Supplemental Material S1. Participant survey on usability of device.

Question 1: How would you describe the amount of training you received from the research staff for use of the Self-Trainer before you had to use it independently?

| | Too much training | The right amount of training for independent use | Barely adequate for independent use | Not enough for independent use | No opinion/don't remember |
|---------------------|-------------------|--|---|---|---------------------------|
| Number of responses | 0 | 7 | 0 | 0 | 0 |

Question 2: How would you describe the written directions given to you to help you use the Self-Trainer independently?

| | Very useful in helping me use the device independent ly | Moderately useful in helping me use the device independent ly | Minimally useful in helping me use the device independent ly | Not useful at all because I already knew how to use the device | Not useful at all because the material was to hard to understand | No opinion/ Don't know |
|---------------------|--|---|--|---|---|---------------------------|
| Number of responses | 7 | 0 | 0 | 0 | 0 | 0 |

Question 3: How would you describe the video directions given to you to help you use the Self-Trainer independently?

| | Very useful in helping me use the device independent ly | Moderately useful in helping me use the device independent | Minimally useful in helping me use the device independent | Not useful at all because I already knew how to use the device | Not useful at all because the material was to hard to understand | No opinion/ Don't know |
|---------------------|--|--|---|---|---|---------------------------|
| Number of responses | 4 | Ō | Ō | 0 | 0 | 2 |

Note: one participant did not respond

Question 4: How would you describe the Self-Trainer's as you used it independently?

| | Very easy | Easy to | Somewhat | Somewhat | Difficult to | Very | No |
|-----------|------------|-----------|------------|--------------|--------------|--------------|----------|
| | to use | use | easy to | difficult to | use | difficult to | opinion/ |
| | independe | independe | use | use | independe | use | Don't |
| | ntly after | ntly | independe | independe | ntly after | independe | know |
| | training | | ntly after | ntly after | training | ntly after | |
| | | | training | training | | training | |
| Number of | 5 | 2 | 0 | 0 | 0 | 0 | 0 |
| responses | | | | | | | |

Note: one participant did not respond and one participant provided 2 responses

Question 5: How often did you have to refer back to the education material while you were using the Self-Trainer independently?

| | Every time | The | Frequently | Several | Rarely | Not once | No |
|-----------|------------|-------------|------------|------------|------------|----------|----------|
| | I used the | majority of | (about | times | (less than | | opinion/ |
| | device | the time | 60% of the | (about | 20% of the | | Don't |
| | | (about | time) | 40% of the | time) | | know |
| | | 80% of the | | time) | | | |
| | | time) | | | | | |
| Number of | 0 | 0 | 0 | 0 | 3 | 3 | 0 |
| responses | | | | | | | |

Note: one participant did not respond

Question 6: How much contact with the research study staff did you feel like you needed in order to use the Self-Trainer independently on a daily basis?

| | Daily contact to ask questions | Contact several times a week to ask questions | Contact once a week to ask questions | Contact several times a month to ask questions | Contacted 1-3 times over 3 months to ask questions | Never contacted the staff to ask questions |
|-----------|---|---|---|---|--|--|
| Number of | 0 | 0 | 1 | 1 | 4 | 1 |
| responses | | | | | | |

Note: one participant provided 2 responses; one participant did not respond

Question 7: How much would you describe the size of the Self-Trainer for long term daily use?

| | Much too large | Too large | Slightly too large | Fit comfortabl y, neither too large or too small | Slightly too small | Too small | Much too small | No opinion / Don't know |
|---------------------|----------------|-----------|--------------------|---|--------------------------|--------------|----------------------|----------------------------------|
| Number of responses | 1 | 0 | 3 | 3 | 0 | 0 | 0 | 0 |

Question 8: How would you describe the number of times the device goes off when the device is set in automatic mode and vibrates every few minutes throughout the day?

| | Vibrates much too often | Vibrates somewhat too often | Vibrates just often enough | Vibrates somewhat too infrequently | Vibrates much too infrequently | No opinion/ Don't know |
|---------------------|-------------------------------|-----------------------------------|----------------------------------|---|--------------------------------------|---------------------------|
| Number of responses | 0 | 0 | 6 | 1 | 0 | 0 |

Question 9: During active swallowing practice, you were asked to turn on the self-trainer vibration and swallow 30 times twice a day. What is your opinion on the number of times you were requested to swallow each day?

| | Very difficult | Somewhat difficult | Neither easy nor difficult | Somewhat easy | Very easy | No opinion/ Don't know |
|---------------------|----------------|--------------------|-------------------------------|---------------|-----------|---------------------------|
| Number of responses | 0 | 1 | 2 | 2 | 3 | 0 |

