

# 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: \_\_\_\_\_