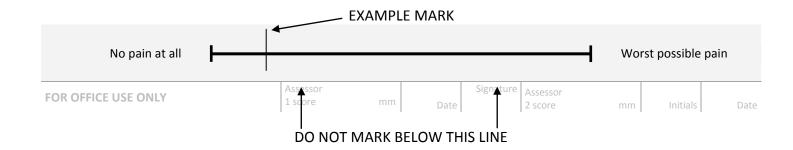
TAPPS TRIAL Visual Analogue Scale (VAS) BOOKLET

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

On each day, please enter the <u>date and time</u> before placing a <u>single vertical mark</u> 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.



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.

Patient's trial number					Patient's initials		
		Date a	nd time	MM	YYYY	TIME	
DAY 1 POST-RANDO	JMISATION		ofentry				
HOW MU	JCH <u>CHEST PAIN</u>	ARE YOU	FEELIN	g at th		NT?	
No pain at all					Wo	rst possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date 2 score		Initials	Date
HOW MUCH	I <u>BREATHLESSNE</u>	<u>SS</u> ARE Y	OU FEEI	LING AT	THE MON	VENT?	
No breathlessness at all						rst possible athlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date 2 score		Initials	Date
DAY 2			nd time	MM	YYYY	TIME	
HOW MU	JCH <u>CHEST PAIN</u>		of entry	G AT TH		NT?	
No pain at all				_	_	st possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Assesso Date 2 score		Initials	Date
HOW MUCH	I <u>BREATHLESSNE</u>	<u>SS</u> ARE Y		LING AT	THE MOR	VENT?	
No breathlessness at all						st possible athlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Assesso Date 2 score		Initials	Date
DAY 3			nd time DD of entry	MM	ΥΥΥΥ	TIME	
HOW MU	JCH <u>CHEST PAIN</u>	ARE YOU	FEELIN	G AT TH		NT?	
No pain at all	ļ				Wo	st possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Assesso Date 2 score		Initials	Date
HOW MUCH	BREATHLESSNE	<u>SS</u> ARE Y	OU FEEI	LING AT	THE MON	VENT?	
No breathlessness at all						st possible athlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Assesso Date 2 score		Initials	Date

number							initials		
DAY 4			Date	e and time of entry	DD	MM YYYY		TIME	
HOW N	лисн <u>сне</u>	EST PAIN	ARE YO	U FEELI	NG A		OMEN	IT?	
No pain at all	—						Wor	st possible p	ain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUG	CH <u>BREAT</u>	HLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MON	1ENT?	
No breathlessness at all								st possible thlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
						MM YYYY		TIME	-
DAY 5			Date	e and time of entry	DD	MM YYYY		TIME	
HOW M	лисн <u>сн</u>	EST PAIN	ARE YO	U FEELI	NG A		OMEN	IT?	
No pain at all	—						Wor	st possible p	ain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUG	CH <u>BREAT</u>	HLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MON	1ENT?	
No breathlessness at all								st possible thlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
DAY 6			Date		DD [MM YYYY		TIME	
				of entry					
	лисн <u>сне</u>	LJI PAIN					_		
No pain at all							Wors	st possible p	ain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUG	CH <u>BREAT</u>	HLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MON	1ENT?	
No breathlessness at all	 							st possible thlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

Patient's

Patient's trial

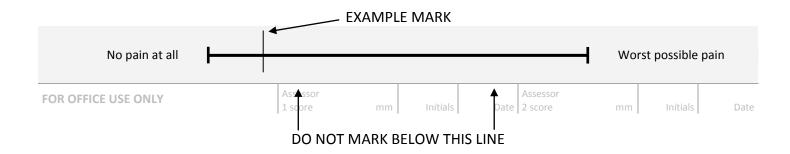
Patient's trial number								Patient's initials		
DAY 7 POST-	RAND	omisa	TION	Dat	e and time of entry	DD N	MM YYYY		TIME	
нс		JCH <u>CH</u>	IEST PAIN	ARE YO		ING A		IOMEN	т?	:
No pair	n at all	⊢						Wors	t possible pa	ain
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
ном	MUCI	H <u>BREA</u>	THLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MOM	ENT?	
No breathlessness	s at all	┣───							t possible hlessness	
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
EXTRA DAY				Dat	e and time	DD N	MM YYYY		TIME	
нс		UCH <u>CH</u>	IEST PAIN	ARE YO	of entry	ING A		IOMEN	т?	
No pair	n at all	—		_				Worst	t possible pa	ain
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
ном	MUCI	H <u>BREA</u>	THLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MOM	ENT?	
No breathlessness	s at all	⊢							t possible hlessness	
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
EXTRA DAY				Dat	e and time of entry	DD	MM YYYY		TIME	
нс		UCH <u>CH</u>	<u>IEST PAIN</u>	ARE YO	U FEEL	ING A	T THE N	IOMEN	т?	
No pair	n at all	⊢						Wors	t possible pa	ain
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
ном	MUCI	H <u>BREA</u>	THLESSNE	<u>SS</u> ARE	YOU FE	ELIN	G AT TH	E MOM	ENT?	
No breathlessness	s at all	┣───							t possible hlessness	
FOR OFFICE USE OF	NLY		Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date



