Trial ID Number.

VULCAN PROJECT – Antimicrobial Dressings for Venous Leg Ulcers.

Patient Questionnaire.

Baseline

PLEASE COMPLETE AND RETURN IN THE PRE-PAID ENVELOPE.

Please tick one

a) Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

b) Self-care

I have no problems with self-care ☐

I have some problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

c) Usual Activities

I have no problems with performing my usual activities ☐
(e.g. work, study, housework, family or leisure activities)

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

d) Pain/Discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

e) Anxiety/Depression

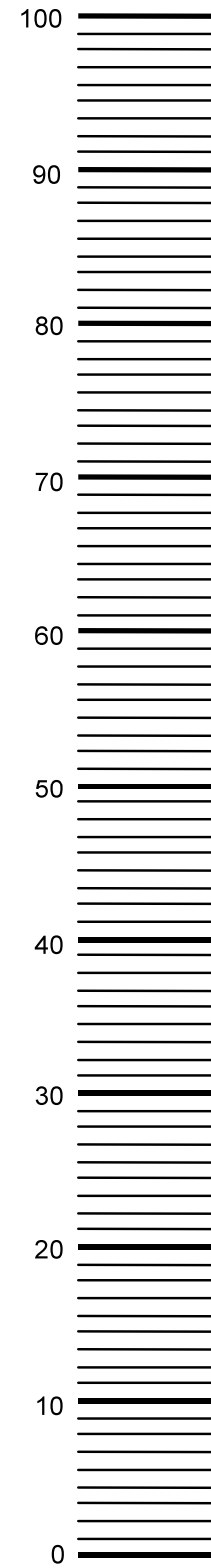
I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

Please mark the scale on this page to show how you feel your overall health is today

Best imaginable health State



Worst imaginable health state

PART ONE.

The following questions ask for your views about your health and how well you are able to do your usual activities.

If you are unsure about how to answer any question, please give the best answer you can and make any comments in the space available after the questionnaire

1 In general would you say your health is:

Please tick one

- Excellent ☐
- Very good ☐
- Good ☐
- Fair ☐
- Poor ☐

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2 Compared to one year ago, how would you rate your health in general now

Please tick one

- Much better now than one year ago ☐
- Somewhat better now than one year ago ☐
- About the same ☐
- Somewhat worse now than one year ago ☐
- Much worse now than one year ago ☐

HEALTH AND DAILY ACTIVITIES

3 The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

Please tick one box on each line

	Yes, limited a lot	Yes, limited a little	No, not limited at all	For office use
a. *Vigorous activities*, such as running, lifting heavy objects, participating in strenuous sports.	☐	☐	☐	☐
b. *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐	☐
c. Lifting or carrying groceries	☐	☐	☐	☐
d. Climbing *several* flights of stairs	☐	☐	☐	☐
e. Climbing *one* flight of stairs	☐	☐	☐	☐
f. Bending, kneeling or stooping	☐	☐	☐	☐
g. Walking *more than a mile*	☐	☐	☐	☐
h. Walking *half a mile*	☐	☐	☐	☐
i. Walking *100 yards*	☐	☐	☐	☐
j. Bathing and dressing yourself	☐	☐	☐	☐

4 During the *past 4 weeks*, have you had any of the following problems with your work or other daily activities *as a result of your physical health?*

Answer Yes or No to each question

		YES	NO	For office use
a.	Cut down on the *amount of time* you spent on work or other activities	☐	☐	☐
b.	*Accomplished less* than you would like	☐	☐	☐
c.	Were limited in the *kind* of work or other activities	☐	☐	☐
d.	Had *difficulty* performing the work or other activities (e.g. it took extra effort)	☐	☐	☐

5 During the *past four weeks*, have you had any or the following problems with your work or other daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

Answer Yes or No to each question

		YES	NO	For office use
a.	Cut down on the *amount of time* you spent on work or other activities	☐	☐	☐
b.	*Accomplished less* than you would like	☐	☐	☐
c.	Didn't do work or other activities as *carefully* as usual	☐	☐	☐

6 During the *past four weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Please tick one

- Not at all ☐
- Slightly ☐
- Moderately ☐
- Quite a bit ☐
- Extremely ☐

7 How much *bodily* pain have you had during the *past 4 weeks*

Please tick one

- None ☐
- Very mild ☐
- Mild ☐
- Moderate ☐
- Severe ☐
- Very severe ☐

8 During the *past 4 weeks*, how much did *pain* interfere with your normal work (including work both outside the home and housework)?

Please tick one

- Not at all ☐
- A little bit ☐
- Moderately ☐
- Quite a bit ☐
- Extremely ☐

YOUR FEELINGS

9 These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling.

Please tick one box on each line

How much time during *the past month*

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	For office use
a. Did you feel full of life?	☐	☐	☐	☐	☐	☐	☐
b. Have you been a very nervous person?	☐	☐	☐	☐	☐	☐	☐
c. Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐	☐
d. Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐	☐
e. Did you have a lot of energy?	☐	☐	☐	☐	☐	☐	☐
f. Have you felt downhearted and low?	☐	☐	☐	☐	☐	☐	☐
g. Did you feel worn out?	☐	☐	☐	☐	☐	☐	☐
h. Have you been a happy person?	☐	☐	☐	☐	☐	☐	☐
i. Did you ever feel tired?	☐	☐	☐	☐	☐	☐	☐

10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your *social activities* (like visiting friends or close relatives)?

Please tick one

- All of the time ☐
- Most of the time ☐
- Some of the time ☐
- A little of the time ☐
- None of the time ☐

HEALTH IN GENERAL

11 Please choose the answer that best describes how *true* or *false* each of the following statements is for you.

Please tick one box on each line

		Definitely true	Mostly true	Not sure	Mostly false	Definitely false	
a.	I seem to get ill more easily than other people	☐	☐	☐	☐	☐	☐
b.	I am as healthy as anybody I know	☐	☐	☐	☐	☐	☐
c.	I expect my health to get worse	☐	☐	☐	☐	☐	☐
d.	My health is excellent	☐	☐	☐	☐	☐	☐

THE FOLLOWING QUESTIONS ASK ABOUT OTHER WAYS IN WHICH THE TROUBLE WITH YOUR ULCER HAS AFFECTED YOU

12 Has your performance of daily activities or your job been limited?

Please tick one

a lot ☐

moderately ☐

a little ☐

not at all ☐

13 How long has your ulcer been causing you problems? _____