

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

L ☐ Other.....

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