

Supplementary

Table S1. Questionnaire to the patient's caregiver.

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**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

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**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

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Table S2. Questionnaire to the ADT members.

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**Did you know about the name or concept of ADT before participating in ADT?**  
 Did not know at all  Knew roughly  Knew concretely

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**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

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ADT, Aerodigestive team.