

# D - Voice - Glottic Insufficiency Presbyphonia

Please complete the survey below.

Thank you!

## 1. Gold Standard Diagnosis

Does the participant have glottic insufficiency confirmed by laryngoscopy/stroboscopy?

- ☐ Yes  
☐ No  
☐ Not certain

## 2. Disease Subtype/etiology

What is the glottic insufficiency diagnosis?

- ☐ Vocal fold atrophy related to aging (Presbyphonia)  
☐ Vocal fold atrophy related to other cause  
☐ Bilateral sulcus  
☐ Other

Please specify

\_\_\_\_\_

What is the glottic insufficiency diagnosis?

- ☐ Severe illness  
☐ Rapid weight loss  
☐ Hormonal changes  
☐ Other

Please specify

\_\_\_\_\_

## 3. Disease Severity

Please assess degree of glottic gap:

- ☐ Small  
☐ Moderate  
☐ Large

Please assess shape/location of glottic gap. Choose all that apply.

- ☐ Spindle shaped  
☐ Anterior Glottic gap  
☐ Posterior glottic gap  
☐ Asymmetric

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

\_\_\_\_\_

(Place a mark on the scale above)

Overall Severity

- ☐ Consistent ☐ Intermittent

Roughness

MI MO SE

\_\_\_\_\_

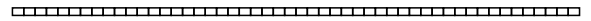
(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

Breathiness

MI MO SE



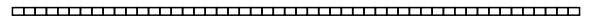
(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

Strain

MI MO SE



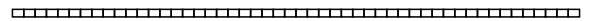
(Place a mark on the scale above)

Strain

☐ Consistent ☐ Intermittent

Pitch

MI MO SE



(Place a mark on the scale above)

Pitch  
(Indicate the nature of the abnormality):

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Pitch

☐ Consistent ☐ Intermittent

Loudness

MI MO SE



(Place a mark on the scale above)

Loudness  
(Indicate the nature of the abnormality):

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Loudness

☐ Consistent ☐ Intermittent

Comments about resonance

☐ Normal ☐ Other

Please specify

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Additional Features  
(for example, diplophonia, fry, falsetto, asthenia,  
aphonia, pitch instability, tremor, wet/gurgly, or  
other relevant terms):

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#### 4. Treatment obtained

Has the participant undergone any treatment for their  
condition?☐ Yes  
☐ No

Select all that apply:

- ☐ Voice/speech therapy
- ☐ Injection laryngoplasty
- ☐ Bilateral medialization thyroplasty
- ☐ Other

Other, please specify

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