

# D Voice Laryngitis

Record ID

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## 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

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## 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?

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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

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Infection:  
(Select all that apply).

- ☐ Viral  
☐ Bacterial  
☐ Fungal  
☐ Unknown

Environmental irritants:  
(Select all that apply).

- ☐ Smoker's laryngitis  
☐ Other inhaled irritants

Please specify

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**4. Disease Severity**

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent

MI = Mildly Deviant

MO = Moderately Deviant

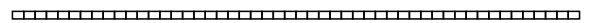
SE = Severely Deviant

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

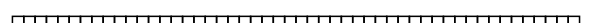
☐ Consistent☐ Intermittent

Pitch

MI

MO

SE



(Place a mark on the scale above)

Pitch

(Indicate the nature of the abnormality):

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Pitch

☐ Consistent☐ Intermittent

Loudness

MI

MO

SE



(Place a mark on the scale above)

Loudness

(Indicate the nature of the abnormality):

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Loudness

☐ Consistent☐ Intermittent

Comments about resonance

☐ Normal☐ Other

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Please specify

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Additional Features  
(for example, diplophonia, fry, falsetto, asthenia,  
aphonia, pitch instability, tremor, wet/gurgly, or  
other relevant terms):

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## 5. Treatment obtained

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Has the patient undergone any treatment for their  
condition?

☐ Yes  
☐ No

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Select all that apply:

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

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Medical treatment  
(Select all that apply)

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

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Other, please specify

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