

# D - Voice - Benign Lesions

Please complete the survey below.

Thank you!

## 1. Gold Standard Diagnosis

Does the participant have a benign lesion confirmed by laryngoscopy/stroboscopy?

- ☐ Yes  
☐ No  
☐ Not certain

## 2. Disease Subtype

What is the benign lesion diagnosis?

- ☐ Anterior glottic web  
☐ Fibrous masse (s)  
☐ Recurrent respiratory papilloma  
☐ Reinke's edema  
☐ Rheumatoid nodules  
☐ Vocal fold cyst  
☐ Vocal fold nodules  
☐ Vocal fold polyp  
☐ Vocal fold scarring  
☐ Vocal fold ulcers  
☐ Other

Please specify

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## 3. Etiology

What is the etiology?

- ☐ Phonotrauma  
☐ HPV virus (RRP)  
☐ Other

Please specify

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## 4. Disease Severity

Location of lesion(s)

- ☐ Right vocal fold  
☐ Left vocal fold  
☐ Both vocal folds

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent  
MI = Mildly Deviant  
MO = Moderately Deviant  
SE = Severely Deviant

Overall Severity

MI MO SE

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(Place a mark on the scale above)

Overall Severity	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Roughness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Breathiness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Strain	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Pitch (Indicate the nature of the abnormality):	<div></div>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div> </div>
Loudness (Indicate the nature of the abnormality):	<div></div>
Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
Please specify	<div></div>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div></div>

**5. Treatment obtained**

Has the participant undergone any treatment for this condition?

- ☐ Yes  
☐ No

Select all that apply:

- ☐ Voice/speech therapy  
☐ Laryngeal microsurgery  
☐ Voice rest  
☐ Other

Other, please specify

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Laryngeal microsurgery

- ☐ With laser  
☐ Without laser