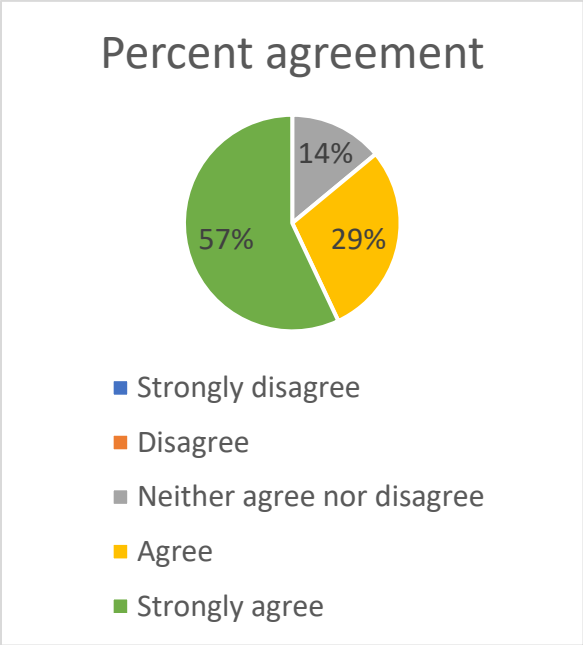
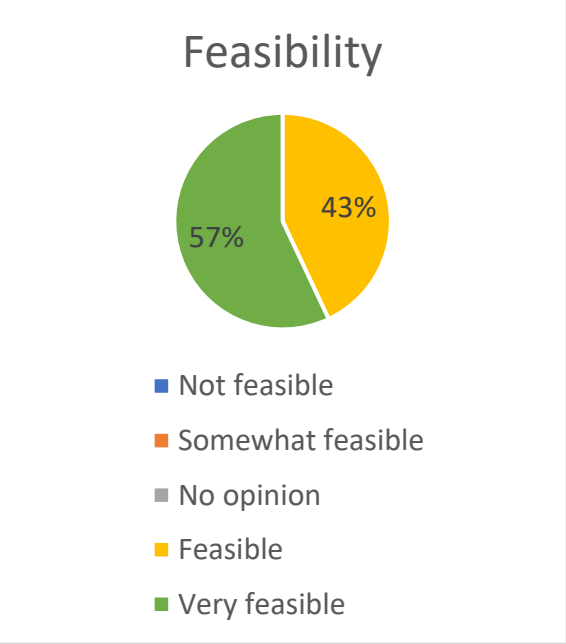
Supplemental Material S1. Content validation survey.

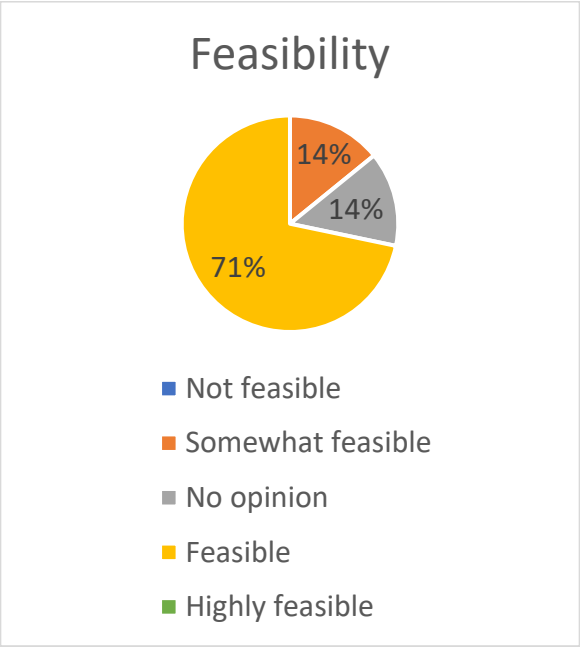
Question 1: Severity of pharyngeal phase dysphagia can be graded on a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) according to the safety and efficiency of bolus clearance.



