## **D Voice Laryngeal Dystonia**

Record ID		
1. Gold Standard Diagnosis		
Does the patient have laryngeal dystonia as determined by qualitative expert team evaluation? (Select all that apply).	<ul><li>☐ Laryngologist</li><li>☐ Speech-Language Pathology</li><li>☐ Neurologist specializing in movement disorders</li></ul>	
Did the patient have the following assessment? (Select all that apply).	<ul><li>☐ Aural-perceptual evaluation</li><li>☐ Laryngoscopy or stroboscopy</li><li>☐ Neurological evaluation</li></ul>	
2. Disease Subtype		
Disease Subtypes: (Select all that apply)	<ul> <li>☐ Adductor laryngeal dystonia (ADLD)</li> <li>☐ Abductor laryngeal dystonia (ABLD)</li> <li>☐ Vocal Tremor</li> <li>☐ Mixed laryngeal dystonia</li> <li>☐ Singer's laryngeal dystonia (SLD)</li> <li>☐ Adductor laryngeal spasms during inspiration (ABLD)</li> </ul>	
3. Etiology		
What is the etiology?	<ul><li>○ Idiopathic</li><li>○ Familial</li><li>○ Trauma</li><li>○ Unknown</li><li>○ Other</li></ul>	
Please specify		
Does the patient 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- Sonsistent 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	МІ МО	SE
	(Place a mark on the scale above)	
Breathiness	○ Consistent ○ Intermittent	
Strain	МІ МО	SE
	(Place a mark on the scale above)	
Strain	○ Consistent ○ Intermittent	
Pitch	МІ МО	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		
	<del></del>	
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):		



5. Treatment obtained	
Has the patient undergone any treatment for their condition?	<ul><li>Yes</li><li>No</li></ul>
Select all that apply:	<ul> <li>□ Botox injections</li> <li>□ Voice/speech therapy</li> <li>□ Vibrotactile stimulation</li> <li>□ Deep brain stimulation</li> <li>□ Magnetic resonance imaging-guided focused ultrasound (MRgFUS)</li> <li>□ Other</li> </ul>
When was the last injection?	
	(weeks ago)
Other, please specify	
	<del></del>

**₹EDCap**°

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