

## Venous Ulcers: VULCAN trial

Health Events Questionnaire

Patient number \_\_\_\_\_

### Instructions

**In order that future provision of the services being studied can be improved, we need to know about your use of health services. If you could answer the questions below, it would help us greatly.**

If you are unsure of any of your answers, write down your best guess.

**Hospital and outpatient services:**

Q1. In the last **three months**, have you had to attend a hospital's Casualty or Accident and Emergency Department because of your leg ulcers?

Please tick correct box: Yes  No

If **YES**, how many times have you attended A&E?

Q2. In the last **three months**, have you been admitted to hospital?

Please tick correct box: Yes  No

If **YES**, please indicate the specialities you were admitted to, how long you spent in hospital, and whether these trips were related to your leg ulcers.

Speciality	How many days?	Ulcer related?

Q3. In the last **three months**, have you attended a hospital or community-based clinic **for your leg ulcers**?

Please tick correct box: Yes  No

If **YES**, how many times have you visited a **hospital** clinic?

If **YES**, how many times have you visited a **community** clinic?

If you travel to a **hospital** clinic, how do you normally get there?

- Using NHS-provided transportation
- Privately, using money provided by NHS
- In any another way

If you travel to a **community** clinic, how do you normally get there?

- Using NHS-provided transportation
- Privately, using money provided by NHS
- In any another way

How far do you normally have to travel to a clinic? (A rough estimate is fine.)

hospital

community

miles.

**Other services:**

Q4. In the last **three months**, have you been to see a GP about your leg ulcers, or has a GP been to see you at your home?

Please tick correct box: Yes  No

If **YES**, how many times have you been to see a GP?

If **YES**, how many times has a GP been to see you at your home?

Q5. In the last **three months**, have you been to see a chiropodist?

Please tick correct box:

Yes

No

If **YES**, how many times?

### Compression hosiery

Q6. In the last **three months**, have you been prescribed any compression hosiery by a nurse or doctor?

Please tick correct box:

Yes

No

If **YES**, what types of hosiery (if any) were you prescribed?

Compression hosiery	How many times?

## Antibiotics

Q7. In the last **three months**, have you been prescribed any antibiotics **for your leg ulcer**?

Please tick correct box:

Yes

No

If **YES**, what antibiotics (if any) were you prescribed?

Name of antibiotic	How often did you have to take them?	For how many days or weeks?

(Examples of “how often”, could be once a day, twice a day, once a week.)

## Other medicines

Q8. In the last **three months**, have you been prescribed any other medicines **for your leg ulcer**?

Please tick correct box:

Yes

No

If **YES**, what other medicines (if any) were you prescribed?

Name of medicine	How often did you have to take it?	For how many days or weeks?

(Examples of “how often”, could be once a day, twice a day, once a week.)