

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

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

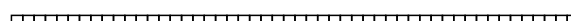
Degree of dysphonia

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	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Roughness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Breathiness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Strain	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Pitch (Indicate the nature of the abnormality):	<div></div>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Loudness (Indicate the nature of the abnormality):	<div></div>
Loudness	<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 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

Deprecated Fields

[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