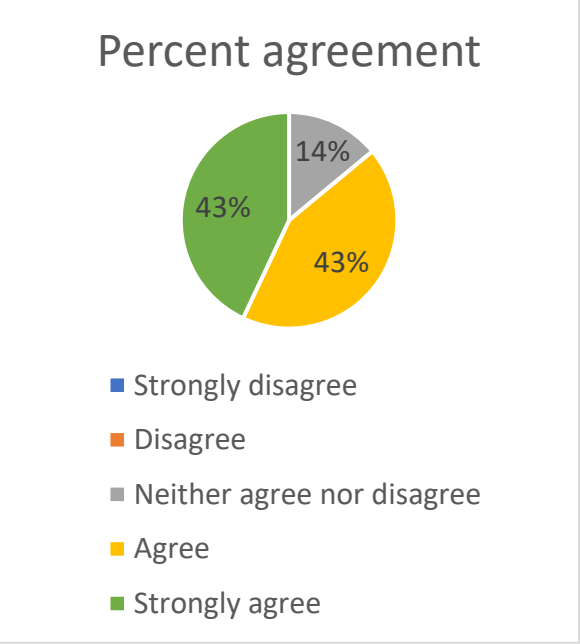
Question 2: The DIGEST method uses maximum PAS score as well as frequency and amount of high grade penetration/aspiration events (PAS ≥5) to grade safety of swallowing on MBS. How feasible is it to use a similar grading scale for FEES examinations?



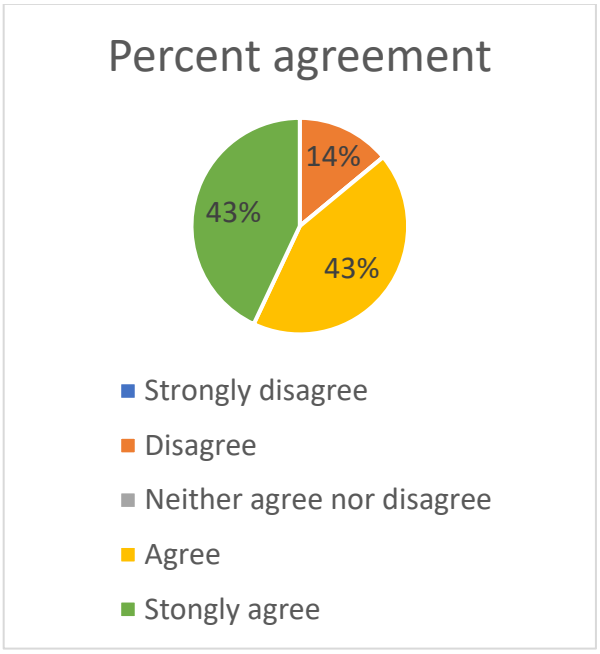
Question 3: The DIGEST method uses an estimate of % of bolus residue as a measure of overall swallowing efficiency. The BRACS uses the % of pharyngeal recess filling as a measure of residue. How feasible is it to use the BRACS rating system as conceptually similar to the % pharyngeal residue categorizations used in DIGEST scale when adapting DIGEST for FEES?



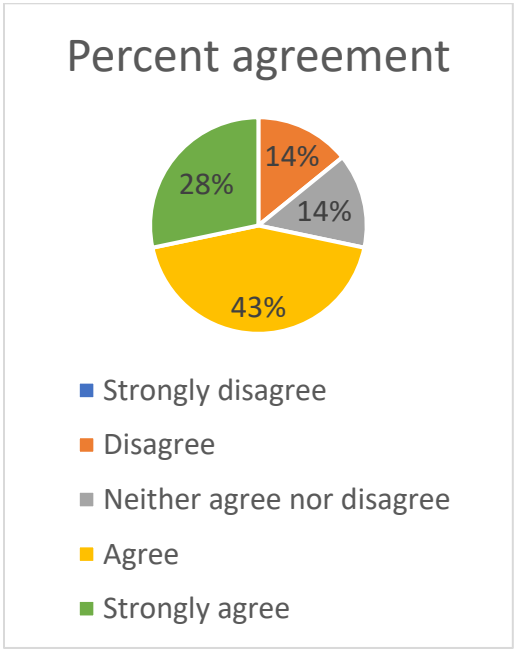
Question 4: Aspiration can be categorized as gross or not gross during a FEES exam.



