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Rose Questionnaire**Part A**

1. Have you ever had any pain or discomfort in your chest?
If No, go to part B. Yes No
2. Do you get this pain or discomfort when you walk uphill or hurry?
If No, go to part B. Yes No
3. Do you get it when you walk at ordinary pace on the level? Yes No
4. When you get any pain or discomfort in your chest, what do you do? Stop
Slow down
Continue at the same pace
5. Does it go away when you stand still? Yes No
6. If Yes, how soon? 10 minutes or less
More that 10 minutes
7. Where do you get this pain? Mark the place(s) with a cross on this diagram.

Please do not use this box
Yes No

**Part B**

Have you ever had a severe pain across the front of your chest lasting for half an hour or more? Yes No

Respiratory status (no constraints for EVAR Trial 2)

Does the patient experience shortness of breath when climbing one flight of stairs (even if there is some angina on effort)? Yes No

FEV ₁	<input type="text"/> . <input type="text"/> <input type="text"/> L	Is FEV ₁ < 1.0 L	Yes	No
FVC	<input type="text"/> . <input type="text"/> <input type="text"/> L			
PO ₂	<input type="text"/> <input type="text"/> . <input type="text"/> KPa	Is PO ₂ < 8.0 KPa	Yes	No
PCO ₂	<input type="text"/> <input type="text"/> . <input type="text"/> KPa	Is PCO ₂ > 6.5 KPa	Yes	No

If Yes to any of the above the patient may be more suitable for EVAR Trial 2

Renal status (no constraints for EVAR Trial 2)

Serum creatinine micromol/L

If creatinine > 200 micromol/L, the patient may be more suitable for EVAR Trial 2

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Having answered the previous questions, in the views of your anaesthetist & surgeon is your patient fit for open repair?	Yes	No
If not, is your patient suitable for EVAR Trial 2?	Yes	No
Which trial has the patient been offered?	EVAR 1	EVAR 2
Is the abdomen hostile such that open repair is not an option? If Yes, randomisation is NOT an option (EVAR mandatory - no EVAR trial funding)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hypertension

Brachial blood pressure measured using the standard cuff sphygmomanometer and stethoscope.

Systolic mmHgDiastolic mmHgIs the patient currently being treated for hypertension? Yes No **Pulse rate** beats per min**Serum cholesterol** . mmol/LIs the patient taking cholesterol lowering drugs? Yes No Is the patient taking statins? Yes No **Smoking status**Current smoker Past smoker Never smoked **Diabetes**Is the patient diabetic? Yes No Has insulin ever been used regularly? Yes No **Peripheral Vascular Disease**Brachial Doppler pressure mmHgRight ankle Doppler pressure mmHg => Right ABPI . Left ankle Doppler pressure mmHg => Left ABPI .

Has a major amputation been performed? (Please cross any)

No Right above knee Right below knee Left above knee Left below knee **Patient medication (please consult drug names)**Does the patient take aspirin? Yes No Does the patient take non-steroidal anti-inflammatory drugs? Yes No Does the patient take beta-blockers? Yes No

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Patient demographics

In this section we would like to know some general details about you.

1. How old were you when you left full-time education?
eg. school, college or university.
(Please cross one box)
- Age 16 or less
Age 17-19
Age 20 or over

2. Since leaving school, college or university have you had any more full-time or part-time further or higher education?
(Please cross one box)
- Yes
No

3. Are you ?
(Please cross one box)
- Employed part-time
Employed full-time
Unemployed
Unable to work because of poor health
Full-time student
House-wife or at home not looking for paid employment
Retired

4. For the following question, if you are **working** please give details of your **present job**, if you are **retired** please give details of the **main job** you had when you were working. If you are **unemployed/unable to work because of poor health/house-wife or similar**, please give details of your most recent job.

- Is/was your position that of?
(Please cross one box)
- Foreman/supervisor
Manager
Self-employed with employees
Self-employed without employees
Other employee

5. How many brothers do you have living?

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6. Do you live?

- alone
with partner
with children
with other relative
other