S1. Questionnaire about metallic taste (11)

The following questions concern taste changes that you may have experienced during the course of your disease.

1. Have you experienced a change in taste since your diagnosis?
   - **a)** No (*if this is the case, you have now completed the questionnaire)*
   - **b)** Yes

2. What do you believe is the cause of these taste changes?
   - **a)** The taste changes are caused by the disease
   - **b)** The taste changes are caused by the treatment
   - **c)** The taste changes are caused by the disease, as well as the treatment
   - **d)** The taste changes are caused by something else
   - **e)** I am not able to answer that

The remaining questions concern the experience of your taste during <u>this week</u>. If you consider your taste to be normal this week (like before the diagnosis), you do not need to fill out the rest of the questionnaire.

Could you specify to which extent each statement is applicable to you?
Please circle the number that most closely fits your condition.

	Not at all	A little	Quite a bit	Very much	I do not know
3. I feel nauseous	1	2	3	4	5
4. The smell of food bothers me	1	2	3	4	5
5. I have difficulty keeping food down	1	2	3	4	5
6. My appetite is reduced	1	2	3	4	5
7. I have a dry mouth	1	2	3	4	5
8. I have difficulty with swallowing certain foods.	1	2	3	4	5
9. Sweet food bothers me	1	2	3	4	5
10. Salty food bothers me	1	2	3	4	5
11. Sour food bothers me	1	2	3	4	5

	Not at all	A little	Quite a bit	Very much	I do not know
12. Bitter food bothers me	1	2	3	4	5
13. My appetite is increased	1	2	3	4	5
14. I like to eat sweets	1	2	3	4	5
15. Chocolate bothers me	1	2	3	4	5
16. I have difficulty eating red meat (beef, horse, pork or lamp)	1	2	3	4	5
17. Fatty food bothers me	1	2	3	4	5
18. Hot food bothers me	1	2	3	4	5

You can proceed to the next page.

Could you indicate per taste how you perceive this taste compared to before the start of your treatment?

Please circle the number that most closely fits your condition.

	I do not taste it anymore	I have a lot of trouble tasting it	I have some trouble tasting it	It tastes normal	It tastes stronger	I do not know
19. Food in general	1	2	3	4	5	6
20. Sweet taste	1	2	3	4	5	6
21. Salty taste	1	2	3	4	5	6
22. Sour taste	1	2	3	4	5	6
23. Bitter taste	1	2	3	4	5	6

Could you specify to which extent each statement is applicable to you?

Please circle the number that most closely fits your condition.

	Not at all	A little	Quite a bit	Very much	I do not know
24. I am unable to perceive the smell of food	1	2	3	4	5
25. Everything tastes bad	1	2	3	4	5
26. Food does not taste as it should	1	2	3	4	5
27. I have a bitter taste in my mouth	1	2	3	4	5
28. I have a bad taste in my mouth	1	2	3	4	5
29. Everything tastes bitter	1	2	3	4	5
30. I would rather eat cold food than hot food	1	2	3	4	5
31. Everything tastes good	1	2	3	4	5
32. The taste changes have a negative effect on my quality of life	1	2	3	4	5

33. Patients may experience a different taste regarding certain foods.
In such a case, the taste of certain food is different than it used to be.
Have you experienced certain foods to taste differently than before your diagnosis?

a) I have not experienced a different taste to certain foods

b) I have experienced a different taste to certain foods,
this taste resembles the taste of (multiple answers possible):

- ☐ Blood
- ☐ Bitter
- ☐ Something chemical
- ☐ Something musty
- ☐ Drugs
- ☐ Metallic
- ☐ Sweet
- ☐ Salty
- ☐ Sour
- ☐ Other, namely:

34. Patients may experience a continuous taste in their mouth.
    Have you experienced a continuous taste in your mouth that you did not experience before your diagnosis?

    a) I have not experienced a continuous taste in my mouth

    b) I have experienced a continuous taste in my mouth,
    this taste resembles the taste of (multiple answers possible):

    - ☐ Blood
    - ☐ Bitter
    - ☐ Something chemical
    - ☐ Something musty
    - ☐ Drugs
    - ☐ Metallic
    - ☐ Sweet
    - ☐ Salty
    - ☐ Sour
    - ☐ Other, namely:

Please answer the following questions only if you ever experienced a metallic taste. If you never experienced a metallic taste, you have completed the questionnaire.

Could you specify for each statement to which extent it is applicable to you?Please circle the answer that is most applicable to you.

	Not at all	A little	Quite a bit	Very much	I do not know
35. The metallic taste is intense	1	2	3	4	5
36. The metallic taste bothers me with food in general	1	2	3	4	5
37. The metallic taste bothers me only with certain foods	1	2	3	4	5
38. The metallic taste becomes stronger when I eat	1	2	3	4	5
39. The metallic taste is present throughout the day	1	2	3	4	5

40. Have you experienced this metallic taste as one of the most negative aspects of your taste changes?
    - **a)** No
    - **b)** Yes
    - **c)** I do not know
41. How long have you been experiencing this metallic taste?
    - **a)** Less than a week
    - **b)** Between a week and a month
    - **c)** Between a month and three months
    - **d)** More than three months
    - **e)** I am not able to answer that

You have completed the questionnaire. Thank you for your cooperation.