

# D - Voice - Muscle Tension Dysphonia (MTD)

Please complete the survey below.

Thank you!

## 1. Gold Standard Diagnosis

Does the participant have Muscle Tension Dysphonia (MTD)?

- ☐ Yes  
☐ No  
☐ Not certain

How was this confirmed? Select all that apply:

- ☐ Laryngoscopy/Stroboscopy  
☐ Voice Evaluation

[DEPRECATED]

Determined by (Select all that apply):

- ☐ Laryngologist  
☐ Speech-Language Pathology

Did the participant have any of the following assessments? (Select all that apply)

- ☐ Detailed case history  
☐ Aural-perceptual evaluation  
☐ Flexible/Rigid laryngoscopy  
☐ Voice/speech evaluation

## 2. Disease Subtype

- ☐ Primary MTD - neck muscles are tense with no abnormality in the larynx  
☐ Secondary MTD - abnormality in larynx causes the patient to overuse other muscles involved in voice production

## 3. Etiology

What is the etiology? (Select all that apply)

- ☐ Psychological and/or personality factors  
☐ Environmental irritants  
☐ Vocal misuse and abuse  
☐ Compensation for underlying disease  
☐ Other

Please specify

\_\_\_\_\_

## 4. Disease Severity

Degree of dysphonia

CAPE-V scale

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

Overall Severity

MI MO SE



(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

Roughness

MI MO SE

\_\_\_\_\_

(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

Breathiness

MI MO SE

\_\_\_\_\_

(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

Strain

MI MO SE

\_\_\_\_\_

(Place a mark on the scale above)

Strain

☐ Consistent ☐ Intermittent

Pitch

MI MO SE

\_\_\_\_\_

(Place a mark on the scale above)

Pitch  
(Indicate the nature of the abnormality):

\_\_\_\_\_

Pitch

☐ Consistent ☐ Intermittent

Loudness

MI MO SE

\_\_\_\_\_

(Place a mark on the scale above)

Loudness  
(Indicate the nature of the abnormality):

\_\_\_\_\_

Pitch

☐ Consistent ☐ Intermittent

Comments about resonance

☐ Normal ☐ Other

Please specify

\_\_\_\_\_

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

\_\_\_\_\_

**5. Treatment obtained**

Has the participant undergone any treatment for this condition?

- ☐ Yes  
☐ No

Select all that apply:

- ☐ Vocal hygiene and patient education  
☐ Voice/speech therapy  
☐ Circumlaryngeal manual therapy  
☐ Surgery for secondary organic lesions  
☐ Other medical treatment

Please specify

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