Note: one participant provided 2 responses

Question 10: How would you describe the appearance of the Self-Trainer?

| | I like the appearance very much | The appearance is OK | I find the appearance slightly unattractive | I don't like the appearance at all | No opinion/ Don't know |
|-----------|---------------------------------|----------------------|---|--|---------------------------|
| Number of | 1 | 3 | 1 | 1 | 0 |
| responses | | | | | |

Note: one participant did not respond

Question 11: How would you describe your feelings about wearing and using the Self-Trainer in public places?

| | Severely self- conscious, would not wear in public anywhere | Moderately self-conscious, would only wear with friends | Minimally self- conscious, would wear with acquaintances | Not self- conscious at all, would wear in public anywhere, with anyone | No opinion/ Don't know |
|---------------------|---|---|--|---|---------------------------|
| Number of responses | 2 | 0 | 0 | 5 | 0 |

Question 12: How would you describe your comfort while wearing the device?

| | Very comforta ble | Moderat ely comforta ble | Minimally comforta ble | Neither comforta ble or uncomfor table | Minimally uncomfor table | Moderat ely uncomfor table | Severely uncomfor table | No opinion/ Don't know |
|----------------------|-------------------------|-----------------------------------|------------------------------|--|--------------------------------|-------------------------------------|-------------------------------|---------------------------------|
| Number of response s | 1 | 1 | 2 | 0 | 3 | 1 | 0 | 0 |

Note: one participant provided 2 responses

Question 13: How long can you wear the Self-Trainer comfortably?

| | All day, about 12 hours | Most of the day, about 8- 11 hours | About half a day, 5-7 hours | Less than half a day, 3- 4 hours | 1-2 hours a day | An hour or less a day | Not any amount of time | No opinion/ Don't know |
|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------|-----------------------------|------------------------------|---------------------------------|
| Number of response s | 1 | 3 | 3 | 1 | 0 | 0 | 0 | 0 |

Note: one participant provided 2 responses

Question 14: How would you describe your ability to socialize and attend social events in the community while wearing the Self-Trainer?

| | Unlimited, attend all functions as usual | Minimally limited, attend most functions that you would normally attend | Moderately limited, attend some functions that you would normally attend | Severely limited, attend only a few of the functions you would normally attend | I would not socialize or attend social functions while wearing the Self-Trainer | No opinion/ Don't know |
|---------------------|---|--|---|--|---|---------------------------|
| Number of Responses | 4 | 1 | 0 | 0 | 2 | 0 |

Question 15: How would you describe your willingness to use the self-trainer when going out to a restaurant?

| | Unlimited, would use self-trainer in all restaurants | Minimally limited, would use the self-trainer in most restaurants | Moderately limited, would use the self-trainer in some restaurants | Severely limited, would use the self-trainer in a few restaurants | I would not use the self- trainer in a restaurant | No opinion/ Don't know |
|---------------------|--|---|--|---|--|---------------------------|
| Number of Responses | 1 | 1 | 0 | 0 | 3 | 1 |

Note: One participant did not respond and instead wrote in "Don't go to restaurants at all." The participant that answered "No opinion/Don't know" also wrote in "If I could eat it would be no problem."

Question 16: How much did you rely on your swallowing "coach" for reminders and motivation to complete this three month swallowing retraining program?

| | Complete reliance, 100% of the time | High level of reliance, about 75% of the time. | Moderate level of reliance, about 50% of the time. | Low level of reliance, about 25% of the time. | No reliance at all | No opinion/Don' t know |
|---------------------|-------------------------------------|---|--|--|-----------------------|------------------------------|
| Numbers of Response | 1 | 0 | 1 | 0 | 4 | 1 |

Note: The participant that responded with "No reliance at all" also wrote in "I didn't need any reminders at all."

Question 17: Considering all aspects of the self-trainer, including the design, appearance, and use, what changes would you make to the self-trainer?

Themes: Negative, Positive, Suggestions, and Other

Negative:

| | Too big | Difficult to use | Uncomfortable |
|---------------------|---------|------------------|---------------|
| Number of responses | 4 | 1 | 1 |

Positive:

| | Improved swallowing |
|---------------------|---------------------|
| Number of responses | 2 |

Suggestions for the Device:

| | Suggest more durable | Suggest adding pulsing feature to device | Suggest adding counting/meas ure to device | Suggest larger vibrations | Suggest wireless |
|---------------------|----------------------|---|---|---------------------------|---------------------|
| Number of responses | 2 | 1 | 1 | 2 | 1 |

Other:

| | Wish to eat more food | Forgot to charge |
|---------------------|-----------------------|------------------|
| Number of responses | 1 | 1 |