THE UNIVERSITY of York

A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE

FOLLOW-UP QUESTIONNAIRE WEEK 12

| Participant Number: | 1 | | |
|-----------------------|---|--|--|
| (For office use only) | - | | |

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 | \boxtimes | |
|----------------------|-----|-------------|--|
| | 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.

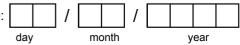
| Very unhappy | | | | Very happy |
|-----------------|---|---|---|---------------|
| 1 | 2 | 3 | 4 | 5 |

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 enter the date you are completing this questionnaire:

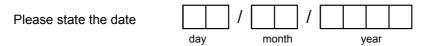


This section asks about your verruca:

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



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?)



This section asks about the treatment you had for your verruca:

1. At the beginning of this study, you will have received treatment with either the acid paste or the freezing technique. During the study, did you find it necessary to stop the original treatment?

| Yes | |
|-----|--|
| No | |

If 'Yes' what was your reason(s) for stopping the treatment?

1a. If you answered 'Yes' to question 1 in this section, did you start another treatment

| Yes | |
|------------------------------------|--|
| No | |
| If 'Yes', please specify treatment | |

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

3. If you had another verruca, would you be willing to have the same treatment again?

| Yes | |
|----------|--|
| No | |
| Not sure | |

3a. Please could you tell us the reasons for your answer to question 3.



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

| Very unhappy | Unhappy | Neither happy nor unhappy | Нарру | Very happy |
|-----------------|---------|---------------------------------|-------|---------------|
| 1 | 2 | 3 | 4 | 5 |

This section asks about the costs related to your treatment:

1. How many visits in total did you make to the podiatry clinic for treatment to this verruca? (Please include the initial assessment, and all visits for treatment and redressings)

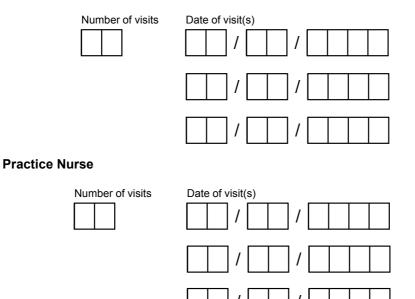


2. During this course of treatment to your verruca, have you found it necessary to visit your General Practitioner or Practice Nurse regarding your verruca?



2a. If 'Yes' please state number of visits and date(s) of visit(s).

General Practitioner



3. Have you had to see your GP for an emergency visit because of your verruca?



3a. If 'Yes' to question 3, please give details

4. During this course of treatment to your verruca, have you purchased any verruca treatments yourself? (For example, treatments purchased over the counter)

| Yes | |
|-----|--|
| No | |

If 'Yes' can you tell us what you bought and how much it cost?

Type of treatment purchased

| | Pounds | | Pen | се |
|------|--------|----|-----|----|
| Cost | |]. | | |

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.