

Patient Name: _____

Patient DOB: _____

It would be appreciated if you could complete this survey/diary following your child's adenoidectomy.

I am interested to find out the incidence of halitosis (bad breath) and pain following the procedure.

Your help in completing this survey is very much appreciated. Thank you.

Please put a cross on the line scales below, based on your perception of the child's pain and breath odour

Before surgery date:

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

1 Day after surgery date:

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

2 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

3 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

4 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

5 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

6 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

7 Days after surgery

0 = No Pain

10 = Worst Pain Ever

0 = No Odour

10 = Extremely Foul Odour Ever

Figure S1. Sample of the diary and VAS.