## **Supplementary Data**

## Xerostomia Questionnaire

- 1. Rate the difficulty you experience in speaking due to dryness of your mouth and tongue. (Easy → Extremely difficult)
- 2. Rate the difficulty you experience in chewing food due to dryness. (Easy → Extremely difficult)
- 3. Rate the difficulty you experience in swallowing food due to dryness. (Easy → Extremely difficult)
- 4. Rate the dryness your mouth feels when eating a meal. (No dryness → Extreme dryness)
- 5. Rate the dryness in your mouth while not eating or chewing. (No dryness → Extreme dryness)
- 6. Rate the frequency of sipping liquids to aid in the swallowing of food. (None required → Extremely frequent)
- 7. Rate the frequency of fluid intake required for oral comfort when not eating. (None required → Extremely frequent)
- 8. Rate the frequency of sleeping problems due to dryness. (None → Extremely frequent)

## **Telephone Survey Questions**

(Questions 3–10 are on a point scale of 1–10, with 1 being an unfavorable outcome to 10 being the most favorable outcome).

- 1. How are you doing overall after the Sialendoscopy procedure in relation to your salivary production?
- 2. Do you feel that the procedure helped you? Yes/No
- 3. Rate the difficulty you experience in speaking due to dryness of your mouth and tongue. (Easy → Extremely difficult)
- 4. Rate the difficulty you experience in chewing food due to dryness. (Easy → Extremely difficult)
- 5. Rate the difficulty you experience in swallowing food due to dryness. (Easy → Extremely difficult)
- 6. Rate the dryness your mouth feels when eating a meal. (No dryness → Extreme dryness)
- 7. Rate the dryness in your mouth while not eating or chewing. (No dryness → Extreme dryness)
- 8. Rate the frequency of sipping liquids to aid in the swallowing of food. (None required → Extremely frequent)
- 9. Rate the frequency of fluid intake required for oral comfort when not eating. (None required → Extremely frequent)
- 10. Rate the frequency of sleeping problems due to dryness. (None → Extremely frequent)
- 11. What would you rate your overall percentage of improvement following the sialendoscopy procedure? (Negative / 0– 100%)