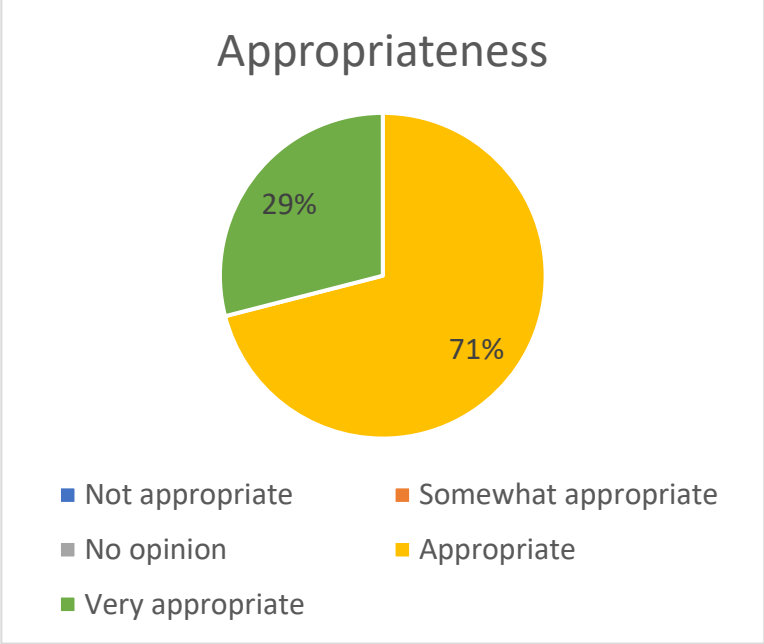
Question 5: Trace penetration/aspiration defined by faint coating or droplets noted on or below the true vocal folds can be accurately detected on FEES.



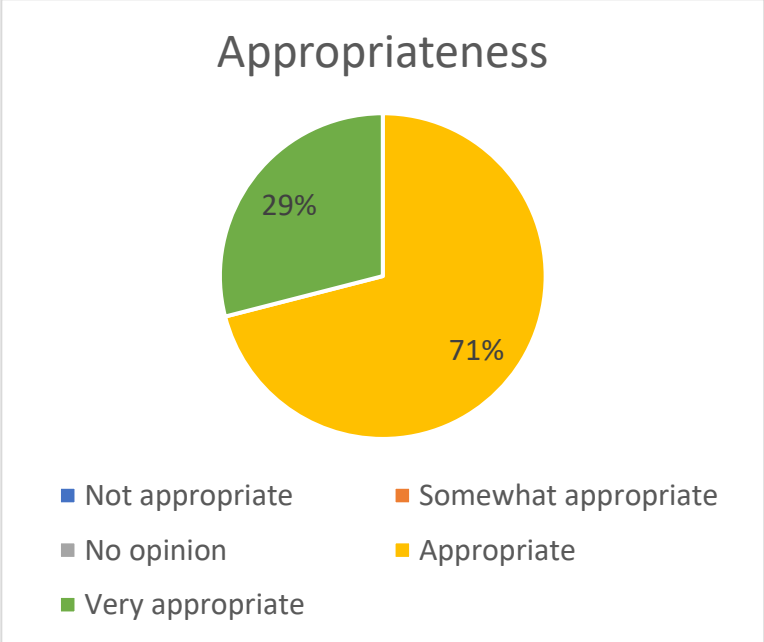
Question 6: "Gross" aspiration defined as >25% of the bolus is visualized at or below the true vocal folds can be accurately detected on FEES.



Question 7: How appropriate is it to use the term "mild" to refer to residue filling less than 1/3 of pharyngeal recesses?



Question 8: How appropriate is it to use the term "moderate" to refer to residue filling between 1/3 and 2/3 of the pharyngeal recesses?



Question 9: How appropriate is it to use the term "severe" to refer to residue filling greater than 2/3 of the pharyngeal recesses?