

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:

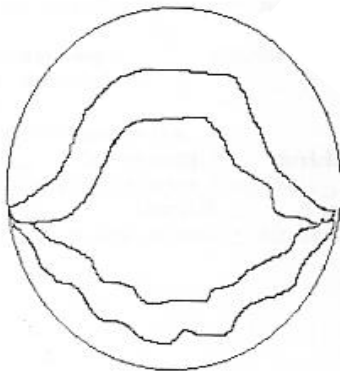
3) Movements:

- 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: