

**Voice Sheet**

**Examination Date:** ...../...../.....  
**File number:** .....  
**Informant:** .....  
**Examiner:** .....

**I History:**

**[1] Personal data:**

Name: Age: Sex:  
 Residence: Nationality:  
 Marital state: Children No.: Ages:  
 Education:  
 Occupation:

**[2] Complaint & analysis of symptoms:**

- c/o
- Duration:
- Onset: Gradual.  
 Sudden following: - Acute major voice misuse  
 - Acute U.R.T. infection  
 - Other:  
 - No detectable reason
- Course: permanent increasing intermittent remittent decreasing
- Phonasthenic symptoms (vocal fatigue):
  - Throat dryness / soreness
  - Throat pain / tenderness
  - Frequent throat clearing
  - Sensation of sticky mucous in the throat that is difficult to be swallowed
  - Inability to continue

**[3] Impact of complaint on the patient:**

- Patient's rating of the severity : 0 (normal) 1 2 3 4 (severe)
- Effect on daily life:
- Listener's reaction:

**[4] Search for etiological factors:**

- type of job:  
 Vocal demand: high moderate low  
 Number of hours of exposure:
- Job Environment:
- Smoking (active/passive) Quantity duration past history
- Spirits: Quantity duration past history

- Temperament: Quiet tense
- Emotional stress:
- Repeated U.R.T. infection: Frequency
- Allergic tendencies:
- Chronic cough / chest diseases:
- Diabetes mellitus:
- Breathing: dyspnea:
- Chewing & swallowing:
- Hyperacidity & reflux:
- Medicaments:
- Surgical interventions:
- Neck trauma:

**[5] Factors that might influence therapy:**

- Hearing:

**II. Examination:**

**(1) Auditory Perceptual Assessment (APA):**

- Overall grade: [0] normal [1] slight [2] moderate [3] severe
- Character: (quality)
  - strained:
  - leaky:
  - breathy:
  - rough (irregular):
- Pitch: overall increased overall decreased diplophonia normal for age
- register:
  - habitual register: modal falsetto vocal fry
  - register break
- loudness: loud soft fluctuation normal
- glottal attack: hard soft normal
- associated laryngeal functions: cough: whisper: laughter:

**(2) General examination:**

**(3) ENT examination:**

- Oral cavity: Tongue:
- Pharynx: tonsils post-nasal discharge
- Nasal cavity:
- Ears: Rt: Lf:

**(4) Type of breathing: upper costal diaphragmatic**

**(5) External laryngeal examination:**

- Laryngeal skeleton:
  - normal configuration
  - Fractures: site type
  - Other abnormalities:
- Laryngeal click: normal absent
- Laryngeal position: high normal low
- Cervical veins: normal engorged
- Neck scars: type site size
- Neck masses:

### **III. Investigations:**

#### **[1] Voice recording.**

#### **[2] Videolaryngostroboscopy:**

##### **A. Continuous light:**

##### **1) Vocal folds:**

###### *1) Mucous Membrane:*

- color:            pearly white            red            white
- luster:            wet            dry
- transparency:    shiny            opaque
- vascular markings:    few            many            hematoma
- swellings:        site            size            shape
- edge            surface        color
- ulcers:            site            size            floor            edge
- girth:            normal        hypertrophy        atrophy

###### *2) Configuration:*

- symmetry of the glottis:
- deviation of the glottis:        direction:    Rt    Lf        degree:

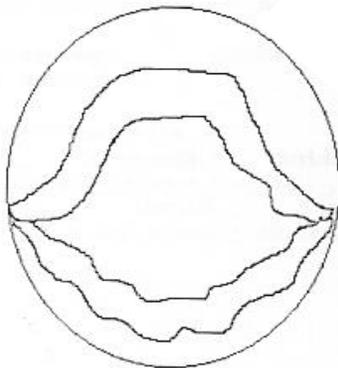
###### *3) Movements:*

- gross mobility (adduction/abduction):
  - normal
  - restricted:        Rt            Lf
  - fixed:            Rt            Lf
- glottic waste (max. width posteriorly in mm):
- phonatory coaptation (phonatory vocal fold closure):

##### **2) Ventricular folds:**

- mucous membrane:        color:            masses:
- girth:            normal            hypertrophy        atrophy
- position at phonation:    normal        adducted        sharing in phonation

##### **3) Other laryngeal structures.**



## **B. Stroboscopic light:**

- glottic closure: complete incomplete (shape):
- glottic gap: site: size:
- glottic wave: great normal small absent
- RT.
- LT.
- amplitude: great normal small zero
- RT.
- LT.
- symmetry: in phase: in amplitude:
- phase closure: open phase predominate close phase predominate
- stroboscopic fixation: segment:
- additional morphological findings and details:

## **[3] Videolaryngokymography:**

- Symmetry in: Amplitude:  
Mucosal wave:  
Phase:
- Periodicity in: Amplitude:  
Glottal cycle timing:
- Closed phase:

## **[4] Acoustic analysis (MDVP report).**

## **[5] Aerodynamic analysis (Aerophone II report).**

## **[6] Others:**

- CT scan
- MRI
- Upper GIT endoscopy
- 24-hr double-probe pH-metry
- Esophageal manometry
- Laboratory investigations

## **IV. Diagnosis:**

## **V. Recommendations:**