

D - Voice - Unilateral Vocal Fold Paralysis

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis

Does the participant have Unilateral Vocal Fold Paralysis (UVFP) confirmed by laryngoscopy/stroboscopy?

- ☐ Yes
☐ No
☐ Not Certain

2. Disease Subtype

On which side is the paralysis?

- ☐ Left
☐ Right

3. Etiology

What is the etiology?

- ☐ Idiopathic
☐ Iatrogenic (surgery/intubation)
☐ Tumor invading RLN
☐ Radiation
☐ Other

Please specify

Iatrogenic (surgery/intubation) subcategory

- ☐ Thyroidectomy
☐ ACDF
☐ Lung surgery
☐ Heart Surgery
☐ Intubation
☐ Brain Surgery
☐ Other

Please specify

Tumor invading RLN - Subcategory

- ☐ Brain
☐ Chest
☐ Neck

4. Disease Severity




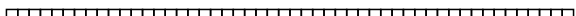


Degree of Glottic Gap

- ☐ No glottic gap
☐ Small
☐ Moderate
☐ Large

Degree of dysphonia

CAPE-V scale

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

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

5. Treatment obtained

Has the participant undergone any treatment for this condition?

- ☐ Yes
☐ No

What treatments did the participant undergo? (Select all that apply):

- ☐ Surgery / Procedure
☐ Speech therapy
☐ Other

Other treatment, please specify

Surgery / Procedure

- ☐ Thyroplasty
☐ Vocal fold injection augmentation
☐ Arytenoid adduction
☐ Other

Other Surgery / Procedure, please specify

Thyroplasty - Subcategory

- ☐ Gore-Tex
☐ Silastic

Vocal fold injection augmentation - Subcategory

- ☐ CaHA
☐ Gel
☐ Hyaluronic acid augmentation
☐ Fat injection