### Questionnaire about cooling with ice chips (IC)

1. Did you manage to have the IC in your mouth the whole cooling time?		
	Yes (skip to question 4)	
	No	
2. Roughly how long did you have the IC 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 one or more alternatives.		
	Chills	
	Numbness	
	Bad taste	
	Headache	
	Teeth sensation	
	Oral soreness	
	Nausea	
	Vomiting sensation	
	Difficulties swallowing	
	Other discomforts	

### Supplement 4

it unpleasant to have the IC in your mouth?
No, not at all (skip to question 6)
No, hardly at all
Yes, a little
Yes, very much so
a experienced some form of discomfort, in what way was it unpleasant? (several ives may be chosen)
Chills
Numbness
Bad taste
Headache
Teeth sensations
Oral soreness
Nausea
Vomiting sensation
Difficulties swallowing
Other discomforts
he IC 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

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Extremely painful, was forced to break off cooling before the end

☐ Very, very painful

## Questionnaire about cooling with intraoral cooling device (ICD)

1. Did you manage to have ICD in your mouth the whole cooling session?		
	Yes (skip to question 4)	
	No	
2. Roughly how long did you have the ICD 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 one or more alternatives.		
	Chills	
	Numbness	
	Bad taste	
	Headache	
	Teeth sensations	
	Oral soreness	
	Poor fit	
	Nausea	
	Vomiting sensation	
	Difficulties swallowing	
	Rubbing discomfort	
	Other discomforts	

### Supplement 4

4. Was	it unpleasant to have the ICD 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 any form of discomfort, in what way was it unpleasant? (several alternatives may be chosen)		
	Chills	
	Numbness	
	Bad taste	
	Headache	
	Teeth sensations	
	Oral soreness	
	Poor fit	
	Nausea	
	Vomiting sensation	
	Difficulties swallowing	
	Rubbing discomfort	
	Other discomforts	
6. Did t	he ICD 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	

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Extremely painful, was forced to break off cooling before the end

☐ Very, very painful