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LARYNGEAL PRE-TREATMENT QUESTIONNAIRE

Patient Name:_____ Date:_____

Below you will find a list of symptoms and functional limitations of your laryngeal disease. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no "right" or "wrong" answers, only you can provide us with this information. Please rate your problems as they have been over the last 2 months.

MAGNITUDE SCALE

Considering how severe the problem is when you get it and how frequently it happens, please rate each item below on how "bad" it is using the following scale.

0= Not present/No problem
1= Very mild problem
2= Mild-Slight problem
3= Moderate problem
4= Severe problem
5= Problem is "as bad as it can be"

1. Chronic cough	☐1	☐2	☐3	☐4	☐5
2. Throat clearing	☐1	☐2	☐3	☐4	☐5
3. Hoarseness	☐1	☐2	☐3	☐4	☐5
4. Sensation	☐1	☐2	☐3	☐4	☐5
5. Trouble swallowing	☐1	☐2	☐3	☐4	☐5
6. Sour/Acidic taste	☐1	☐2	☐3	☐4	☐5
7. Recurrent sore throat	☐1	☐2	☐3	☐4	☐5
8. Heartburn	☐1	☐2	☐3	☐4	☐5

Are your symptoms more prevalent in the:

- [ ] AM
- [ ] PM

How many occurrences do you experience during the day?_____

What is the average duration of an occurrence?_____

Check any of the following that contribute to your symptoms:

- [ ] Exercise or elevated activity level
- [ ] Diet (spicy, acidic, caffeinated)
- [ ] Elevated Stress Level
- [ ] Smoking
- [ ] Alcohol consumption
- [ ] Pregnancy, if applicable

Have you previously or currently tried over the counter medication to treat your symptoms, such as OTC Prilosec, Zantac, etc?_____

If yes, How long were/are you on the medication?_____

Have you had any of the following procedures performed?

- [ ] Barium Swallow
- [ ] PH Probe
- [ ] Direct Laryngoscopy
- [ ] Stroboscopy
- [ ] EGD/Esophagoscopy
- [ ] Other: _____