

AD/ABductor Botox Treatment Questionnaire

- 1) ****Please list** current Medications: _____
- 2) ****Please list Allergies to Medication:** _____
- 3) How much initial breathiness did you experience after your last injection? (*potential ADductor side effect*)
____ 7 Very severe (whisper only)
____ 6 Severe (almost a whisper)
____ 5 Moderate (voice weak but audible)
____ 4 Mild (slight weakening but a good voice)
____ 3 Subtle or no voice change but spasms gone
____ 2 No change in voice, spasms reduced
____ 1 No change at all in voice or spasms
- 3a) When did the voice first feel easy or comfortable to use (ie: when did the side effects of whispering or squeaky voice resolve to the point where you were comfortable)?
0 1 2 3 4 5 6 7 10 14 21 30 other _____ days
- 4) How much initial shortness of breath did you experience after your last injection? (*potential ABductor side effect*)
____ 7 Very severe (noisy breathing at rest)
____ 6 Severe (noisy breathing with walking or 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
- 4a) 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 other _____ days
- 6) Are there any ways in which the injection differed from the previous one?
- 7) How many days ago did the spasms or increased effort speaking return?
0 1 2 3 4 5 6 7 14 21 30 60 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: _____