



APPENDIX 1

PATIENT RATED SUBSCALE

The first seven questions relate to your level of difficulty prior to having surgery to reanimate your lip (1: not at all, 4: somewhat, 7: extremely).

1. Did you have difficulty with your ability to smile?
2. Did you worry about smiling in public?
3. Did you worry about attending social events because of your appearance?
4. Did your lip pull to the non-paralyzed side?
5.
 - a. Did you have difficulty holding food/liquid in your mouth?
 - b. Which substances gave you trouble (solids, liquids, saliva)
6. Did you worry about eating in public?
7. Did you have difficulty speaking clearly?

The next seven questions relate to your abilities now compared to before surgery to reanimate your lip (1: much better, 4: no change, 7: much worse)

8. How do you feel about the appearance of your face?
9. How do you feel about your ability to smile now?
10. How do you feel about smiling in public?
11. How do you feel about attending social events?
12. How do you feel about your ability to hold food/liquids in your mouth?
13. How do you feel about eating in public?
14. How do you feel about your ability to speak clearly?
15. How would you rate the symmetry of your smile (visual analogue scale)?

EXTERNAL RATER SUBSCALE (BASED ON PATIENT PHOTOGRAPHS)

The next four items relate to the degree of asymmetry of the lips comparing the affected and unaffected sides (1: no asymmetry, 3: mild asymmetry, 5: moderate asymmetry, 7: severe asymmetry)

1. Please rate the subject's smile at rest.
2. Please rate the subject's "Mona Lisa" smile.
3. Please rate the subject's "canine" smile.
4. Please rate the subject's "full mouth" smile.