ANNE ARUNDEL EAR, NOSE & THROAT

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LARYNGEAL PRE-TREATMENT QUESTIONNAIRE

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,and only you can provide us with this information. Please rate your problems as they have been over the past two 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 to slight problem
3 = Moderate problem
4 = Severe problem
5 = Problem is as "bad as it can be"

Patient Name:_____ **Date:**_____

SYMPTOMS	MAGNITUDE					
	0	1	2	3	4	5
1. Chronic cough	☐	☐	☐	☐	☐	☐
2. Throat clearing	☐	☐	☐	☐	☐	☐
3. Hoarseness	☐	☐	☐	☐	☐	☐
4. Choking sensation	☐	☐	☐	☐	☐	☐
5. Trouble swallowing	☐	☐	☐	☐	☐	☐
6. Sour/Acidic taste	☐	☐	☐	☐	☐	☐
7. Recurrent sore throat	☐	☐	☐	☐	☐	☐
8. Heartburn	☐	☐	☐	☐	☐	☐

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What time are your symptoms more prevalent? AM ☐ PM ☐ No Difference ☐

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 medications to treat your symptoms, such as OTC Prilosec, Zantac, etc.? Yes ☐ No ☐

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

What was the outcome?_____

Check any of the following procedures you have had performed:

- Barium Swallow ☐
- PH Probe ☐
- Direct Laryngoscopy ☐
- Stroboscopy ☐
- EGD/Esophagoscopy ☐