TAPPS TRIAL Visual Analogue Scale (VAS) BOOKLET

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

<u>On the same day each week</u>, please enter the <u>date and time</u> before placing a <u>single vertical mark</u> 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.



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.

Patient's trial number						Patient's initials		
WEEK 1		Date	e and time of entry	DD N	/IM YYYY		TIME	
HOW MU	JCH <u>CHEST PAIN</u>	<u>I</u> ARE YO	U FEELI	NG A	T THE I	_	IT? t possible p	ain
FOR OFFICE USE ONLY	Assessor				Assessor			
	1 score	ESS ARE	YOU FE	Date	2 score		Initials	Date
No breathlessness at all	F					Wors	t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
WEEK 2		Date	e and time of entry	DD N	MM YYYY		TIME	
HOW MU	JCH <u>CHEST PAIN</u>	I ARE YO	U FEELI	NG A	T THE I	MOMEN	IT?	
No pain at all						- Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUCH	H <u>BREATHLESSN</u>	<u>ESS</u> ARE	YOU FE	ELING	G AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
WEEK 3		Date	e and time of entry	DD N	ЛМ ҮҮҮҮ		TIME	
HOW MU	JCH <u>CHEST PAIN</u>	LARE YO	U FEELI	NG A	т тне г	MOMEN	IT?	
No pain at all	 					- Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date
HOW MUCH	H <u>BREATHLESSN</u>	<u>ESS</u> ARE	YOU FE	ELING	G AT TH		IENT?	
No breathlessness at all	 						t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor 2 score	mm	Initials	Date

Т

1

Patient's trial number						Patient's initials		
WEEK 4		Da	ate and time of entry		MM YYYY		TIME	
HOW MUCH	CHEST PAIN	ARE Y	OU FEE	LING	AT THE M	IOMEN	NT?	
No pain at all						Wors	st possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
HOW MUCH <u>BR</u>	REATHLESSNE	<u>ESS</u> ARI	e you f	EELIN	IG AT TH	E MON	IENT?	
No breathlessness at all							st possible thlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Date	Assessor e 2 score	mm	Initials	Date
		Da	ate and time		MM YYYY		TIME	
EXTRA WEEK			of entry	·				
EXTRA WEEK HOW MUCH	CHEST PAIN	ARE Y			AT THE N	IOMEN	IT?	
	<u>CHEST PAIN</u>	ARE Y			AT THE M	_	IT? st possible p	ain
HOW MUCH	CHEST PAIN	ARE Y			Assessor	_		
No pain at all	Assessor 1 score	mm	OU FEE	LING A	Assessor e 2 score	Wors	st possible p	
HOW MUCH No pain at all	Assessor 1 score	mm	OU FEE	LING A	Assessor e 2 score	Wors mm E MON Wors	st possible p	
HOW MUCH No pain at all FOR OFFICE USE ONLY HOW MUCH BR	Assessor 1 score	mm	OU FEE	LING A	Assessor e 2 score	Wors mm E MON Wors	t possible p	ain Date
HOW MUCH No pain at all FOR OFFICE USE ONLY HOW MUCH BR No breathlessness at all	Assessor 1 score REATHLESSNE	mm ESS ARI	OU FEE Initials E YOU F	EELIN Dat	Assessor 2 score	Wors MM E MON breat	t possible p Initials IENT? St possible thlessness	Date
HOW MUCH No pain at all FOR OFFICE USE ONLY HOW MUCH BR No breathlessness at all FOR OFFICE USE ONLY	Assessor 1 score REATHLESSNE Assessor 1 score	ESS ARI	OU FEE Initials E YOU F Initials	Date Date	Assessor 2 score ASSessor ASSessor 2 score MM YYYY	Wors	t possible p	Date
HOW MUCH No pain at all FOR OFFICE USE ONLY HOW MUCH BR No breathlessness at all FOR OFFICE USE ONLY EXTRA WEEK	Assessor 1 score REATHLESSNE Assessor 1 score	ESS ARI	OU FEE Initials E YOU F Initials	Date Date	Assessor 2 score ASSessor ASSessor 2 score MM YYYY	Wors	t possible p	Date

