

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

FOLLOW-UP QUESTIONNAIRE WEEK 3

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

1

2

③

4

Very
happy

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

SECTION 1

We would like to know your views about the treatment to your verruca:

1. 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

2. If your verruca has been painful, have you found it necessary to take a pain killer?

Yes

No

If 'yes' how many days did you find it necessary to take the pain killers due to your verruca treatment?

days

3. Have you had any other problems due to the verruca treatment? *(Please specify)*

4. How happy are you with your treatment? *(please circle one number only)*

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy
1	2	3	4	5

5. If you have been asked to treat yourself at home with salicylic acid, how many times in the last 7 days have you applied it?

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6. We would like to know about any other comments you may have about the treatment you are receiving for your verruca.

SECTION 2

This section asks about your verruca

1. Do you think your verruca has gone? (If you had more than one verrucae have they all gone?)

Yes

No

1a. If you answered '**Yes**' to question 1, when did your verruca go? (If you had more than one verruca when did the last one go?)

Please state the date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

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

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

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Please complete this form when your verruca has gone.

Participant Number:

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What is your date of birth?

		/			/				
day			month			year			

Please let us know the date your verruca disappeared.

My verruca went on

		/			/				
day			month			year			

Please return this form to the York Trials Unit in the envelope provided or phone Sarah Cockayne at York University on 01904 321736 or email esc5@york.ac.uk

Thank you.