** Delete this line, then print on Hospital/Trust headed paper**

**CHAPS Trial - Health Questionnaires**

<< Date >>

<<Title>> <<Name>> << Surname>> CHAPS STUDY No. << .>>

<<Address 1>>

<<Address 2>>

<<Address 3>>

<<Address 4>>

<<Postcode>>

Dear <<Title>> <<Surname>>

***Re: Compression Hosiery to Avoid Post-Thrombotic Syndrome (CHAPS)***

**We have enclosed your 6 month / 12month / final visit (*delete as applicable*) review questionnaires for completion.**

We are keen to find out how you have been getting on since joining the study. Although some of the questions may not seem relevant we would like you to complete the questionnaire fully. However, you are not obliged to answer every question if you do not want to. If you have any worries or problems in completing the questionnaire, a friend or relative may be able to help you. If still in doubt, do please contact your research nurse on XXXXXXXX. Please return the questionnaire in the reply pre-paid envelope provided (no stamp is required).

We would like to thank you for taking part in the study and completing the questionnaires as your views and information are very important to improving the management of deep vein thrombosis in the future.

With our very best wishes and thanks for your kind help,

Yours sincerely