

Supplementary Materials. Questionnaire on oral problems in oncology patients undergoing chemotherapy for solid tumors.

Patient ID (compiled by operators): _____

Compilation date (compiled by operators): ___ / ___ / ___

Patient's general and medical information

Please select your gender Male Female I prefer not to answer

Please report your date of birth: _____

Select your tumor diagnosis:

- Lung and pleura
- Gastrointestinal
- Pancreas and hepatobiliary
- Prostate
- Breast
- Ovarian
- Uterus
- Testis
- Kidney and urinary tract
- Melanoma
- Soft tissue
- Central nervous system
- Unknown origin

Select your tumor stage:

- Stage I
- Stage II
- Stage III
- Stage IV

To the best of your knowledge, has the tumour generated metastases (localisation of the tumour to other sites)?

Yes

No

Please report the name of the chemotherapy you are undergoing (this information can be found on the informed consent given by your oncologist):

This cycle of chemotherapy you are starting today is number _____

Self-reported oral problems

After the last CT cycle have you ever had:

ORAL PAIN Yes No

If yes, please tick the maximum intensity of oral pain you experienced:

0 (no pain) 1 2 3 4 5 6 7 8 9 10 (the worst pain you can imagine)

If yes, how many times have you felt oral pain from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

ORAL MUCOSITIS (acute inflammation and/or ulceration of the oral mucosa) Yes No

If yes, please tick the maximum intensity of pain related to oral mucositis you experienced:

0 (no pain) 1 2 3 4 5 6 7 8 9 10 (the worst pain you can imagine)

If yes, how many times have you felt pain related to oral mucositis from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

SALIVARY GLAND HYPOFUNCTION (dry, doughy mouth)

Yes

No

If yes, please tick the maximum intensity of discomfort associated to dry/doughy mouth you experienced:

0 (no discomfort) 1 2 3 4 5 6 7 8 9 10 (the worst discomfort you can imagine)

If yes, how many times have you felt discomfort associated to dry/doughy mouth from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

DYSPHAGIA (difficulty in swallowing)

Yes

No

If yes, please tick the maximum intensity of pain associated to dysphagia you experienced:

0 (no pain) 1 2 3 4 5 6 7 8 9 10 (the worst pain you can imagine)

If yes, how many times have you felt pain associated to dysphagia from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

DYSPHONIA (voice alteration)

Yes

No

If yes, how many times have you felt a voice alteration from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

LABIAL PAIN

Yes

No

If yes, please tick the maximum intensity of labial pain you experienced:

0 (no pain) 1 2 3 4 5 6 7 8 9 10 (the worst pain you can imagine)

If yes, how many times have you felt labial pain from the last CT cycle?

- Always present
- 3 weeks
- 2 weeks
- 1 week
- Twice/month
- Once/month
- Rarely

From the last CT cycle, have you ever felt a reduced sensitivity or a sense of anesthesia (like after dental procedures) in your lip and/or chin? Yes No

If yes, the sensitivity was reduced (paresthesia) or completely absent (anesthesia)?

If yes, was one side involved or both sides?

If yes, please indicate with a cross the area or areas involved by this sensation in the figure below:



How did you treat these oral problems?

Who recommended you these treatments?

- Oncologist and Nurse staff
- General Practitioner and/or dentist
- Other healthcare figures
- They are homemade treatment
- Other, specify _____

If they are homemade treatments, who recommended them to you?

- Myself
- Pharmacist or herbalist
- Relatives, friends, other patients
- Other, specify _____

Were you aware that oral problems could arise after chemotherapy?

Yes No