

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

FOLLOW-UP QUESTIONNAIRE WEEK 12

Participant Number:
(For office use only)

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

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 / /
day month year

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

Happy

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?

Yes

No

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

General Practitioner

Number of visits

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Date of visit(s)

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Practice Nurse

Number of visits

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Date of visit(s)

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

Yes

No

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

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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

Cost Pounds Pence
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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.