

Date Completed \_\_\_\_\_

REDCap # \_\_\_\_\_ Pre \_\_\_\_\_ Post \_\_\_\_\_ Long Term Follow-up \_\_\_\_\_ months

## **LARYNGEAL SOFT TISSUE RADIONECROSIS QUESTIONNAIRE**

1. How would you rate your voice?
  - No problem with voice
  - Mild hoarseness
  - Moderate hoarseness
  - Whispered speech only
  - Unable to speak
  
2. Do you have pain in or around your ear on either side?
  - No
  - Yes-mild
  - Yes-moderate
  - Yes-severe