Questionnaire about Cooral™ cooling

1. Did you manage to have Cooral™ in your mouth the whole cooling time?

☐ Yes (skip to question 4)

☐ No

2. Roughly how long did you have Cooral™ in your mouth?

☐ 1–20 minutes

☐ 21–40 minutes

☐ 41–60 minutes

☐ 61–80 minutes

☐ 81–100 minutes

☐ >100 minutes but not the full time

3. Which of the following was the reason? Mark the letter or letters.

A ☐ I got cold

B ☐ I became numb

C ☐ It tasted bad

D ☐ I got a headache

E ☐ Shooting pains in my teeth

F ☐ My mouth got sore

G ☐ Poor fit

H ☐ I felt nauseous

I ☐ I felt I needed to vomit
J  □  It was difficult to swallow
K  □  It chafed
L  □  Other...........................................

4. Was it unpleasant to have Cooral™ in your mouth?
   □  No, not at all (skip to question 6)
   □  No, hardly at all
   □  Yes, a little
   □  Yes, very much so

5. If you experienced some form of discomfort, in what way was it unpleasant? (several alternatives may be chosen)
   A  □  I got cold
   B  □  I became numb
   C  □  It tasted bad
   D  □  I got a headache
   E  □  Shooting pains in my teeth
   F  □  My mouth got sore
   G  □  Poor fit
   H  □  I felt nauseous
   I  □  I felt I needed to vomit
   J  □  It was difficult to swallow
   K  □  It chafed
6. Did Cooral™ limit your ability to do something else during the time?

☐ No, not at all
☐ No, not very much
☐ Yes, a little
☐ Yes, very much so

7. Other viewpoints.................................................................................................

8. How painful was the cooling of the oral mucous membrane?

1. ☐ Not at all painful
2. ☐ Slightly painful
3. ☐ Rather painful
4. ☐ Painful
5. ☐ Very painful
6. ☐ Very, very painful
7. ☐ Extremely painful, was forced to break off cooling before the end
Questionnaire about cooling with ice / crushed ice / ice pop

1. Which cooling alternative did you use?

☐ Ice

☐ Crushed ice

☐ Ice pop

2. Did you manage to have the ice in your mouth the whole cooling time?

☐ Yes (skip to question 5)

☐ No

3. Roughly how long did you have ice in your mouth?

☐ 1–20 minutes

☐ 21–40 minutes

☐ 41–60 minutes

☐ 61–80 minutes

☐ 81–100 minutes

☐ >100 minutes but not the full time

4. Which of the following was the reason? Mark the letter or letters.

A ☐ I got cold

B ☐ I became numb

C ☐ It tasted bad

D ☐ I got a headache

E ☐ Shooting pains in my teeth
F  □  My mouth got sore
G  □  I felt nauseous
H  □  I felt I needed to vomit
I  □  It was difficult to swallow
J  □  Other........................................

5. Was it unpleasant to have the ice in your mouth?
□ No, not at all (skip to question 7)
□ No, hardly at all
□ Yes, a little
□ Yes, very much so

6. If you experienced some form of discomfort, in what way was it unpleasant? (several alternatives may be chosen)
A  □  I got cold
B  □  I became numb
C  □  It tasted bad
D  □  I got a headache
E  □  Shooting pains in my teeth
F  □  My mouth got sore
G  □  I felt nauseous
H  □  I felt I needed to vomit
I  □  It was difficult to swallow
J  □ Other...........................................

7. Did the ice limit your ability to do something else during the time?
   □ No, not at all
   □ No, not very much
   □ Yes, a little
   □ Yes, very much so

8. Other viewpoints.................................................................

9. How painful was the cooling of the oral mucous membrane?
   1. □ Not at all painful
   2. □ Slightly painful
   3. □ Rather painful
   4. □ Painful
   5. □ Very painful
   6. □ Very, very painful
   7. □ Extremely painful, was forced to break off cooling before the end