

**A STUDY OF DIFFERENT TYPES OF
TREATMENT FOR VERRUCAE**

BASELINE QUESTIONNAIRE

Participant Number:
(For office use only)

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PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this evaluation.

Please answer ALL the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

If you find it difficult to answer a question, do the best you can.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick, as if you were filling out a ballot paper.

For example in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car ? Yes
 No

If you are asked to circle a number, please use a circle rather than underlining a number.

For example, in the following question if you are asked 'how happy are you today?' where '1' is 'very unhappy' and '5' is 'very happy', if you feel neither happy nor unhappy you may wish to answer 3. You do this by clearly circling the number 3.

Very unhappy					Very happy
1	2	③	4	5	

PLEASE USE A BLACK OR BLUE PEN.

Please do not use a pencil or any other coloured pen.

Please read all the instructions for each section.

Please complete all the sections in this questionnaire. Thank you.

Please enter the date you are completing this questionnaire: / /
day month year

This section asks about your verruca

1. How long have you had your current verruca?
(Please state in months and weeks) months weeks

2. Have you had any previous treatment for this verruca? Yes No
(Please cross one box)

2a. If **'YES'** please cross all that apply

Self-treatment using a preparation bought over the counter If Yes, please specify

Treatment from a podiatrist/chiropodist If Yes, please specify

Treatment from your GP Other treatment, please specify

Participated in a trial investigating different treatments of verrucae If other trial, please specify treatment

Other types of treatment, please specify

3. What are the reasons for seeking treatment for this verruca? *(Please cross all that apply)*

The verruca is painful

It stops me from going swimming

It stops me from doing other sports

Other If other, please specify

4. How painful is your verruca today? *(please circle one number only)*

Not at all A little bit Moderately Quite a lot Extremely
0 1 2 3 4

5. Before this verruca, have you had any others?

Yes No Don't know

5a. If you had a verruca before, how many have you had?

5b. How old were you when you had your last verruca?

This section asks about your preferences

1. If you take part in the trial, we would like you to fill in some more questionnaires. How would you like to fill in these questionnaires? *(Please cross one box only)*

Please send me paper copies like this one, in the post

I would like to fill the questionnaire in on-line

2. If you take part in the trial, we may wish to contact you for example to remind you to fill in a questionnaire or ask you if your verruca has gone. Please tell us how you would like us to contact you? *(Please cross all that apply)*

By post

By text

If text, please write your mobile telephone number here

By email

If email, please write your email address here

This section asks about your personal details

What is your date of birth? / /

Are you? Male Female

When is your appointment with the podiatrist? *(The date of your appointment will have been sent to you with this information pack.)*

/ /

**IF YOU WISH TO TAKE PART IN THIS STUDY PLEASE COMPLETE THE ENCLOSED CONSENT FORM
IF YOU DO NOT WISH TO TAKE PART IN THIS STUDY WE WOULD STILL APPRECIATE YOU RETURNING THIS COMPLETED QUESTIONNAIRE.**

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

<https://www.hsytu.york.ac.uk/verruca/login.aspx>