

FLEXIQULE™ Feedback Trial Form

AFTER 2 WEEKS

1. How would you rate the pain in your joints over the past 3-7 days?
 Unbearable Severe Moderate Mild No pain
2. How would you rate the stiffness in your joints over the past 3-7 days?
 Unbearable Severe Moderate Mild No pain
3. How would you rate the flexibility in your joints over the past 3-7 days?
 Very poor Poor Neither/nor Good Very good
4. How would you rate the mobility in your joints over the past 3-7 days?
 Very poor Poor Neither/nor Good Very good
5. What has been your level of activity over the last 3-7 days?
 None Upto 3 hrs 3 to 5 hrs 5 to 7 hrs 7+ hrs
6. In the past 7 days how many pain killers have you taken for your joint pain?
 6+ 4 to 5 3 to 4 1 to 2 None
7. Have you felt an improvement since taking FlexiQule™?
 Yes No
8. Would you recommend FlexiQule™ to others in the future? Yes No
9. In your own words, please tell us your experience of using FlexiQule™

AFTER 4 WEEKS

- Unbearable Severe Moderate Mild No pain
- Unbearable Severe Moderate Mild No pain
- Very poor Poor Neither/nor Good Very good
- Very poor Poor Neither/nor Good Very good
- None Upto 3 hrs 3 to 5 hrs 5 to 7 hrs 7+ hrs
- 6+ 4 to 5 3 to 4 1 to 2 None
- Yes No

Thank you for participating
in the trial. Please return
the completed form..

Please ensure that the starting point section has also been completed on the reverse

FLEXIQULE™

Feedback Trial Form

STARTING POINT



Please turn over to enter
week 2 and week 4 feedback

Please write clearly in block capitals below

Title..... Forename.....

Surname.....

Pharmacy name.....

Pharmacy address.....

.....

..... Postcode.....

Phone number..... Email.....

Complete the form below to register your starting point.

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