



ADductor Botox Treatment Questionnaire

NAME:

DATE:

New Medications:

New Medication Allergies:

- 1) How much initial breathiness did you experience after your last injection?
_____ 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 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?