

D Voice Glottic Insufficiency Presbyphonia

Record ID _____

1. Gold Standard Diagnosis

Does the patient have a benign lesion 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
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Breathiness	MI	MO	SE
			
(Place a mark on the scale above)			

Breathiness	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
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Strain	MI	MO	SE
			
(Place a mark on the scale above)			

Strain	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
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Pitch	MI	MO	SE
			
(Place a mark on the scale above)			

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

Loudness (Indicate the nature of the abnormality):	<hr/>		
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Loudness	<input type="radio"/> Consistent	<input type="radio"/> Intermittent
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Comments about resonance	<input type="radio"/> Normal	<input type="radio"/> Other
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Please specify	<hr/>		
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Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<hr/>		
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4. Treatment obtained

Has the patient undergone any treatment for his condition?

- ☐ Yes
☐ No

Select all that apply:

- ☐ Voice/speech therapy
☐ Injection laryngoplasty
☐ Bilateral medialization thyroplasty
☐ Other

Other, please specify
