

D - Voice - Laryngitis

Record ID

1. Gold Standard Diagnosis

Does the patient have laryngitis as determined by qualitative evaluations?

- ☐ Yes
☐ No
☐ Not certain

Determined by (Select all that apply):

- ☐ Laryngologist
☐ Otolaryngologist
☐ Other

Please specify

2. Disease Subtype

Do you know how long (in weeks) have symptoms been present?

- ☐ Yes
☐ Not certain

For how long (in weeks) have symptoms been present?

Is it acute or chronic laryngitis?

- ☐ Acute Laryngitis (symptoms for less than 3 weeks)
☐ Chronic Laryngitis (symptoms for more than 3 weeks)

3. Etiology

What is the etiology?

- ☐ Infection
☐ Environmental irritants
☐ Vocal misuse and abuse
☐ Other

Please specify

Infection:
(Select all that apply).

- ☐ Viral
☐ Bacterial
☐ Fungal
☐ Unknown

Environmental irritants:
(Select all that apply).

- ☐ Smoker's laryngitis
☐ Other inhaled irritants

Please specify

4. Disease Severity

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent

MI = Mildly Deviant

MO = Moderately Deviant

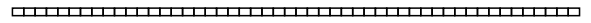
SE = Severely Deviant

Overall Severity

MI

MO

SE



(Place a mark on the scale above)

Overall Severity

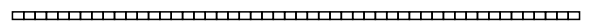
☐ Consistent☐ Intermittent

Roughness

MI

MO

SE



(Place a mark on the scale above)

Roughness

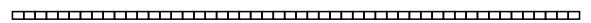
☐ Consistent☐ Intermittent

Breathiness

MI

MO

SE



(Place a mark on the scale above)

Breathiness

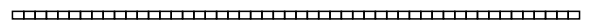
☐ Consistent☐ Intermittent

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):

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 patient undergone any treatment for their
condition?

- ☐ Yes
☐ No

Select all that apply:

- ☐ Medical treatment
☐ Vocal hygiene and patient education
☐ Voice/Speech therapy

Medical treatment
(Select all that apply)

- ☐ Antibiotics
☐ Antifungals
☐ Steroids PO
☐ Inhaled steroids
☐ Other
(weeks ago)

Other, please specify
