



## ABductor Botox Treatment Questionnaire

**NAME:**

**DATE:**

New Medications:

New Medication Allergies:

1) How much initial side effects (shortness of breath) did you experience after your last injection?

- \_\_\_\_\_ 7 Very severe (very short of breath)  
\_\_\_\_\_ 6 Severe (short of breath)  
\_\_\_\_\_ 5 Moderate (voice weak by audible)  
\_\_\_\_\_ 4 Mild (slight weakening but a good voice)  
\_\_\_\_\_ 3 Subtle or no change in voice but spasms gone  
\_\_\_\_\_ 2 No change in voice; spasms reduced  
\_\_\_\_\_ 1 No change at all in voice or spasms

2) How many days before voice first felt easy or comfortable to use? \_\_\_\_\_ days

3) Any choking on liquids after the injection (circle)? Yes / No

If yes, for how many days did it last? \_\_\_\_\_ days

4) How many days ago did the spasms return? \_\_\_\_\_ days

5) If 100% represents your believed normal voice and 0% represents your voice before any treatment with Botox, what percent residual benefit would you estimate currently remains from your last injection? \_\_\_\_\_ percent

6) What is your overall degree of satisfaction with the result of your most recent Botox injection (circle)?

Very Dissatisfied      1      2      3      4      5      6      7      Very Satisfied

7) For today's injection, what do you want to do with the dose of Botox (circle)?

Same      Increase      Decrease

8) Comments?