset (Off) values as well as the position of Max (MaxPos), Min (MinPos), On (OnPos), and Off (OffPos) on the time axis

Normalization factors: DurTauLoc for duration, EnTauLoc for energy, and F0MeanG for F₀ values

Table IV. Global prosodic features

abbreviation	description
StandDevF0	standard deviation of F ₀ for entire file
MeanJitter	mean jitter in all voiced sections
StandDevJitter	standard deviation of jitter in all voiced sections
MeanShimmer	mean shimmer in all sections
StandDevShimmer	standard deviation of shimmer in all sections
#+Voiced	number of voiced sections in file
#-Voiced	number of unvoiced sections in file
Dur+Voiced	duration of voiced sections in file (in frames)
Dur-Voiced	duration of unvoiced sections in file (in frames)
DurMax+Voiced	maximum duration of voiced section
DurMax-Voiced	maximum duration of unvoiced section
RelNum+/-Voiced	ratio of number of voiced and unvoiced sections
RelDur+/-Voiced	ratio of duration of voiced and unvoiced sections
RelDur+Voiced/Sig	ratio of duration of voiced sections and duration of signal
RelDur-Voiced/Sig	ratio of duration of unvoiced sections and duration of signal

Table V. Perceptual evaluation results (on a 5-point scale; “overall” on a 10 cm VAS)

	set 1				set 2			
	mean	<i>SD</i>	min	max	mean	<i>SD</i>	min	max
<i>hoarse</i>								
total group	3.43	0.86	1.00	4.80	3.12	1.03	1.20	5.00
functional	3.78	0.64	1.00	4.80	3.41	1.00	1.20	5.00
organic	3.05	0.89	1.00	4.40	2.54	0.87	1.20	4.00
<i>effort</i>								
total group	3.55	1.07	1.00	5.00	3.33	1.15	1.00	5.00
functional	3.81	0.96	1.20	5.00	3.64	1.05	1.00	5.00
organic	3.26	1.07	1.00	4.80	2.65	1.07	1.00	4.20
<i>penetr</i>								
total group	2.98	0.86	1.20	5.00	2.87	1.00	1.20	5.00
functional	2.74	0.80	1.20	4.80	2.60	0.97	1.20	5.00
organic	3.27	0.81	2.00	5.00	3.44	0.88	2.00	5.00
<i>proso</i>								
total group	3.14	0.76	1.20	4.80	3.12	0.85	1.40	4.80
functional	2.86	0.77	1.20	4.60	2.92	0.84	1.40	4.60
organic	3.48	0.66	2.20	4.80	3.58	0.73	2.40	4.80
<i>brsense</i>								
total group	2.67	0.65	1.20	4.60	2.78	0.82	1.20	4.40
functional	2.43	0.57	1.20	3.60	2.60	0.80	1.20	4.20
organic	2.98	0.63	1.80	4.60	3.22	0.72	1.80	4.40
<i>tone</i>								
total group	3.08	0.88	1.20	5.00	3.15	0.97	1.00	5.00
functional	2.78	0.81	1.20	5.00	2.92	0.99	1.00	5.00
organic	3.39	0.78	2.00	5.00	3.65	0.76	2.40	5.00
<i>intell</i>								
total group	2.29	0.73	1.00	4.20	2.51	1.02	1.00	5.00
functional	2.01	0.64	1.00	3.80	2.27	1.00	1.00	5.00
organic	2.61	0.65	1.20	4.20	3.06	0.91	1.60	4.80
<i>overall</i>								
total group	4.02	2.32	0.38	9.32	4.74	2.51	0.32	9.50
functional	3.13	2.01	0.38	8.58	4.05	2.49	0.32	9.50
organic	4.89	2.11	1.24	9.10	6.23	1.98	3.30	9.12

Table VI. Inter-rater correlation r between each rater and the average of the four remaining raters for all rating criteria

	set 1 ($N=83$)	set 2 ($N=73$)	set 2 (functional, $n=45$)	set 2 (organic, $n=24$)
<i>hoarse</i>	0.71	0.76	0.79	0.65
<i>effort</i>	0.83	0.83	0.83	0.77
<i>penetr</i>	0.81	0.82	0.83	0.81
<i>proso</i>	0.75	0.75	0.73	0.74
<i>brsense</i>	0.63	0.66	0.67	0.56
<i>tone</i>	0.82	0.80	0.82	0.69
<i>intell</i>	0.77	0.82	0.83	0.75
<i>overall</i>	0.87	0.86	0.85	0.81

Note: All correlations are significant with $p < 0.01$.

