

<Patient Full name>

<Address 1>

<Address 2>

<Address 3>

<Address 4>

<Postcode>

<Date>

RE: Achilles Tendinopathy Management (ATM) study

Trial ID number: <TNO>

Dear...<Patient Full name>.....

Thank you for taking part in the ATM: Achilles Tendinopathy Management study.

Thank you for returning your three month questionnaires for the Achilles Tendinopathy management (ATM) trial. We would like to take the opportunity to say thank you for your participation in the trial. As a token of our appreciation for your support and participation, we have enclosed a £5 voucher.

Please find enclosed the six month questionnaires for you to complete. The success of the trial depends entirely on your participation so please return these forms to us so that we have enough data to analyse at the end of the trial. Even if you feel you have recovered from the pain you experienced, it is still very important that you fill in and return the questionnaires to us. We are very grateful for your continued participation.

If you are unsure about how to answer any of the questions, please feel free to contact the trials office, and I will try and help make things clearer. It is important that all questions are answered, so I'm more than happy to help where possible.

Once you have completed the questionnaires, please send it back to us in the pre-paid envelope provided. If you have any comments you wish to make, please feel free to add them on the back page.

We hope that your recovery is going well.

With best wishes,

<Insert trial coordinator name here>,
Clinical Trial Coordinator for ATM

On behalf of **Dr Rebecca Kearney, Chief Investigator for ATM**

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University of Warwick Coventry CV4
7AL UK



