

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

FOLLOW-UP QUESTIONNAIRE WEEK 1

Participant Number:
(For office use only)

		-				
--	--	---	--	--	--	--

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

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?

--	--

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

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>