Table VII. Best feature sets for describing different rating criteria; the given weights and the additive constant value in the last row form the respective regression formulae.

feature	<i>hoarse</i>	<i>effort1</i>	<i>effort2</i>	<i>penetr</i>	<i>proso</i>	<i>brsense</i>	<i>tone</i>	<i>intell1</i>	<i>intell2</i>	<i>overall</i>
Pause-before						0.408		0.356		
EnNormWPW	-0.288		-0.729	0.571			0.273		0.418	
EnNormW							0.243			
DurNormWPW		-0.618			0.243					
MeanJitter	-0.800	-0.712	-0.728	0.595	0.440	0.527	0.757	0.551	0.645	0.841
StandDevJitter		0.107	0.115							
#-Voiced	-0.434					-0.133				
Dur-Voiced						0.378	0.388			
RelDur+Voiced/Sig										-0.533
WA		0.517	0.368	-0.331	-0.544	-0.440	-0.408	-0.621	-0.503	-0.723
constant	1.237	0.730	0.852	0.257	0.635	0.396	0.145	0.472	0.293	0.958

Table VIII. Human-machine correlations r for the selected feature sets applied to speaker sets

	set 1 ($N=83$)	set 2 ($N=73$)	set 2 (functional, $n=45$)	set 2 (organic, $n=24$)
<i>hoarse</i>	0.76	0.69	0.67	0.78
<i>effort1</i>	0.78	0.77	0.70	0.69
<i>effort2</i>	0.74	0.79	0.77	0.65
<i>penetr</i>	0.73	0.80	0.77	0.75
<i>proso</i>	0.63	0.71	0.66	0.55
<i>brsense</i>	0.56	0.63	0.56	*0.40
<i>tone</i>	0.72	0.75	0.74	0.67
<i>intell1</i>	0.69	0.81	0.79	0.81
<i>intell2</i>	0.72	0.82	0.79	0.75
<i>overall</i>	0.79	0.80	0.80	0.69

Note: *: significant with $p<0.05$; all other results are significant with $p<0.01$.

Table IX. Correlations r between the perceptual evaluation results of different rating criteria (upper right triangle: set 1, lower left triangle: set 2)

	<i>hoarse</i>	<i>effort</i>	<i>penetr</i>	<i>proso</i>	<i>brsense</i>	<i>tone</i>	<i>intell</i>	<i>overall</i>
<i>hoarse</i>	1.00	0.66	-0.64	-0.58	-0.52	-0.78	-0.65	-0.79
<i>effort</i>	0.66	1.00	-0.92	-0.80	-0.77	-0.89	-0.90	-0.92
<i>penetr</i>	-0.59	-0.92	1.00	0.83	0.78	0.89	0.89	0.92
<i>proso</i>	-0.55	-0.83	0.88	1.00	0.85	0.84	0.88	0.84
<i>brsense</i>	-0.54	-0.78	0.80	0.91	1.00	0.74	0.82	0.76
<i>tone</i>	-0.73	-0.91	0.90	0.88	0.82	1.00	0.91	0.95
<i>intell</i>	-0.62	-0.93	0.95	0.90	0.85	0.93	1.00	0.93
<i>overall</i>	-0.74	-0.95	0.90	0.86	0.82	0.95	0.95	1.00

Note: All correlations are significant with $p<0.01$.

Table X. Correlations r between selected prosodic features on dataset 1

	En Norm WPW	En Norm W	Dur Norm WPW	Mean Jitter	Stand Dev Jitter	# -Voiced	Dur -Voiced	RelDur +Voiced/ Sig	WA
Pause-before	0.82**	0.13	0.94**	0.08	-0.03	0.01	0.24*	-0.22*	-0.45**
EnNormWPW		0.08	0.94**	0.01	-0.14	0.01	0.39**	-0.43**	-0.58**
EnNormW			0.06	-0.09	-0.02	0.03	-0.04	0.09	-0.01
DurNormWPW				0.07	-0.07	-0.01	0.35**	-0.36**	-0.53**
MeanJitter					0.91**	0.33**	-0.11	0.22*	0.06
StandDevJitter						0.15	-0.28**	0.40**	0.21*
#-Voiced							0.61	-0.45**	0.04
Dur-Voiced								-0.95**	-0.26**
RelDur+Voiced/Sig									0.34**

Note: *: significant with $p < 0.05$; **: significant with $p < 0.01$.