

A RANDOMISED DOUBLE-BLIND CLINICAL TRIAL TO ANALYSE THE EFFICACY OF SHORT-TERM
β-ALANINE SUPPLEMENTATION IN PERFORMANCE OUTCOMES OF ROAD PROFESSIONAL
ENDURANCE CYCLISTS

DATE: 23 / 01 / 2020

CODE: ____

SENSATION INTENSITY: VISUAL ANALOGUE SCALE (VAS)

Mark a vertical line according to closest perceived intensity **at this moment**. An absence of any unusual sensation corresponds to *No unusual sensation* and a mark of 0 and should coincide with the vertical line to the left and *Most intense sensation* corresponds to a mark of 10.

No unusual
sensation



Most
intense
sensation

QUALITATIVE DESCRIPTION

From the following words, please mark or circle the ones that better describes the current sensation (if no sensation leave it blank).

Pins-and-needles

Itching

Other:

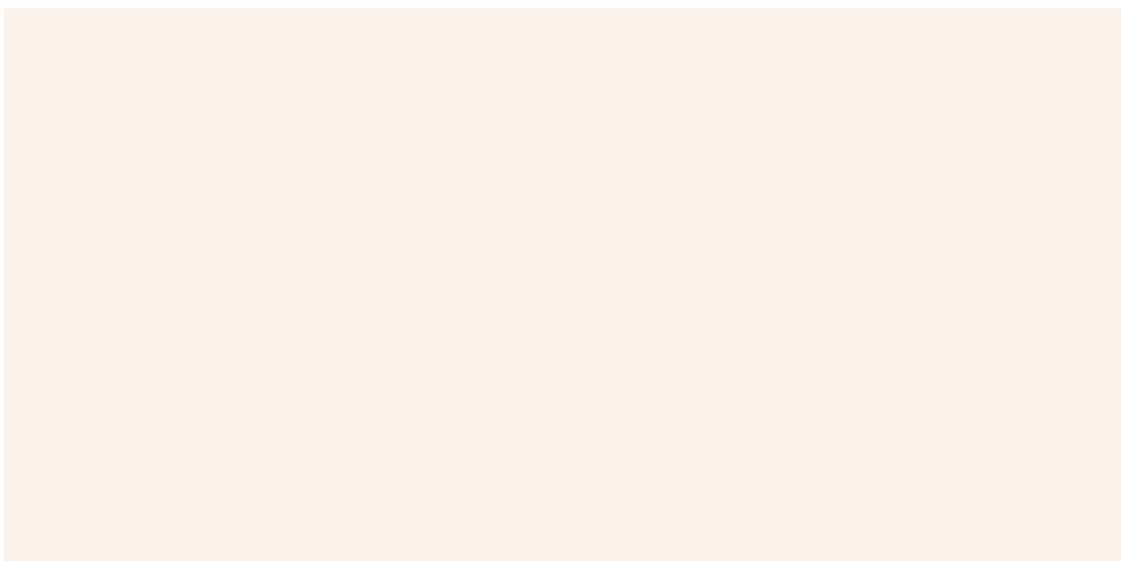
Tickling

Numbness

Shiver

Pain

Please describe in detail any other side effect of feeling not previously mentioned.



BASELINE

PARESTHESIA TEST

A RANDOMISED DOUBLE-BLIND CLINICAL TRIAL TO ANALYSE THE EFFICACY OF SHORT-TERM
β-ALANINE SUPPLEMENTATION IN PERFORMANCE OUTCOMES OF ROAD PROFESSIONAL
ENDURANCE CYCLISTS

DATE: 24 / 01 / 2020

CODE: ____

SENSATION INTENSITY: VISUAL ANALOGUE SCALE (VAS)

Mark a vertical line according to the **highest intensity perceived during the first day**.
An absence of any unusual sensation corresponds to *No unusual sensation* and a mark of
0 and should coincide with the vertical line to the left and *Most intense sensation*
corresponds to a mark of 10.



QUALITATIVE DESCRIPTION

From the following words, please mark or circle the ones that better describes the current sensation (if no sensation leave it blank).

Pins-and-needles	Itching	Other: _____ _____ _____
Tickling	Numbness	
Shiver	Pain	

Please describe in detail any other side effect of feeling not previously mentioned.

T.1 FIRST DAY

PARESTHESIA TEST

A RANDOMISED DOUBLE-BLIND CLINICAL TRIAL TO ANALYSE THE EFFICACY OF SHORT-TERM
β-ALANINE SUPPLEMENTATION IN PERFORMANCE OUTCOMES OF ROAD PROFESSIONAL
ENDURANCE CYCLISTS

DATE: 31 / 01 / 2020

CODE: ____

SENSATION INTENSITY: VISUAL ANALOGUE SCALE (VAS)

Mark a vertical line according to the **highest intensity perceived during the last day**.
An absence of any unusual sensation corresponds to *No unusual sensation* and a mark of
0 and should coincide with the vertical line to the left and *Most intense sensation*
corresponds to a mark of 10.



QUALITATIVE DESCRIPTION

From the following words, please mark or circle the ones that better describes the current sensation (if no sensation leave it blank).

Pins-and-needles	Itching	Other: _____ _____ _____
Tickling	Numbness	
Shiver	Pain	

Please describe in detail any other side effect of feeling not previously mentioned.

T.2 LAST DAY

PARESTHESIA TEST