

## POST STUDY FEEDBACK FORM

**ID No.:**

1. Which group do you think you were in?

Active/Intervention Group - 1  
Control group - 0

2(a). If you think the at-home treatment was helpful, how would you rate in 0-10 scale, where 0 is “not helpful at all” and 10 is “maximum help”?

0	1	2	3	4	5	6	7	8	9	10
Not helpful										Maximum Help

‘OR’

2(b). If you think the at-home treatment was harmful, how would you rate in 0-10 scale, where 0 is “not harmful” and 10 is “maximum harm”?

0	1	2	3	4	5	6	7	8	9	10
Not harmful										Maximum Harm

3. Do you wish to practice the at-home treatment even after the trial?

No - 0  
Yes - 1  
May be - 2

4. Please give your opinion about the study/at-home treatment...

***THANKS FOR PARTICIPATING IN THE STUDY!***