



A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE

	IATRIST TREATME	NT ASSESSMENT ction for each appointment)		
(Flease com	piete trie relevant se	cuon lor each appointment)		
Participant Number: (For office use only) -				
Type of verruca (please cross all that apply) planta	r calcaneous			
planta	r MTPJ			
mosaid				
other		If other (please specify)	[
Number of verrucae at baseline				
Did the patient express a preference for a treatment?	If so which treatm	ent did they prefer? (Please	e cross one box only)	
The patient prefers to be treated with	salicylic acid			
The patient prefers to be treated with	cryotherapy			
The patient did not express a preferen	nce	Start weights:	Finish weights:	
For those patients assigned to salicylic acid group: What is the Weight of Verrugon tube(s) in grams at start	and end of study?	. Tube	1	Tube 1
		. Tube	2	Tube 2
0191140860				v3 01/03/2007

Please fill in the following information for the first verruca you treated

		If they had cryotherapy					
Appointment date	Treatment given	How many times did you apply it	How long did each application last (in seconds)	Do you think sufficient freezing took place	Did the patient ask you to stop the treatment?	If Yes, why?	General Comments
	Salicylic acid Cryotherapy Non given			Yes No	Yes		
	Salicylic acid Cryotherapy Non given			Yes	Yes		
	Salicylic acid Cryotherapy Non given			Yes No	Yes		
	Salicylic acid Cryotherapy Non given			Yes No	Yes		

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If they had cryotherapy How How long Do you think Did the patient Appointment date Treatment given many times did each sufficient ask you to If Yes, why? General Comments did you application last freezing took stop the (in seconds) apply it treatment? place Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given

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If they had cryotherapy Do you think How How long Did the patient Appointment date Treatment given many times did each sufficient ask you to If Yes, why? General Comments freezing took did you application last stop the apply it (in seconds) place treatment? Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given Salicylic acid Yes Yes Cryotherapy No No Non given

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THANK YOU FOR TAKING THE TIME TO ASSESS THIS PATIENT. PLEASE RETURN THIS FORM TO THE UNIVERSITY OF YORK IN THE PRE-PAID ENVELOPE.

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