**Supplementary Digital Content**

**Supplementary Digital Content 1**. The special sheet for evaluation of Facial Paralysis patients (pure facial palsy and postparalytic facial synkinesis)

**Facial Paralysis, Patient Examination Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:**  | **Gender: M F**  |  **Chart No:** | **Left / Right side** | **Birth date (Age):** | **Address:** |
| Cause of facial nerve palsy: | Date of Palsy: Date of First Visit: | Tel:E-mail: |
| Present Illness |
| Past History:  |
| Family history:  |
| Physical Examination Face At Rest : symmetry vs. asymmetry (mild, moderate, severe)  (tension or hypertonicity at paretic side, oculofacial synkinesis, deep nasolabial fold, hypertrophy of corrugator, lower lip retraction, chin dimples,  neck bands, others )Bell’s phenomenon (yes / no) Blink (yes / no) |

**Face At Movement**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  **Synkinetic movement****Basic movement** | **Corrugator****Synkinesis****(hypertrophy)**  | **Eye Synkinesis (eye narrowing)** | **Upper lip** **Synkinesis (retracted)**  | **Lower lip Synkinesis****(retracted)** | **Chin****Synkinesis****(skin dimples)** | **Platysma** **(neck bands)**  | **Other****Synkinesis**  |
|  1 | Forehead raise * Palsy □ Weak □ Non-palsy
 |  |  |  |  |  |  |  |
|  2 | Eye closure : lagophthalmos ( ) mm  |  |  |  |  |  |  |  |
|  3 | Smile : visible teeth( 0 1 2 3 4 >4)  |  |  |  |  |  |  |  |
|  4 | Lower lip pull-down □ Palsy □ Weak □ Non-palsy  |  |  |  |  |  |  |  |
|  5 | Whistling □ Palsy □ Weak □ Non-palsy |  |  |  |  |  |  |  |

**Smile evaluation：**Good smile: > 4 teeth visible; Acceptable smile: 3-2 teeth visible;Unacceptable smile: < 1 tooth visible; Poor smile: no tooth visible