

CONFIDENTIAL

VenUS IV Leg ulcer study

Three Month Questionnaire

Participant ID Number

Date sent

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<i>Day</i>		<i>Month</i>		<i>Year</i>

VenUS IV (Venous Ulcer Study 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

Thank you for agreeing to take part in this study.

We would like to find out a little about your health.

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

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

Please follow the instructions for each section carefully.

For each section, if you are asked to 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 read all the instructions for each section.

Please enter today's date

Day

Month

Year

Section 1

This section asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your own health state today.

Do not cross more than one box in each group.

Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

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

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

Pain/Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Section 2

These questions ask for your views about your health. This section will help us keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking a cross in the appropriate box. If you are unsure on how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
(please cross one box only)

Excellent

Very Good

Good

Fair

Poor

2. During a typical day does your health limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? If so, how much?
(please cross one box only)

Yes, limited a lot

Yes, limited a little

No, not limited at all

3. During a typical day does your health limit you in climbing several flights of stairs? If so, how much?
(please cross one box only)

Yes, limited a lot

Yes, limited a little

No, not limited at all

4. During the past 4 weeks, how much of the time have you accomplished less than you would like in regular daily activities as a result of your physical health?
(please cross one box only)

All of the time

Most of the time

Some of the time

A little of the time

None of the time

5. During the past 4 weeks, how much of the time have you been limited in performing any kind of work or other regular daily activities as a result of your physical health?
(please cross one box only)

All of the time

Most of the time

Some of the time

A little of the time

None of the time

6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
(please cross one box only)

All of the time

Most of the time

Some of the time

A little of the time

None of the time

7. During the **past 4 weeks**, how much of the time have you done work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious) ?

(please cross one box only)

All of the
time

Most of
the time

Some of
the time

A little of
the time

None of
the time

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

(please cross one box only)

Not at all

A little bit

Moderately

Quite a bit

Extremely

9. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** have you felt calm and peaceful ?

(please cross one box only)

All of the
time

Most of
the time

Some of
the time

A little of
the time

None of
the time

10. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** did you have a lot of energy ?

(please cross one box only)

All of the
time

Most of
the time

Some of
the time

A little of
the time

None of
the time

11. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** have you felt downhearted and depressed ?

(please cross one box only)

All of the
time

Most of
the time

Some of
the time

A little of
the time

None of
the time

12. 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, relatives etc.) ?

(please cross one box only)

All of the
time

Most of
the time

Some of
the time

A little of
the time

None of
the time

Section 3

We would like to know whether you still have leg ulcers on your leg(s). Please do not count ulcers if they are on your foot.

Please place a cross in one box only

I have leg ulcers on one leg (Please complete the pain scale below)

I have leg ulcers on two legs (Please complete the pain scale below)

I do not have any leg ulcers (Please miss out the pain scale below and go to the next section)

Section 4

We would now like to ask you about the pain related to your leg ulcer(s)

Instructions for completing the scale:

Place a cross in one of the boxes below to indicate the intensity of pain from your ulcer(s) over the last 24 hours, ranging from no pain to the worst pain imaginable.

1. How intense has the pain from your leg ulcer(s) been over the past 24 hours?

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 pain

Worse pain
imaginable

(For office use only)

Instructions for completing this question:

Place a cross in the box which best describes the intensity of pain from your ulcer(s) over the last 24 hours, ranging from no pain to very severe pain.

2. How intense has the pain from your leg ulcer(s) been over the past 24 hours?

No pain

Very mild pain

Mild pain

Severe pain

Very severe pain

Section 5

In order to accurately measure the cost of different leg ulcer treatments, we would like to know the number of times you have seen a health professional (i.e. doctor or nurse). If the health care you received was related to your leg ulcers, record this in the 'leg ulcer' column. If the health care was for any other reason, enter this in the 'other' column. Please answer every question, even if the answer is "0".

Please fill in both boxes, for example: if seen three times

0	3
---	---

If seen 0 times

0	0
---	---

Care from the NHS

1. In the last **3 months** how many times have you consulted with any of the following **NHS** health care professionals?

	Because of leg ulcer	Other reason				
General Practitioner (GP) at doctor's surgery (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		
General Practitioner (GP) in your home (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		
A NURSE at your doctor's surgery (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		
A NURSE in your home (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		
A DOCTOR in a hospital out-patient clinic or other location (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		
A NURSE in a hospital out-patient clinic or other location (please record the number of times in the boxes)	<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>			<table border="1"><tr><td></td><td></td></tr></table> <i>If none enter '00'</i>		

2. In the last 3 months how many times have you:

**Because of
leg ulcer**

**Other
reason**

Been admitted to hospital **without** staying overnight
(i.e. for a minor procedure or day surgery)?

If none enter '00'

If none enter '00'

Been admitted to hospital as an in-patient
(i.e. stayed for 1 or more nights)?

If none enter '00'

If none enter '00'

If, over the last 3 months, you have been a **hospital in-patient**, please record how many nights you stayed in hospital. If you have stayed in hospital more than once please add the nights you stayed for each visit together and record the total.

If none enter '00'

If none enter '00'

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any general comments about your ulcer, the study, or this questionnaire, please write them below.