Lingual Dystonia (tongue)
Botox Treatment Questionnaire

1) **Please list** current Medications: ____________________________________________________

2) **Please list** Allergies to Medication: ________________________________________________

3) How much initial speech impairment did you experience at the beginning of your last injection?
   - 7 Very severe (you could not articulate most words)
   - 6 Severe (people who know you could understand you, but others had much difficulty)
   - 5 Moderate (many words were difficult to pronounce)
   - 4 Mild (some words were difficult to pronounce)
   - 3 Subtle or no change in speaking but tongue protrusion more controlled
   - 2 No change in speech or improvement in speech, tongue protrusion reduced
   - 1 No change at all in tongue protrusion

4) How many days was the speech impairment noticeable?
   0 1 2 3 4 5 6 7 10 14 21 30 more than 30

5) Did you have trouble swallowing? □ 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 you begin cutting the undersurface of your tongue; or (if cutting the bottom of your tongue on your teeth is not usually a problem) how many days ago did the uncontrolled tongue protrusion 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: ____________________