

SELF-REPORTED VOICE AND GENDER MISMATCH IN TRANSGENDER INDIVIDUALS

Eligibility Questions

- A. I am 18 years or older.
 - a. Yes
 - b. No
- B. I can understand written English.
 - a. Yes
 - b. No

Demographics

- 1. What is your current gender identity? (Select All that Apply)
 - a. Transfeminine / Transwoman / Transgender girl / Trans girl / MTF / male to female (1)
 - b. Transmasculine / Transman / Transgender boy / Trans boy / FTM / female to male (2)
 - c. Genderqueer / Genderfluid (3)
 - d. Non-binary (4)
 - e. Agender (5)
 - f. Questioning / I don't know (6)
 - g. Two-Spirit (7)
 - h. Male / Man (8)
 - i. Female / Woman (9)
 - j. Please specify if not listed here: (10)

- 2. What was your assigned sex at birth?
 - a. Male
 - b. Female
 - c. Prefer not to reply
- 3. What is your age?
 - a. _____
- 4. What is your state of residence?
 - a. _____
- 5. What is your race? (Select all that Apply)
 - a. Asian or Pacific Islander
 - b. Black or African American

- c. Hispanic, Latino/Latina or Latinx
 - d. Native American or Alaska Native
 - e. White
 - f. Other: _____
6. Have you received any gender transition/affirmation related services?
- a. Yes, currently
 - b. Yes, in the past
 - c. No, never
 - d. Prefer not to reply
7. What services have you received and/or are currently receiving in relation to your gender transition/affirmation? Select all that apply.
- a. Counselling and/or Psychological Services
 - b. Gender Affirmation Surgery
 - c. Pediatrics – Hormone Blockers/Puberty Inhibitors
 - d. Endocrinology – Hormone Therapy
 - e. Voice Therapy
 - f. Other: _____
 - g. Prefer not to Reply

Gender-Voice Incongruence

8. For the purposes of this study, we consider gender-voice incongruence to be:
Anytime your voice does not work, perform, and/or sound consistent with the gender you identify as.
- Have you ever experienced gender-voice incongruence like this?
- a. Yes
 - b. No
9. Do you currently experience gender-voice incongruence like this?
- a. Yes
 - b. No
10. At what age did you FIRST begin to notice any gender-voice incongruence?
- a. _____
11. Do you experience gender voice incongruence...
- a. All of the Time
 - b. Some of the Time
 - c. Not Anymore

12. What features of your voice seem to not match with your gender? Select all that apply.

- a. Pitch – The degree of highness or lowness of a sound.
- b. Volume – The degree of loudness or softness of a sound.
- c. Quality – Distinctive voice characteristics, aside from pitch and loudness. (Breathy, Strained, Rough, etc.)
- d. Intonation/Inflection – The rise and fall of the voice while speaking.
- e. Word selection – The vocabulary we use while speaking.
- f. Rate – How quickly or slowly we speak.
- g. Other _____
- h. I don't know

13. How much did your gender-voice incongruence bother you in past years? Would you say that it was...

- a. No problem
- b. A small problem
- c. A moderate problem
- d. A big problem
- e. A very big problem
- f. I don't know

14. How much does your gender-voice incongruence bother you currently? Would you say that it was...

- a. No problem
- b. A small problem
- c. A moderate problem
- d. A big problem
- e. A very big problem
- f. I don't know

15. Please provide an overall rating of your voice:

	Very Feminine	Somewhat Feminine	Gender Neutral	Somewhat Masculine	Very Masculine	N/A
Currently My Voice Is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Ideal Voice Would Sound:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Have you ever taken Testosterone as a part of your gender transition?

- a. Yes, currently.
- b. Yes, in the past.
- c. No.

17. Based on your experience taking Testosterone, how much do you agree or disagree with EACH of the following statements?

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	N/A
After taking testosterone, my voice became consistent with my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After taking testosterone, I experienced voice difficulties (roughness, breathiness, fatigue, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After taking testosterone, I am happy with my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After taking testosterone, others stopped misgendering me because of my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Have you ever had a problem with your voice that caused you to see a doctor and/or speech language pathologist (SLP), for services outside of gender identity therapy?

For the purposes of this survey, a Speech Language Pathologist or Speech Therapist ([SLP](#)) works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.

- a. Yes
- b. No

19. These are statements that many people have used to describe their voices and the effects of their voices on their lives. Select the response that indicates how frequently you have the same experience.

