

D - Voice - Glottic Insufficiency Presbyphonia

Record ID _____

1. Gold Standard Diagnosis

Does the patient have glottic insufficiency confirmed by laryngoscopy/stroboscopy?

- ☐ Yes
☐ No
☐ Not certain

2. Disease Subtype/etiology

What is the glottic insufficiency diagnosis?

- ☐ Vocal fold atrophy related to aging (Presbyphonia)
☐ Vocal fold atrophy related to other cause
☐ Bilateral sulcus
☐ Other

Please specify _____

What is the glottic insufficiency diagnosis?

- ☐ Severe illness
☐ Rapid weight loss
☐ Hormonal changes
☐ Other

Please specify _____

3. Disease Severity

Please assess degree of glottic gap:

- ☐ Small
☐ Moderate
☐ Large

Please assess shape/location of glottic gap. Choose all that apply.

- ☐ Spindle shaped
☐ Anterior Glottic gap
☐ Posterior glottic gap
☐ Asymmetric

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



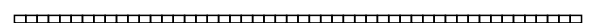
(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

Roughness

MI MO SE



(Place a mark on the scale above)

Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Breathiness	MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Strain	MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Pitch (Indicate the nature of the abnormality):	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Loudness (Indicate the nature of the abnormality):	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
Please specify	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>

4. Treatment obtained

Has the patient undergone any treatment for his condition?	<input type="radio"/> Yes <input type="radio"/> No
Select all that apply:	<input type="checkbox"/> Voice/speech therapy <input type="checkbox"/> Injection laryngoplasty <input type="checkbox"/> Bilateral medialization thyroplasty <input type="checkbox"/> Other
Other, please specify	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>