D - Voice - Muscle Tension Dysphonia (MTD)

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis			
Does the participant have Muscle Tension Dysphonia (MTD)?	YesNoNot certain		
How was this confirmed? Select all that apply:	☐ Laryngoscopy/Stroboscopy☐ Voice Evaluation		
Did the participant 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 rabnormality in the larynx Secondary MTD - abnormality in larynx cause patient to overuse other muscles involved in production 	es the	
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- 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)	ш	

Roughness	○ Consistent	○ Intermittent	
Breathiness	MI	МО	SE
		(Place a mark on the scale above)	
Breathiness	○ Consistent	○ Intermittent	
Strain	MI	МО	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	МО	SE
		(Place a mark on the scale above)	
Loudness (Indicate the nature of the abnormality):			
Pitch	○ 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		
Select all that apply:	 □ Vocal hygiene and patient education □ Voice/speech therapy □ Circumlaryngeal manual therapy □ Surgery for secondary organic lesions □ Other medical treatment 		
Please specify			

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Deprecated Fields	
[DEPRECATED] Determined by (Select all that apply):	☐ Laryngologist☐ Speech-Language Pathology

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