

CONFIDENTIAL

VenUS IV Leg ulcer study

1 month Questionnaire
HIGH COMPRESSION HOSIERY (STOCKINGS)

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"/>
Day			Month			Year			

These questions ask you about the compression hosiery (stockings) 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 stockings?

Instructions for completing the scale:

Place a cross in one of the boxes below to indicate the discomfort of wearing your compression stockings, 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
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No
discomfort

Greatest possible
discomfort
imaginable

<input type="text"/>	<input type="text"/>	<input type="text"/>	(For office use only)
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We now want to ask about how much you wear your compression stockings during the day

2. How often did you wear the compression stockings during the day?
(Please cross one box)

Everyday

Most days

Some days

I did not wear compression stockings during the day

3. If you wore your compression stockings during the day, how many layers did you wear?
(Please cross one box)

1 layer

2 layers

We now want to ask about how much you wear your compression stockings during the night

4. How often did you wear the compression stockings during the night?
(Please cross one box)

Every night

Most nights

Some nights

I did not wear compression stockings at night

5. If you wore your compression stockings at night, how many layers did you wear?
(Please cross one box)

1 layer

2 layers

6. Please record who normally applies your compression stockings
(Please cross all that apply)

Nurse

Yourself

If you applied your compression stockings, did you find the
compression hosiery stockings easy to apply?

Yes

No

Friend/Relative

If a friend or relative applied your compression stockings, did your
friend/relative find the compression stockings easy to apply?

Yes

No

I have not worn my compression stockings

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 compression stockings in the space below.