

**AdhAQP1 Parotid Gene Transfer  
Visual Analogue Scale**

**Participant ID:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Visit Number:** \_\_\_\_\_ **Visit Time:** N/A   6 hours   12 hours   24 hours  
(circle one)

**For questions 1-8, indicate your response by placing a vertical mark on the line below each question.**

**1. Rate the difficulty you experience in speaking due to dryness**

Not difficult at all | \_\_\_\_\_ | Very difficult   Admin Use

**2. Rate the difficulty you experience in swallowing due to dryness**

Not difficult at all | \_\_\_\_\_ | Very difficult   Admin Use

**3. Rate how much saliva is in your mouth**

A lot | \_\_\_\_\_ | None   Admin Use

**4. Rate the dryness of your mouth**

Not dry at all | \_\_\_\_\_ | Very dry   Admin Use

**5. Rate the dryness of your throat**

Not dry at all | \_\_\_\_\_ | Very dry   Admin Use

**6. Rate the dryness of your lips**

Not dry at all | \_\_\_\_\_ | Very dry   Admin Use

**7. Rate the dryness of your tongue**

Not dry at all | \_\_\_\_\_ | Very dry   Admin Use

**8. Rate the level of your thirst**

Not thirsty at all | \_\_\_\_\_ | Very thirsty   Admin Use