

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

**SIX MONTH FOLLOW-UP QUESTIONNAIRE**

**Participant Number:**  
*(For office use only)*

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**Date Sent:**  
*(For office use only)*

		/			/				
day			month			year			

**Participant's Date of Birth:**

		/			/				
day			month			year			



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

**This section asks about your verruca:**

1. Do you have any verruca(e) today? *(Please cross one box only)*

Yes

No

1a. If you answered 'No' 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

1b. If you answered 'Yes' to Question 1, where are they? *(Please cross all that apply)*

In the original place

In another place

**The following questions asks whether you have had further treatment for your verruca(e), please answer all that apply**

2. If you still had a verruca(e) 12 weeks after you started the study, have you had any further treatment for it? *(Please cross one box only)*

Yes

No

2a. If you answered 'Yes' to Question 2, was the treatment from the podiatrist/nurse/GP?

Yes

No

If Yes, please specify treatment received

**And/OR**

2b. Have you purchased an over the counter treatment e.g. Bazuka, Wartner?

Yes

No

If Yes, please specify

**And/OR**

2c. Have you received another form of treatment for your verruca(e) e.g. homoeopathy?

Yes

No

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.*