0-never 1-almost never 2-sometimes 3-almost always 4-always

	0 Never	1 Almost never	2 Sometimes	3 Almost Always	4 Always
My voice makes it difficult for people to hear me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have difficulty understanding me in a noisy room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has difficulty hearing me when I call them throughout the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the phone less often than I would like to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to avoid groups of people because of my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I speak with friends, neighbors, or relatives less often because of my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People ask me to repeat myself when speaking face-to-face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice difficulties restrict my personal and social life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel left out of conversations because of my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice problem causes me to lose income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. These are statements that many people have used to describe their voices and the effects of their voices on their lives. Select the response that indicates how frequently you have the same experience.

0-never 1-almost never 2-sometimes 3-almost always 4-always

	0 Never	1 Almost never	2 Sometimes	3 Almost Always	4 Always
I run out of air when I talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sound of my voice varies throughout the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People ask, "What's wrong with your voice?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice sounds creaky and dry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as though I have to strain to produce voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clarity of my voice is unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to change my voice to sound different.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use a great deal of effort to speak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice is worse in the evening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice "gives out" on me in the middle of speaking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. These are statements that many people have used to describe their voices and the effects of their voices on their lives. Select the response that indicates how frequently you have the same experience.

0-never 1-almost never 2-sometimes 3-almost always 4-always

	0 Never	1 Almost never	2 Sometimes	3 Almost Always	4 Always
I am tense when talking to others because of my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People seem irritated with my voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find other people don't understand my voice problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice problem upsets me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am less outgoing because of my voice problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice makes me feels handicapped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel annoyed when people ask me to repeat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel embarrassed when people ask me to repeat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My voice makes me feel incompetent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ashamed of my voice problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Looking for Voice-Health Information

22. For the purposes of this study, we consider gender-voice affirmation to be:
Any changes that allow your voice to work, perform, and/or sound consistent with the gender you identify as.

Have you ever looked for information about gender- voice affirmation from any source?

- a. Yes
- b. No

23. When you looked for information on gender-voice affirmation, where did you go? Select all that apply.

- a. Books
- b. Brochures, Pamphlets, etc.
- c. LGBTIA+ Community Organization
- d. Family

- e. Friend/Co-Worker
- f. Doctor, Nurse, or Other Healthcare Provider
- g. Speech-Language Pathologist (SLP)
- h. Government Health Agency
- i. Social Media
- j. Websites
- k. Library
- l. Magazines or Newspapers
- m. Telephone Information Number / Hotline
- n. Other _____

24. Based on your previous search for information about gender-voice affirmation, how much do you agree or disagree with EACH of the following statements?

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
It took a lot of effort to find the information I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt frustrated during my search for information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was concerned about the quality of the information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I found was hard to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Overall, how confident are you that you could get information about gender-voice affirmation if you needed it?

- a. Not Confident at All
- b. A little Confident
- c. Somewhat Confident
- d. Very confident
- e. Completely confident

26. In general, how much would you trust information about gender-voice affirmation from each of the following?

	No Trust At All	A Little Trust	Some Trust	A Lot of Trust	I Don't Know
Doctor, Nurse, or Other Healthcare Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Language Pathologist (SLP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend or Coworker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magazine or Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Health Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQIA+ Community Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Do you ever go online to access the internet, and/or to send and receive email?

- a. Yes
- b. No

28. In the past, have you used a computer, smartphone, and/or other electronic means to do any of the following?

	Yes	No
Looked for information regarding gender-voice affirmation.	<input type="radio"/>	<input type="radio"/>
Looked for a voice-related health care provider.	<input type="radio"/>	<input type="radio"/>
Looked for information regarding others' experiences with gender-voice affirmation.	<input type="radio"/>	<input type="radio"/>

29. On your tablet and/or smartphone, have you ever used any 'apps' related to gender-voice affirmation?

- a. Yes
- b. No
- c. I Don't Know
- d. N/A – I Do Not Have a Tablet or Smartphone

30. Have you ever used the internet for any of the following reasons?

	Yes	No
To find and/or share gender-voice affirmation related information on social networking sites, such as Facebook or Twitter.	<input type="radio"/>	<input type="radio"/>
To participate in an online forum and/or support group for people with similar voice-related concerns.	<input type="radio"/>	<input type="radio"/>
To watch voice and/or gender related videos on YouTube.	<input type="radio"/>	<input type="radio"/>

Barriers to Help Seeking Scale (Mansfield, Addis & Mahalik, 2005)

31. There are a variety of reasons why people choose to seek help or not seek help from doctors, nurses, and/or other medical professionals. We're interested in the reasons why you might choose **not** to seek gender-voice affirmation services.

