

## Consent to Participate

This is an anonymous survey conducted by Kathleen Nagle, PhD, CCC-SLP, investigating how clinicians conduct auditory-perceptual evaluation of voice and to get feedback on the CAPE-Vr.

Your consent is implied by continuing with the survey. If you do not wish to participate in this study, please exit the browser.

**Unfortunately, this survey is not open to students.**

## Demographic Information

What is your profession? (You may choose more than one.)

- ☐ SLP
- ☐ SLP (CF)
- ☐ MD (ENT)
- ☐  MD (Other) - please explain
- ☐ Researcher
- ☐  Other - please explain

Where do you practice?

- ☐ USA
- ☐ Canada
- ☐ Europe
- ☐ Latin America
- ☐ Australia
- ☐ Africa
- ☐ Asia

In what language(s) do you practice?

- ☐ English only
- ☐  English and other - please specify
- ☐  Other - please specify

For how many years has voice evaluation been part of your practice? Please round up to an integer.

In what type of setting do you practice? Choose all that apply for voice evaluation.

- ☐ Private clinic
- ☐ Hospital - inpatient
- ☐ Hospital clinic - outpatient
- ☐ Hospital - acute care
- ☐ Long-term care/SNF
- ☐ University - outpatient
- ☐  Other - please explain

### Current Practice

How many voice evaluations do you typically do in a week?

How much time do you typically have to complete a voice evaluation?

- ☐ 15 minutes or less
- ☐ Up to 30 minutes
- ☐ Up to 45 minutes
- ☐ Up to an hour
- ☐ More than 60 minutes (please describe)
- 
- ☐ I can take as much time as I need

Who typically participates in a comprehensive voice evaluation at your facility? Please choose all that apply

- ☐ SLP
- ☐ More than 1 SLP
- ☐ ENT or other physician
- ☐ Graduate student
- ☐  Other (please specify)

What proportion (%) of your current practice is **voice evaluation**?

- ☐ 0-20%
- ☐ 21-40%
- ☐ 41-60%
- ☐ 61-80%
- ☐ 81-100%

What are the typical components of a voice evaluation at your facility? Please choose all that apply.

- ☐ Case history
- ☐ Patient rating of voice handicap (e.g., VHI, VR-QOL)
- ☐ Auditory-perceptual assessment
- ☐ Acoustic analysis
- ☐ (Phonatory) aerodynamic analysis
- ☐ Video endoscopy
- ☐ Counseling of patient
- ☐  Other (please specify)

How often is **auditory-perceptual evaluation of voice quality** part of your voice evaluations?

- ☐ Always
- ☐  Usually
- ☐  Sometimes
- ☐  Rarely
- ☐  Never

What do you use to evaluate auditory-perceptual voice quality? (You may choose more than one.)

- ☐ CAPE-V
- ☐ Adapted version of CAPE-V (skipped or added tasks) - please describe
- ☐ GRBAS scales
- ☐ Adapted version of GRBAS scales (e.g., GRBASl) - please describe
- ☐ I do not use scales - I use only descriptors with qualifiers (e.g. mildly rough)
- ☐  Other - please explain

When do you usually elicit stimuli for auditory-perceptual evaluation?

- ☐ As part of acoustic assessment
- ☐ As part of case history
- ☐ As separate auditory-perceptual assessment
- ☐ As part of endoscopy
- ☐ Patient provides recording before or after appointment
- ☐ I do not record stimuli for this purpose
- ☐  Other - please explain

How do you usually record stimuli for auditory-perceptual evaluation?

- ☐ Using CSL or another computer program
- ☐ Using a portable recorder
- ☐ On videorecording
- ☐ On my phone
- ☐ Patient provides recordings on personal device
- ☐ I do not record stimuli for this purpose
- ☐  Other - please explain

Do you follow the same protocol for research and clinical evaluations of voice quality?

- ☐ Yes, they are equally rigorous
- ☐ Mostly, but we skip some parts in clinic
- ☐ No, our protocols for clinic and research are different
- ☐ Not applicable

### **Proposed modifications to the CAPE-V protocol**

A **draft of the CAPE-Vr** is posted here, with the major modifications to the CAPE-V listed below. Please indicate whether you like the changes and any comments you have. We welcome your feedback!

