

A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE

SIX MONTH FOLLOW-UP QUESTIONNAIRE

Participant Number: (For office use only)		-				
Date Sent: (For office use only)	day	/	month	1	year	
Participant's Date of Birth:	day	/	month	/	year	

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	\boxtimes
	No	П

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.

Pleas	se en	ter the date you are complete	ting this questionnaire:			/			/				ì
				day	'		mo	onth			У	ear	
This	sect	ion asks about your verru	ca:										
1.	Do you have any verruca(e) today? (Please cross one box only)												
		Yes											
		No											
	1a.	If you answered 'No' to Que verruca when did the last o		verr	uca	go?	(If y	ou h	nad i	more	e tha	an oi	ne
		Please state the date	day month	/ [yea	ar						
	1b.	If you answered 'Yes' to Qu	estion 1, where are the	y? (Plea	se d	cross	s all	that	' арг	oly)		
		In the original place											
		In another place											
		ving questions asks wheth swer all that apply	ner you have had furth	er tı	reatı	men	t fo	r yo	ur v	erru	ıca(∍),	
		u still had a verruca(e) 12 we ment for it? <i>(Please cross or</i>		e st	udy,	hav	e yc	ou ha	ad a	ny f	urthe	∍r	
		Yes											
		No											
2a.	lf you	answered 'Yes' to Question	າ 2, was the treatment fi	rom	the	pod	iatris	st/nu	ırse/	′GΡ′	?		
		Yes											
		No _											
If Yes	s, ple	ase specify treatment receiv	red										

2b. Have you purchased an over the counter treatment e.g. Bazuka, Wartner? If Yes, please specify And/OR Have you received another form of treatment for your verruca(e) e.g. homoeopathy? 2c. If Yes, please specify 3. We would like to know about any other comments you may have relating to 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.

Thank you for taking part in this study. The trial is due to end in Spring 2009. We will write to all participants to let them know the main results of the study.

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

And/OR