How likely would you be to seek help for gender-voice incongruence? Select one option.

1	2	3	4	5	6	7
Not at all Likely			Somewhat Likely			Extremely Likely

32. Below are some reasons why you might **not** seek help. Please read each reason and decide how much you agree or disagree with the following statements.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I would think less of myself for needing help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The problem wouldn't seem worth getting help for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People typically expect something in return when they provide help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy is important to me, and I don't want other people to know about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to get emotional about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like other people telling me what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The problem wouldn't be a big deal; it would go away in time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have real difficulty finding transportation to a place where I can get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This problem is embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to talk about feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nobody knows more about my problems than I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't want to overreact to a problem that wasn't serious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't know what sort of help was available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want some stranger touching me in ways I'm not comfortable with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd rather not show people what I'm feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd feel better about myself knowing I didn't need help from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems like this are part of life; they're just something you have to deal with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties would be an obstacle to getting help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like taking off my clothes in front of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't want to look stupid for not knowing how to figure this problem out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like feeling controlled by other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd prefer just to suck it up rather than dwell on my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't trust doctors and other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't want someone of the same sex touching my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would seem weak to ask for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer to wait until I'm sure the health problem is a serious one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lack of health insurance would keep me from seeking help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to make my own decisions and not be too influenced by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to be in charge of everything in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking for help is like surrendering authority over my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to appear weaker than my peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Accessing Voice-Health Services

33. Have you previously looked for information, therapy, coaching, and/or training from a professional with a focus on gender-voice affirmation? If yes, select all those that apply.

- a. Doctor
- b. Nurse Practitioner
- c. Speech Language Pathologist (SLP)
- d. Vocal Coach/Singing Teacher
- e. Other: _____
- f. No

34. Based on your search for professionals providing services for gender-voice affirmation, how much do you agree or disagree with the following statements?

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
It took a lot of effort to find the professional I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt frustrated during my search for a professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was concerned about the quality of the professional I found.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services I found were a convenient distance from my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services I found were affordable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Have you received therapy, coaching and/or training from a professional with a focus on gender-voice affirmation?

- a. Yes, currently
- b. Yes, in the past
- c. No

36. What kind of professional did you receive these services from? Select all that apply.

- a. Doctor
- b. Nurse Practitioner
- c. Speech Language Pathologist (SLP)
- d. Vocal Coach/Singing Teacher
- e. Other: _____

37. Did the treatment or other services you received make your home life better?

- a. Yes
- b. No

38. Did the treatment or other services you received make your work life better?

- a. Yes
- b. No

39. Did the treatment or other services you received make your social life better?

- a. Yes
- b. No

40. Do you have any other experiences or thoughts that you would like to share about gender-voice incongruence, looking for voice health information, and/or accessing voice-health services?

END OF SURVEY

Thank you for completing the survey. Please contact Evan Kennedy (kennedyev@surgery.wisc.edu) with any questions or concerns about this survey.

You now have the opportunity to participate in an optional prize drawing for a prize of \$50. Four prizes of \$50 will be randomly drawn out of the pool of participants who have opted to provide contact information. Your name and email address will not be associated with your survey response. If you would like to enter into the optional prize drawing, please click here:

In this survey, we asked about sensitive topics such as:

- Your attitudes and behaviors toward your gender identity
- Your experiences with your gender identity and voice

Should you have experienced any discomfort or negative emotions from this survey, or if you are interested in learning more about gender-voice affirmation services, you are encouraged to use the resourced provided below to as necessary.

Trans Lifeline

<https://www.translifeline.org/>

1-877-565-8860

The Trevor Project

<https://www.thetrevorproject.org/>

1-866-488-7386

My Trans Health

<http://mytranshealth.com/>

Wisconsin Transgender Health Coalition

<https://witranshealth.org/>

University of Wisconsin Madison Gender Service Program

<https://witranshealth.org/>

UW Voice and Swallow Clinics

<https://www.uwhealth.org/voice-swallow/voice-and-swallowing/11279>

University Hospital Location:

- 608-263-6190

1 S. Park Location:

- 608-287-2500

UW Health Gender Services

<https://www.uwhealth.org/gender-transgender-services/gender-services/51499>

University Hospital Location:

- 608-163-7502
- 1-800-323-8942