

Patient's trial number

--	--	--	--

Date of randomisation

DD	MM	YYYY

Patient's initials

--	--	--

TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

This questionnaire is designed to record how much breathlessness and chest pain you are feeling each day after you have been randomised to receive your procedure.

On each day, please enter the date and time before placing a single vertical mark on each line to indicate how severe your symptoms are. An example is given below, but if you are still unsure then please ask a member of the trial team for help. Please do not write in the white area below the line.

EXAMPLE MARK

No pain at all |—————| Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Date	Signature	Assessor 2 score	mm	Initials	Date
------------------	----	------	-----------	------------------	----	----------	------

DO NOT MARK BELOW THIS LINE

IF YOU ARE STILL IN HOSPITAL WHEN YOU COMPLETE THE FINAL SCORE, PLEASE HAND THIS SHEET BACK TO A MEMBER OF THE TRIAL TEAM.

IF YOU ARE AT HOME WHEN YOU COMPLETE THE FINAL SCORE, PLEASE POST THIS SHEET BACK TO THE TRIAL TEAM IN THE ENVELOPE PROVIDED.

MANY THANKS FOR YOUR HELP.

IF FOUND, PLEASE RETURN TO:

--

Patient's trial
number

--	--	--	--

Patient's
initials

--	--	--

DAY 1 POST-RANDOMISATION

Date and time
of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible
breathlessness

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

DAY 2

Date and time
of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible
breathlessness

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

DAY 3

Date and time
of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible
breathlessness

FOR OFFICE USE ONLY

Assessor
1 score

mm

Initials

Date

Assessor
2 score

mm

Initials

Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--


DAY 4	Date and time of entry	DD	MM	YYYY		TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


DAY 5	Date and time of entry	DD	MM	YYYY		TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

DAY 6	Date and time of entry	DD	MM	YYYY		TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

DAY 7 POST-RANDOMISATION	Date and time of entry	DD	MM	YYYY		TIME	
---------------------------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


EXTRA DAY	Date and time of entry	DD	MM	YYYY		TIME	
------------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

EXTRA DAY	Date and time of entry	DD	MM	YYYY		TIME	
------------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial number

--	--	--	--

Date of discharge

DD	MM	YYYY
----	----	------

Patient's initials

--	--	--


TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

This questionnaire is designed to record how much breathlessness and chest pain you are feeling each week, usually starting after you have been discharged from hospital.

On the same day each week, please enter the date and time before placing a single vertical mark on each line to indicate how severe your symptoms are. An example is given below, but if you are still unsure then please ask a member of the trial team for help. Please do not write in the white area below the line.

EXAMPLE MARK

No pain at all

Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

DO NOT MARK BELOW THIS LINE

PLEASE REMEMBER TO BRING THIS BOOKLET WITH YOU TO YOUR FIRST APPOINTMENT AT 1 MONTH.

IF YOU ARE UNABLE TO COME TO THIS APPOINTMENT THEN PLEASE CONTACT THE TRIAL TEAM WHO WILL PROVIDE YOU WITH AN ENVELOPE TO SEND YOUR BOOKLET BACK IN.

MANY THANKS FOR YOUR HELP.

IF FOUND, PLEASE RETURN TO:

Patient's trial number

--	--	--	--

Patient's initials

--	--	--


WEEK 1	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

WEEK 2	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


WEEK 3	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 4	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


EXTRA WEEK	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

EXTRA WEEK	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial
number

--	--	--	--

Patient's
initials

--	--	--

TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

This questionnaire is designed to record how much breathlessness and chest pain you are feeling each week in between your trial appointments.

On the same day each week, please enter the date and time before placing a single mark on each line to indicate how severe your symptoms are. An example is given below, but if you are still unsure then please ask a member of the trial team for help. Please do not write in the white area below the line.

EXAMPLE MARK

No pain at all |-----| Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Date	Signature	Assessor 2 score	mm	Initials	Date
---------------------	----	------	-----------	---------------------	----	----------	------

DO NOT MARK BELOW THIS LINE

PLEASE REMEMBER TO BRING THIS BOOKLET WITH YOU TO YOUR NEXT TRIAL-RELATED APPOINTMENT.

IF YOU ARE UNABLE TO COME TO THIS APPOINTMENT THEN PLEASE CONTACT THE TRIAL TEAM WHO WILL PROVIDE YOU WITH AN ENVELOPE TO SEND YOUR BOOKLET BACK IN.

MANY THANKS FOR YOUR HELP.

