

# ABductor Botox Treatment Questionnaire

- 1) ***\*\*Please list*** current Medications: \_\_\_\_\_
- 2) ***\*\*Please list*** Allergies to Medication: \_\_\_\_\_
- 3) How much initial shortness of breath did you experience after your last injection?  
\_\_\_\_ 7 Very severe (noisy breathing at rest)  
\_\_\_\_ 6 Severe (noisy breathing with walking of mild exercise)  
\_\_\_\_ 5 Moderate (noisy breathing with exercise)  
\_\_\_\_ 4 Mild (slight change in breathing but a good voice)  
\_\_\_\_ 3 Subtle or no voice change but spasms gone  
\_\_\_\_ 2 No change in breathing, spasms reduced  
\_\_\_\_ 1 No change at all in voice or spasms
- 4) How many days was the shortness of breath quite noticeable?  
0 1 2 3 4 5 6 7 10 14 21 30 more than 30
- 5) Was there any choking on liquids after the injection?  Yes  No  
How many days did it last? 0 1 2 3 4 5 6 7 more than 7
- 6) Are there any ways in which the injection differed from the previous one?
- 7) How many days ago did the spasms return?  
0 1 2 3 4 5 6 7 14 21 30 other \_\_\_\_\_ days
- 8) If 100% represents your believed normal voice and 0% represents your voice before any treatment with Botulinum toxin A (Botox), what percent residual benefit would you estimate currently remains from your Botulinum toxin A injections?  
0% 5% 10% 25% 50% 75% 90% 95% other \_\_\_\_\_ %
- 9) What is your overall degree of satisfaction with the result of your most recent Botox injection?  
Please circle the closest number.  
Very dissatisfied Neutral Very satisfied  
1 2 3 4 5 6 7
- 10) For today's injection, what do you want to do with the dose of Botox? Please circle your choice.  
Same Increase Decrease Not Sure
- 11) Comments?

Name: \_\_\_\_\_

Date: \_\_\_\_\_