

# D Voice Muscle Tension Dysphonia Mtd

Record ID \_\_\_\_\_

## 1. Gold Standard Diagnosis

Does the patient have MTD as determined by qualitative expert team evaluations? (Select all that apply)

- ☐ Laryngologist  
☐ Speech-Language Pathology

Did the patient 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 no abnormality in the larynx  
☐ Secondary MTD - abnormality in larynx causes the patient to overuse other muscles involved in voice production

## 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

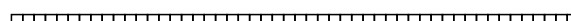
Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent  
MI = Mildly Deviant  
MO = Moderately Deviant  
SE = Severely Deviant

Overall Severity

MI MO SE



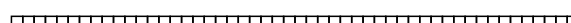
(Place a mark on the scale above)

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 <span style="float: right;">MO SE</span> <div style="text-align: center;"><div style="width: 100%; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -5px;">MI</div><div style="position: absolute; right: 0; top: -5px;">SE</div></div><p>(Place a mark on the scale above)</p></div>
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Strain	MI <span style="float: right;">MO SE</span> <div style="text-align: center;"><div style="width: 100%; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -5px;">MI</div><div style="position: absolute; right: 0; top: -5px;">SE</div></div><p>(Place a mark on the scale above)</p></div>
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	MI <span style="float: right;">MO SE</span> <div style="text-align: center;"><div style="width: 100%; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -5px;">MI</div><div style="position: absolute; right: 0; top: -5px;">SE</div></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%;"></div>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	MI <span style="float: right;">MO SE</span> <div style="text-align: center;"><div style="width: 100%; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -5px;">MI</div><div style="position: absolute; right: 0; top: -5px;">SE</div></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%;"></div>
Pitch	<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%;"></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%;"></div>

## 5. Treatment obtained

Has the patient undergone any treatment for their 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