

Supplementary

Table S1. Questionnaire to the patient's caregiver.

How do you think about your child's main aerodigestive symptom improvement after the aerodigestive program?

☐ Not improved at all ☐ Not improved ☐ Somewhat improved ☐ Improved ☐ Improved very much

Do you think the quality of life of your child has improved after participating in the aerodigestive program?

☐ Not improved at all ☐ Not improved ☐ Somewhat improved ☐ Improved ☐ Improved very much

How satisfied is your family with the aerodigestive program?

☐ Unsatisfied at all ☐ Unsatisfied ☐ Somewhat satisfied ☐ Satisfied ☐ Satisfied very much

Has the burden of the primary caregiver decreased?

☐ Not decreased at all ☐ Not decreased ☐ Somewhat decreased ☐ Decreased ☐ Decreased very much

Table S2. Questionnaire to the ADT members.

Did you know about the name or concept of ADT before participating in ADT?

☐ Did not know at all ☐ Knew roughly ☐ Knew concretely

Has the practice or treatment policy changed in your field before and after ADT?

☐ Changed significantly ☐ Somewhat changed ☐ Not changed at all

Did you increase the amount of time you spend on your patients before and after ADT?

☐ Increased ☐ Not changed ☐ Decreased

Do you think the patient's quality of care changed before and after ADT?

☐ Improved ☐ Not changed ☐ Worsened

Did your understanding of patients change before and after ADT?

☐ Improved ☐ Not changed ☐ Worsened

Has the degree of understanding of the work of medical staff in other fields changed before and after the ADT was implemented?

☐ Improved ☐ Not changed ☐ Worsened

ADT, Aerodigestive team.