					• brea	athlessness	
FOR OFFICE USE ONLY	Assessor 1 score mm	Initials	Date	Assessor	mm	Initials	Date
	1 30016 11111	IIIItidis	Date	Z SLUIE	111111	IIIItidis	Date



TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

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

On the same day each week, please enter the <u>date and time</u> before placing a <u>single mark</u> 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.



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.

Patient's trial number						Patient's initials		
WEEK 1		Dat	te and time of entry		YYYY		TIME	
	H <u>CHEST PAIN</u>	ARF YC		1			ΙТ?	
No pain at all						Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNE	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
WEEK 2		Dat	te and time of entry		YYYY		TIME	
	H CHEST PAIN	ARF YC		ING AT			ידו	
_		/						
No pain at all						Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNI	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	As Date 2 s	sessor score	mm	Initials	Date
WEEK 3		Dat	te and time of entry		YYYY		TIME	
HOW MUC	H <u>CHEST PAIN</u>	ARE YC)U FEEI	ING AT	THE N	IOMEN	IT?	
No pain at all						_	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNI	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	As Date 2 s	sessor	mm	Initials	Date

Patient's trial number						Patient's initials		
WEEK 4		Da	te and time of entry	D MM	Л ҮҮҮҮ		TIME	
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG AT	THEN	OMEN	T?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	Е МОМ	ENT?	
No breathlessness at all							possible Ilessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date
WEEK 5		Da	te and time of entry	D MM	Л Үүүү		TIME	
HOW MU	CH <u>CHEST PAIN</u>	ARE YC	DU FEELIN	NG AT	THE N	NOMEN [®]	T?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date
ном мисн	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	E MOM	ENT?	
No breathlessness at all							possible Ilessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date
WEEK 6		Da	te and time of entry	D MM	A YYYY		TIME	
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELIN	NG AT	THE N	NOMEN [®]	T?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	Е МОМ	ENT?	
No breathlessness at all						_	possible Ilessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date

Patient's trial number						Patient's initials		
WEEK 7		Da	te and time of entry	DD	MM YYYY		TIME	
HOW MUCH	H <u>CHEST PAIN</u>	ARE YO		NG	AT THE IV	IOMEN	T?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNE	<u>SS</u> ARE	YOU FE	ELIN	IG AT THI	Е МОМ	ENT?	
No breathlessness at all							possible lessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
WEEK 8		Da	te and time of entry	DD	MM YYYY		TIME	
HOW MUC	H <u>CHEST PAIN</u>	ARE YO	OU FEEL	NG .	AT THE N	IOMEN	Т?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
ноw мисн <u>в</u>	REATHLESSNE	<u>SS</u> ARE	YOU FE	ELIN	IG AT THI	E MOM	ENT?	
No breathlessness at all							possible lessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
WEEK 9		Da	te and time of entry	DD	MM YYYY		TIME	
HOW MUCH	H <u>CHEST PAIN</u>	ARE YO		NG	AT THE N	IOMEN	Т?	
No pain at all						Worst	possible pa	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date
ноw мисн <u>в</u>	REATHLESSNE	<u>SS</u> ARE	YOU FE	ELIN	IG AT THI	Е МОМ	ENT?	
No breathlessness at all							possible ilessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	Dat	Assessor e 2 score	mm	Initials	Date

