

Patient code : /_/_/_/_/ /_/_/_/_/ /_/_/_/_/ /_/_/_/_/
 First letter : Last name then first name centre N° patient identification N°

Online supplementary document 1

ALLIED HEALTH PROFESSIONAL SECTION

Page 1 : Characteristics of the respondent

You are:

- Nurse
- Nursing Assistant
- Doctor
- Else :

Page 2 : Satisfaction questionnaire

If you take the presentation of the study as a whole

- 1- *Strongly disagree*
- 2- *Somewhat disagree*
- 3- *No opinion*
- 4- *Somewhat agree*
- 5- *Strongly agree*

	1	2	3	4	5
Do you think the explanations are appropriate?					
Was the time allocated sufficient?					
Is the summary sheet clear?					
Do you think the illustrations are clear?					

How would you rate the presentation session?
 (useless = 0 ; very useful = 10) :

Did you find the procedure (DYSPHAGING form) simple and feasible to carry out in your current practice?

	1	2	3	4	5
EAT-10 questionnaire ?					
Airway protection manoeuvres ?					
Hygienic and dietary measures?					
Procedures for adapting textures?					

How would you rate the DYSPHAGING form?
 (useless = 0 ; very useful = 10) :

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Have you encountered any difficulties?

- 1 Not at all
- 2 Some
- 3 A lot

	1	2	3
when presentating to the patient the information leaflet?			
For informing the patient's entourage?			
For collecting oral consent?			
For carrying out the EAT-10 questionnaire?			
For carrying out protection manoeuvres?			

Have you encountered any difficulties (questions concerning paramedical research)

- 1 Not at all
- 2 Some
- 3 A lot

	1	2	3
when presentating to the patient the information leaflet?			
For informing the patient's entourage?			
For collecting oral consent?			
For carrying out the EAT-10 questionnaire?			
For carrying out protection manoeuvres?			

Would you have liked more information? No Yes

If so, which ones?

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Which suggestions would you make to make the protocol more relevant to your practice?

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