

Anti-WT1 DNA vaccination – assessment immediately post vaccination

Participant Trial ID / / Participant Initials

Please mark the circle (as appropriate) below to show how intense your pain is.
A zero (0) means no pain and ten (10) means extreme pain.

How **severe** is your pain or discomfort **now**?

0 1 2 3 4 5 6 7 8 9 10
No pain Extreme pain

How severe was your pain or discomfort during and immediately after the injection?

0 1 2 3 4 5 6 7 8 9 10
No pain Extreme pain

Now please use the same method to describe how **distressing** your pain or discomfort is.

0 1 2 3 4 5 6 7 8 9 10
No pain Extreme pain

How **distressing** is your pain or discomfort **now**?

0 1 2 3 4 5 6 7 8 9 10
No pain Extreme pain

How distressing was your pain or discomfort during and immediately after the injection?

0 1 2 3 4 5 6 7 8 9 10
No pain Extreme pain