Patient's trial number								Patient's initials		
WEEK 10				Da	ate and time of entry		MM	YYYY	TIME	
но	W MU	CH <u>CHES</u>	<u>t pain</u>	ARE Y	OU FEE	LING	AT TH		NT?	
No pain	at all							Wo	rst possible p	ain
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	n mm	Initials	Date
ном	MUCH	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	E YOU F	EELI	NG AT	THE MOR	MENT?	
No breathlessness	at all								rst possible athlessness	
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	nr mm	Initials	Date
WEEK 11				Da	ate and time of entry		MM	YYYY	TIME	
но	W MU	CH <u>CHES</u>	<u>t pain</u>	ARE Y			AT TH		NT?	
No pain	at all							Wo	rst possible p	ain
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	n mm	Initials	Date
ном	мисн	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	e you f	EELI	NG AT	THE MOR	MENT?	
No breathlessness	at all								rst possible athlessness	
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date
WEEK 12				Da	ate and time of entry		MM	YYYY	TIME	
но	W MU	CH <u>CHES</u>	<u>T PAIN</u>	ARE Y		LING	AT TH		NT?	
No pain	at all							Wo	rst possible p	bain
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	nr mm	Initials	Date
HOW	мисн	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	E YOU F	EELI	NG AT		MENT?	
No breathlessness	at all								rst possible athlessness	
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	n mm	Initials	Date

Patient's trial number							Patient's initials		
WEEK 13			Da	te and time of entry		MM	YYYY	TIM	IE
HOW N	UCH <u>CHE</u>	ST PAIN	ARE YO	DU FEE	LING	AT TH		NT?	
No pain at all	—						Wo	orst possible	e pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	or mm	Initials	Date
HOW MUG	CH <u>BREATH</u>	<u>HLESSNI</u>	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all	—							orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	ır mm	Initials	Date
WEEK 14			Da	te and time of entry		MM	YYYY	TIM	IE
HOW M	UCH <u>CHE</u>	ST PAIN	ARE YO	DU FEE	LING	AT TH		INT?	i
No pain at all	— —						Wo	orst possible	2 pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	n mm	Initials	Date
HOW MUG	CH <u>Breath</u>	ILESSNI	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all								orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	nr mm	Initials	Date
WEEK 15			Da	te and time of entry		MM	ҮҮҮҮ	TIM	IE
HOW N	UCH <u>CHE</u>	<u>ST PAIN</u>	ARE YO	DU FEE	LING	AT TH		NT?	
No pain at all								orst possible	e pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score		Initials	Date
HOW MUG	CH <u>Breath</u>	ILESSNI	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all	— —							orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score		Initials		Assesso ate 2 score	r		



TAPPS TRIAL

Visual Analogue Scale (VAS) BOOKLET

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

On the same day each week, please enter the <u>date and time</u> before placing a <u>single mark</u> 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.



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.

Patient's trial number						Patient's initials		
WEEK 1		Dat	te and time of entry		YYYY		TIME	
	H <u>CHEST PAIN</u>	ARF YC		1			ΙТ?	
No pain at all						Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNE	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
WEEK 2		Dat	te and time of entry		YYYY		TIME	
	H CHEST PAIN	ARF YC		ING AT			ידו	
_		/						
No pain at all						Wors	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNI	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	As Date 2 s	sessor score	mm	Initials	Date
WEEK 3		Dat	te and time of entry		YYYY		TIME	
HOW MUC	H <u>CHEST PAIN</u>	ARE YC)U FEEI	ING AT	THE N	IOMEN	IT?	
No pain at all						_	t possible p	ain
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		sessor score	mm	Initials	Date
HOW MUCH <u>B</u>	REATHLESSNI	<u>ESS</u> ARE	YOU F	EELING	AT TH		IENT?	
No breathlessness at all							t possible hlessness	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	As Date 2 s	sessor	mm	Initials	Date

Patient's trial number						Patient's initials			
WEEK 4		Da	te and time of entry	D MI	Л ҮҮҮҮ		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG AT	THEN	OMEN	T?		
No pain at all						Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	Е МОМ	ENT?		
No breathlessness at all							possible Ilessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date	
WEEK 5		Da	te and time of entry	D Mr	Л Үүүү		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YC	DU FEELIN	NG AT	THE N	NOMEN [®]	T?		
No pain at all						Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	E MOM	ENT?		
No breathlessness at all							Worst possible breathlessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		ssessor score	mm	Initials	Date	
WEEK 6		Da	te and time of entry	D MI	Л ҮҮҮҮ		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG AT	THE N	NOMEN [.]	T?		
No pain at all						Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEE	ELING	AT TH	Е МОМ	ENT?		
No breathlessness at all						_	possible Ilessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials	A Date 2	ssessor score	mm	Initials	Date	