IF FOUND, PLEASE RETURN TO:

--

Patient's trial
number

--	--	--	--

Patient's
initials

--	--	--

WEEK 1	Date and time of entry	DD	MM	YYYY		TIME	
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?							
No pain at all		-----				Worst possible pain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?							
No breathlessness at all		-----				Worst possible breathlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date

WEEK 2	Date and time of entry	DD	MM	YYYY		TIME	
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?							
No pain at all		-----				Worst possible pain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?							
No breathlessness at all		-----				Worst possible breathlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date

WEEK 3	Date and time of entry	DD	MM	YYYY		TIME	
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?							
No pain at all		-----				Worst possible pain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?							
No breathlessness at all		-----				Worst possible breathlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 4

Date and time of entry

DD	MM	YYYY		TIME
----	----	------	--	------

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

WEEK 5

Date and time of entry

DD	MM	YYYY		TIME
----	----	------	--	------

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

WEEK 6

Date and time of entry

DD	MM	YYYY		TIME
----	----	------	--	------

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
---------------------	----	----------	------	---------------------	----	----------	------

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 7	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date


WEEK 8	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

WEEK 9	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 10	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

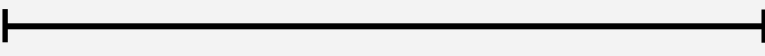
WEEK 11	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

WEEK 12	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 13	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


WEEK 14	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------


WEEK 15	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial
number

--	--	--	--

Patient's
initials

--	--	--

TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

This questionnaire is designed to record how much breathlessness and chest pain you are feeling each week in between your trial appointments.

On the same day each week, please enter the date and time before placing a single mark on each line to indicate how severe your symptoms are. An example is given below, but if you are still unsure then please ask a member of the trial team for help. Please do not write in the white area below the line.

EXAMPLE MARK

No pain at all |-----| Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score	mm	Date	Signature	Assessor 2 score	mm	Initials	Date
---------------------	----	------	-----------	---------------------	----	----------	------

DO NOT MARK BELOW THIS LINE

PLEASE REMEMBER TO BRING THIS BOOKLET WITH YOU TO YOUR NEXT TRIAL-RELATED APPOINTMENT.

IF YOU ARE UNABLE TO COME TO THIS APPOINTMENT THEN PLEASE CONTACT THE TRIAL TEAM WHO WILL PROVIDE YOU WITH AN ENVELOPE TO SEND YOUR BOOKLET BACK IN.

MANY THANKS FOR YOUR HELP.

IF FOUND, PLEASE RETURN TO:

--

Patient's trial
number

--	--	--	--

Patient's
initials

--	--	--

WEEK 1	Date and time of entry	DD	MM	YYYY		TIME		
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?								
No pain at all						Worst possible pain		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?								
No breathlessness at all						Worst possible breathlessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

WEEK 2	Date and time of entry	DD	MM	YYYY		TIME		
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?								
No pain at all						Worst possible pain		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?								
No breathlessness at all						Worst possible breathlessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

WEEK 3	Date and time of entry	DD	MM	YYYY		TIME		
HOW MUCH <u>CHEST PAIN</u> ARE YOU FEELING AT THE MOMENT?								
No pain at all						Worst possible pain		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUCH <u>BREATHLESSNESS</u> ARE YOU FEELING AT THE MOMENT?								
No breathlessness at all						Worst possible breathlessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 4

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

WEEK 5

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

WEEK 6

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 7

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

WEEK 8

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

WEEK 9

Date and time of entry

DD

MM

YYYY

TIME

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all



Worst possible pain

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all



Worst possible breathlessness

FOR OFFICE USE ONLY

Assessor 1 score

mm

Initials

Date

Assessor 2 score

mm

Initials

Date

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 10	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

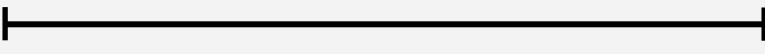
WEEK 11	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

WEEK 12	Date and time of entry	DD	MM	YYYY		TIME	
----------------	------------------------	----	----	------	--	------	--

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
----------------------------	------------------	----	----------	------	------------------	----	----------	------

Patient's trial number

--	--	--	--

Patient's initials

--	--	--

WEEK 13	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

WEEK 14	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date


WEEK 15	Date and time of entry	DD	MM	YYYY		TIME	

HOW MUCH CHEST PAIN ARE YOU FEELING AT THE MOMENT?

No pain at all  Worst possible pain

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

HOW MUCH BREATHLESSNESS ARE YOU FEELING AT THE MOMENT?

No breathlessness at all  Worst possible breathlessness

FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date