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2-WEEK PAIN DIARY

Torn Achilles Tendon

This is your pain diary. We would like to know how your tendon pain is <u>each day</u> for the first two weeks following your injection treatment at the hospital.

At the end of each day please consider how your pain has been overall that day. Record your pain scores over the page. Don't worry if you do miss a day, just think back and put the best response you can for any day you have missed. If you have no pain, please also record this.

Knowing what pain levels you have will help us understand how we can better treat people with Achilles tendon ruptures.

Once the pain diary is complete, please post it to us in the FREEPOST envelope provided (no stamp required).

If you have any questions about this diary please contact the research coordinating team in the University of Oxford:

Telephone: 01865 228368, email: PATH-2.study@ndorms.ox.ac.uk

If you have any questions about your care more generally please contact your local hospital.

[space here for sticker with local research nurse details]





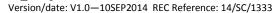
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At the <u>end of each day</u> for the next two weeks please consider how severe your Achilles tendon pain has been overall that day. Don't worry if you miss a day, just think back and put the best response you can for any day you have missed. If you have no pain, please also record this.

WEEK 1: ACHILLES TENDON PAIN LEVELS

Please place a vertical mark on the lines below to indicate how bad you feel your pain is each day.

Day 1 (day of treatment)	No pain	Worst pain imaginable
Day 2	No pain	Worst pain imaginable
Day 3	No pain	Worst pain imaginable
Day 4	No pain	Worst pain imaginable
Day 5	No pain	Worst pain imaginable
Day 6	No pain	Worst pain imaginable
Day 7	No pain	Worst pain imaginable





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WEEK 2: ACHILLES TENDON PAIN LEVELS

Please place a vertical mark on the lines below to indicate how bad you feel your pain is each day.

Day 8	No pain	Worst pain imaginable
Day 9	No pain	Worst pain imaginable
Day 10	No pain	Worst pain imaginable
Day 11	No pain	Worst pain imaginable
Day 12	No pain	Worst pain imaginable
Day 13	No pain	Worst pain imaginable
Day 14	No pain	Worst pain imaginable

Once the diary is complete, please post to the research coordinating team using the FREEPOST envelope provided (no stamp required). Thank you.

If you v	vould like to add anythi	ng please write com	ments here: (contir	iue on back page i	f necessary)	

PARTICIPANT 2 WEEK PAIN DIARY:

Version/date: V1.0—10SEP2014 REC Reference: 14/SC/1333



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Any addition	al comi	ments, o	contin	ue here:									

THANK YOU FOR COMPLETING THE PAIN DIARY

Please return to the research co-ordinating team at the University of Oxford in the FREEPOST envelope provided (no stamp required).

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Email: PATH-2.study@ndorms.ox.ac.uk





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