Patient's trial number						Patient's initials			
WEEK 7		Da	te and time of entry	D M	M YYYY		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG A	T THE N	OMEN	Т?		
No pain at all	ļ					Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEI	ELING	6 AT TH	E MOM	ENT?		
No breathlessness at all							possible Ilessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	
WEEK 8		Da	te and time	DM	M YYYY		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG A		OMEN [.]	T?		
No pain at all	<u> </u>					Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FEI	ELING	6 AT TH	E MOM	ENT?		
No breathlessness at all							Worst possible breathlessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	
WEEK 9		Da	te and time of entry	DM	M YYYY		TIME		
HOW MU	CH <u>CHEST PAIN</u>	ARE YO	DU FEELII	NG A		10MEN [.]	T?		
No pain at all	ļ					Worst	possible pa	ain	
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	
HOW MUCH	BREATHLESSNE	<u>ESS</u> ARE	YOU FE	ELING	6 AT TH	Е МОМ	ENT?		
No breathlessness at all							possible Ilessness		
FOR OFFICE USE ONLY	Assessor 1 score	mm	Initials		Assessor 2 score	mm	Initials	Date	

Patient's trial number								Patient's initials			
WEEK 10				Da	ate and time of entry		MM	үүүү	TIME		
но	W MU	CH <u>CHES</u>	<u>t pain</u>	ARE Y	OU FEE	LING	AT TH	IE MOME	NT?		
No pain	at all							Wo	rst possible p	bain	
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date	
ном	MUCH	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	e you f	EELI	NG AT	THE MO	MENT?		
No breathlessness	at all								Worst possible breathlessness		
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date	
WEEK 11				Da	ate and time of entry		MM	ΥΥΥΥ	TIME		
но	W MU	CH <u>CHES</u>	<u>t pain</u>	ARE Y			AT TH	IE MOME	NT?		
No pain	at all							Wo	rst possible p	bain	
FOR OFFICE USE ON	ILY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date	
ном	мисн	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	e you f	EELII	NG AT		MENT?		
No breathlessness	at all								Worst possible breathlessness		
FOR OFFICE USE ON	LY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date	
WEEK 12				Da	ate and time of entry		MM	ΥΥΥΥ	TIME		
но	W MU	CH <u>CHES</u>	<u>t pain</u>	ARE Y	OU FEE	LING		IE MOME	NT?		
No pain	at all							Wo	rst possible p	bain	
FOR OFFICE USE ON	ILY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score		Initials	Date	
HOW	мисн	<u>BREATH</u>	LESSNE	<u>SS</u> ARI	e you f	EELII	NG AT		MENT?		
No breathlessness	at all								rst possible athlessness		
FOR OFFICE USE ON	LY		Assessor L score	mm	Initials	Da	Assesso te 2 score	or mm	Initials	Date	

Patient's trial number							Patient's initials		
WEEK 13			Da	te and time of entry		MM	YYYY	TIM	E
HOW N	UCH <u>CHE</u>	ST PAIN	ARE YO	DU FEE	LING	AT TH		NT?	
No pain at all	—						Wo	orst possible	e pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	or mm	Initials	Date
HOW MUG	CH <u>BREATH</u>	<u>HLESSNI</u>	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all	—							orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso te 2 score	ır mm	Initials	Date
WEEK 14			Da	te and time of entry		MM	YYYY	TIM	E
HOW M	UCH <u>CHE</u>	ST PAIN	ARE YO	DU FEE	LING	AT TH		NT?	
No pain at all	— —						Wo	orst possible	e pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	n mm	Initials	Date
HOW MUG	CH <u>Breath</u>	ILESSNI	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all								orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score	nr mm	Initials	Date
WEEK 15			Da	te and time of entry		MM	ҮҮҮҮ	TIM	E
HOW N	UCH <u>CHE</u>	<u>ST PAIN</u>	ARE YO	DU FEE	LING	AT TH		NT?	
No pain at all								orst possible	e pain
FOR OFFICE USE ONLY		Assessor 1 score	mm	Initials	Da	Assesso ate 2 score		Initials	Date
HOW MUG	CH <u>Breath</u>	ILESSNI	<u>ESS</u> ARE	YOU F	EELI	NG AT	THE MO	MENT?	
No breathlessness at all	— —							orst possible eathlessness	
FOR OFFICE USE ONLY		Assessor 1 score		Initials		Assesso	r		