

A RANDOMISED DOUBLE-BLIND CLINICAL TRIAL TO ANALYSE THE EFFICACY OF SHORT-TERM  $\beta$ -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.



**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**

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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.**

Large empty rectangular box for describing side effects.

T.1 FIRST DAY

PARESTHESIA TEST

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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