

D - Voice - Muscle Tension Dysphonia (MTD)

Record ID _____

1. Gold Standard Diagnosis

Does the patient have MTD as determined by qualitative expert team evaluations? (Select all that apply)

- ☐ Laryngologist
☐ Speech-Language Pathology

Did the patient 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

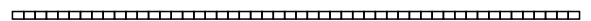
Degree of dysphonia

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
<div><div></div></div> (Place a mark on the scale above)			
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent		
Strain	MI	MO	SE
<div><div></div></div> (Place a mark on the scale above)			
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent		
Pitch	MI	MO	SE
<div><div></div></div> (Place a mark on the scale above)			
Pitch (Indicate the nature of the abnormality):	<div></div>		
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent		
Loudness	MI	MO	SE
<div><div></div></div> (Place a mark on the scale above)			
Loudness (Indicate the nature of the abnormality):	<div></div>		
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent		
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other		
Please specify	<div></div>		
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div></div>		

5. Treatment obtained

Has the patient undergone any treatment for their condition?	<input type="radio"/> Yes <input type="radio"/> No
Select all that apply:	<input type="checkbox"/> Vocal hygiene and patient education <input type="checkbox"/> Voice/speech therapy <input type="checkbox"/> Circumlaryngeal manual therapy <input type="checkbox"/> Surgery for secondary organic lesions <input type="checkbox"/> Other medical treatment
Please specify	<div></div>