

CONFIDENTIAL

VenUS IV Leg ulcer study

**1 month Questionnaire
4-LAYER HIGH COMPRESSION BANDAGING**

Participant ID Number

Date sent / /
Day Month Year

VenUS IV (Venous Ulcer Studies IV - Compression hosiery for venous leg ulcers)
A multicentre randomised trial, funded by the NIHR Health Technology Assessment Programme
(International Standardised Randomised Controlled Trial No:ISRCTN49373072)

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE
QUESTIONNAIRE

Please answer **ALL** the questions. Although some of the questions may not seem relevant to yourself, they do give us valuable information.

Please follow the instructions for each section carefully.

For each section, please put a cross in the box, please use a cross rather than a tick, as if you were filling out a ballot paper.

For example, in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car?

Yes

No

PLEASE USE A BLACK OR BLUE PEN FOR ALL OF THE QUESTIONS.

Please do not use a pencil or any other coloured pen.

Please enter today's date

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Day</i> | | | <i>Month</i> | | | <i>Year</i> | | | |

These questions ask you about the 4-layer compression bandaging that you received as part of the VenUS IV study.

If you find it difficult to answer a question, please do the best you can.

1. How comfortable do you find wearing your compression bandages?

Instructions for completing the scale:

Place a cross in one of the boxes below to indicate the discomfort of wearing your compression bandages, ranging from no discomfort to the greatest possible discomfort imaginable.

| | | | | | | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

No
discomfort

Greatest possible
discomfort
imaginable

| | | | |
|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (For office use only) |
|----------------------|----------------------|----------------------|-----------------------|

2. When being treated with the 4-layer compression bandaging did you wear this treatment:
(Please cross one box)

Everyday

Most days

Some days

Not at all

3. When receiving treatment with 4-layer compression bandaging, have you ever removed any of the layers of the bandages yourself?
(Please cross one box)

Yes

No

Please turn the page to complete this questionnaire

Your views about the treatment you have received for your ulcer(s) are important to us. Please can you tell us about your experience with 4-layer high compression bandaging in the space below.