

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

**PATIENT PAIN QUESTIONNAIRE**

Please complete this form immediately after your first treatment

**Participant Number:**  
(For office use only)

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**What is your date of birth?**

		/			/				
Day			Month			Year			

**Are you?**

Male       Female

**On a scale of 0 to 10, how painful did you find your first treatment?**  
(where 0 is no pain and 10 is the worst pain imaginable)

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**What is the date you are filling in this form?**

		/			/				
Day			Month			Year			

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**

Please give it to the receptionist on your way out or return it to the York Trials Unit, University of York, Dept of Health Sciences, Area 4, Seebohm Rowntree Building, York YO10 5DD), in the prepaid envelope provided.