Online Recourse 1
Prevention of oral mucositis with cryotherapy in children undergoing hematopoietic stem cell transplantations—a randomized controlled trial.

Supportive Care in Cancer

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| Question | Response alternatives |
|----------|-----------------------|
| 1        | For how long during your chemotherapy infusion or the time instructed by the nurse did you cool your mouth? | All the time | More than half of the time | Less than half of the time | Not at all |
| 1.1      | If not all the time, why did you not cool your mouth? | I forgot | It was unpleasant | I was sleeping | I didn’t know I was supposed to | Other, please specify |
| 2        | Was it unpleasant for you to cool your mouth? | No, not at all | No, almost not at all | Yes, a little | Yes, very* |
| 2.1      | In which way was it unpleasant to cool your mouth? | It was cold | It tasted bad | My mouth or teeth hurt | I got a headache | Other, please specify |
| 3        | Did the oral cryotherapy prevent you from doing other things during the therapy? | No, not at all | No, almost not at all | Yes, a little | Yes, very |
| 3.1      | If yes, what were you not able to do? | Open question |

* Children who responded “yes, very” to question two were in the analysis considered to experience considerable discomfort of OC.

Online Recourse 1: Oral cryotherapy evaluation questionnaire. The questionnaire was answered each day of chemotherapy/oral cryotherapy.