**We have created some questions to get your conversations started. Please add in your own questions, ideas and thoughts. If you would like some support to take notes and record your ideas please contact:** kate@otbds.org

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| **What are you experiencing?Questions / Issues / Changes** | **What can be done to make this easier?Solutions / Ideas / Advice** |
| **How did you first notice that your sense of taste and /or smell was changing?** |  |
| **What are the changes that you experience?**  |  |
| **How does this affect you in day-to-day life?** |  |
| **Did you get helpful advice or support from other people?****Your family and friends?****Doctors and other professionals?** |  |
| **What about the social aspects, such as having meals with people or seeing friends?** |  |
| **How do you feel about all this?** |  |
| **What are your tips or messages for anyone else in this situation?** |  |
| **Do you have any tips or messages for people such as families and professionals?** |  |
| Add your own here: |  |
| Add your own here: |  |