**Consensus Auditory-Perceptual Evaluation of Voice – Revised (CAPE-Vr)**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
 Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |
|---|--|
| <b>Recording Conditions</b>                               |  |
| Audio recorded: Yes / No                                  | In person / Virtual      Environment: Clinic room / Sound booth / Bedside / Home |
| Recording device/platform: _____ Mouth-to-mic (cm): _____ |  |

**Stimuli**

**Vowels:** /a/ and /i/. Sustain each for 3 – 5 seconds; one or more productions in typical speaking voice.

**Sentences:**

- a. The blue spot is on the key again.      e. My mama makes lemon muffins.  
 b. He helped Hannah hurry home.      f. Patty took a piece of the cake.  
 c. We were away a year ago.      g. The rainbow is a division of white light into many beautiful colors.  
 d. Ed eats eggs every evening.      ☐ Check if the examiner modeled the sentences.

**Extemporaneous Speech:** "Tell me about a place you have visited or would like to visit."

|                           |                             |  |                            |
|---------------------------|-----------------------------|--|----------------------------|
| <b>Rating Conditions:</b> | Live voice / Recorded voice | Headphones / Speakers                    | Auditory anchors: Yes / No |
| Rater: _____              | Date: _____                 | Number of times sample was played: _____ |                            |

**Overall Severity** \_\_\_\_\_ /100  
**Roughness** \_\_\_\_\_ /100  
**Breathiness** \_\_\_\_\_ /100  
**Strain** \_\_\_\_\_ /100

**Pitch:**      Normal      Low      High      Comment: \_\_\_\_\_  
**Loudness:**      Normal      Soft      Loud      Comment: \_\_\_\_\_  
**Resonance:**      Normal      Front      Back      Comment: \_\_\_\_\_  
**Nasality:**      Normal      Hyponasal      Hypernasal      Comment: \_\_\_\_\_

**Inconsistencies:** None / Present (describe): \_\_\_\_\_

**Vowels:** \_\_\_\_\_

**Sentences:** \_\_\_\_\_

**Extemporaneous speech:** \_\_\_\_\_

**Instabilities:** aphonic break    pitch break    pitch instability    spasm    tremor    other: \_\_\_\_\_

**Additional features:** aphonia    asthenia    diplophonia    falsetto    fry    hard glottal attack    wet/gurgly

**Overall Impression:** \_\_\_\_\_

The textual severity markers below the visual analog scales on the rating form have been **eliminated**.

- ☐ I like this change
- ☐  I'm not sure
- ☐  I do not like this change

Users are instructed to obtain **one** production of vowels /a/ and /i/ instead of three.

- ☐ I like this change
- ☐  I'm not sure
- ☐  I do not like this change

Problematic sentences have been changed:

- *How hard did he hit him* -> He helped Hannah hurry home.

- *Peter will keep at the peak* -> Patty took a piece of the cake.

- *We eat eggs every Easter* -> Ed eats eggs every evening.

☐ I like these changes

☐  I do not like these changes

☐  I'm not sure

One sentence from the Rainbow Passage has been added:

- The rainbow is a division of white light into many beautiful colors.

☐ I like this change

☐  I do not like this change

☐  I'm not sure

The spontaneous speech prompt has been modified to "Tell me about a place you have visited or would like to visit."

☐ I like this change

☐  I do not like this change

☐  I'm not sure

Pitch and loudness scales have been modified to indicate **direction but not extent of deviation** from normal with simple choices (e.g., low/high)

☐ I like this change

☐  I do not like this change

☐  I'm not sure

Additional terms for rating resonance and nasality (e.g., front/back, hypo/hyper) have been added to the form

☐ I like this change

☐  I do not like this change

☐  I'm not sure

Space has been added for the clinician's **overall impressions**

- ☐ I like this change
- ☐  I do not like this change
- ☐  I'm not sure

Observations of **consistency** have been simplified on the form to be rated by task

- ☐ I like this change
- ☐  I do not like this change
- ☐  I'm not sure

Sections about recording and analysis conditions have been added to the form

- ☐ I like this change
- ☐  I do not like this change
- ☐  I'm not sure

### Participant Comments

If you have more to say about the CAPE-Vr and would like to be contacted by the PI, please add your email here. (If you have questions, concerns, or complaints about this research project, you can contact the Seton Hall University Institutional Review Board (IRB) at (973) 761-9334 or [irb@shu.edu](mailto:irb@shu.edu). You may contact the Principal Investigator at [naglekat@shu.edu](mailto:naglekat@shu.edu).)