Supplementary Online Content


**eFigure.** Parental Satisfaction Questionnaire

This supplementary material has been provided by the authors to give readers additional information about their work.
eFigure. Parental Satisfaction Questionnaire

1. Following their surgery, did your child experience complications associated with sialendoscopy and steroid application?  
   □ Yes  □ No

2. If yes, describe the complications.

3. How many episodes of parotitis has your child had since the surgery?  
   □ None  □ One  □ Few (2-3)  □ Many (4+)

4. What is the most bothersome symptom when your child develops acute parotitis?

5. How many months after the surgery did your child have the first episode of recurrent parotitis?  
   □ <1 month  □ >1 month but <3 months  □ 3-6 months  □ 6-12 months  □ >1 year  □ Did not have an episode

6. Prior to sialendoscopy with steroid application, how frequently was your child having episodes of parotitis?  
   □ <1 time/month  □ Once a month  □ Once every 3 months  □ Once every 6 months  □ Once every year

7. Overall how satisfied are you with your child’s sialendoscopy?  
   □ 1 (Very dissatisfied)  □ 2 □ 3 □ 4 □ 5 (Very satisfied)

8. Has the sialendoscopy with steroid application caused and improvement in child’s life?  
   □ No improvement  □ Little improvement  □ Some improvement  □ Quite a bit improvement  □ Significant improvement

9. How satisfied are you with the improvement in your child’s recurrent parotitis?  
   □ 1 (Very dissatisfied)  □ 2 □ 3 □ 4 □ 5 (Very satisfied)

Each question was asked of the participants in the treatment satisfaction survey.