

Anti-WT1 DNA vaccination – Assessment at 48 hrs post vaccination

Participant Trial ID / / Participant Initials

Injection type (please circle) DNA alone / DNA+Electroporation

Week

Vaccination dose

Vaccination date d d / m m / y y

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?

Yes No

2. Please mark an X next to the areas where you feel pain.

Injection site	
Left arm	
Right arm	
Left leg	
Right leg	
Trunk	
Other (please specify)	Specify: <input type="text"/>

3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 48 hours.

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

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 48 hours.

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

5. Please rate your pain by circling the one number that best describes your pain at its average in the last 48 hours.

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

6. Please rate your pain by circling the one number that best describes how much pain you have right NOW.

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

7. What treatments have you had for your pain in the last 48 hours?

8. In the last 48 hours, how much relief have pain treatments or medications provided?
Please circle the one percentage that most shows how much relief you have received

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
No relief complete relief

9. Circle the one number that describes how, during the past 48 hours, pain has interfered with you:

General Activity

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Mood

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Walking Ability

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Normal Work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Relations with other people

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely interferes

Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10
Does not interfere at all Completely Interferes