

Appendix 1

Questionnaire for wearability assessment

Questions	Grading				
	0 (good)	1	2	3	4 (low)
Is the device comfortable?					
	0 (not at all)	1	2	3	4 (strongly)
Does the device increase salivation?					
Is the increase in salivation uncomfortable?					
Does the hypersalivation cause any sensation of choking?					
Does the hypersalivation cause any sensation of suffocation?					
Does the usage of the device impair respiration?					
Does the device produce any toothache?					
Does the device cause any sensation of nausea?					
Does the device cause headache?					
Does the device cause numbness in the mouth?					
	0 (easy)	1	2	3	4 (hard)
How difficult is the usage of the Cooral® System?					
	0 (brief)	1	2	3	4 (long)
How do you find the duration of the therapy?					
	soothing	pleasant	unpleasant	painful	
How do you perceive the sensation of cold as?					