

D - Voice - Laryngeal Dystonia

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis

Does the participant have laryngeal dystonia as determined by qualitative expert team evaluation?

- ☐ Yes
☐ No
☐ Not certain

[DEPRECATED]

Does the participant have laryngeal dystonia as determined by qualitative expert team evaluation? (Select all that apply).

- ☐ Laryngologist
☐ Speech-Language Pathology
☐ Neurologist specializing in movement disorders

Did the participant have the following assessment? (Select all that apply).

- ☐ Aural-perceptual evaluation
☐ Laryngoscopy or stroboscopy
☐ Neurological evaluation

2. Disease Subtype

Disease Subtypes:
(Select all that apply)

- ☐ Adductor laryngeal dystonia (ADLD)
☐ Abductor laryngeal dystonia (ABLD)
☐ Vocal Tremor
☐ Mixed laryngeal dystonia
☐ Singer's laryngeal dystonia (SLD)
☐ Adductor laryngeal spasms during inspiration (ARLD)

3. Etiology

What is the etiology?

- ☐ Idiopathic
☐ Familial
☐ Trauma
☐ Unknown
☐ Other

Please specify

Does the participant have any of the following concomitant conditions? (Select all that apply).

- ☐ Essential Tremor of the hands
☐ Essential tremor of the head
☐ Jaw tremor
☐ Dystonia of the head and neck
☐ Other type of dystonia

Other type of dystonia

4. Disease Severity

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent

MI = Mildly Deviant

MO = Moderately Deviant

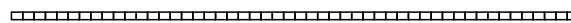
SE = Severely Deviant

Overall Severity

MI

MO

SE



(Place a mark on the scale above)

Overall Severity

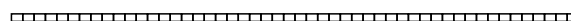
☐ Consistent☐ Intermittent

Roughness

MI

MO

SE



(Place a mark on the scale above)

Roughness

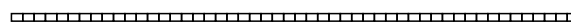
☐ Consistent☐ Intermittent

Breathiness

MI

MO

SE



(Place a mark on the scale above)

Breathiness

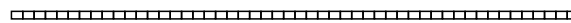
☐ Consistent☐ Intermittent

Strain

MI

MO

SE



(Place a mark on the scale above)

Strain

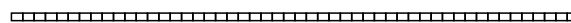
☐ Consistent☐ Intermittent

Pitch

MI

MO

SE



(Place a mark on the scale above)

Pitch
(Indicate the nature of the abnormality):

Pitch

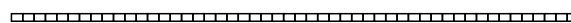
☐ Consistent☐ Intermittent

Loudness

MI

MO

SE



(Place a mark on the scale above)

Loudness
(Indicate the nature of the abnormality):

Loudness

☐ 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

What treatments did the participant undergo? (Select
all that apply):

- ☐ Botox injections
☐ Voice/speech therapy
☐ Vibrotactile stimulation
☐ Deep brain stimulation
☐ Magnetic resonance imaging-guided focused
ultrasound (MRgFUS)
☐ Other

When was the last injection?

(weeks ago)

Other, please specify
