

# VenUS IV Compression Hosiery Trial

## ULCER HEALED FORM

Participant ID Number  Date  /  /   
day month year

Nurse Code  -  -  e.g. S M I - 2 3 - 0 2  
First three letters of SURNAME day of birth month of birth

### 1. REFERENCE ULCER

Reference ulcer has healed  Date healed  /  /   
day month year

If the REFERENCE ULCER has HEALED, you must call the randomisation line as SOON AS POSSIBLE TO REPORT THE EVENT ON [REDACTED] between 09:00 and 17:00 Monday to Friday.

**PHOTOGRAPHS MUST NOW BE TAKEN OF THE REFERENCE ULCER SITE TODAY AND WEEKLY FOR 4 WEEKS. ALWAYS REMEMBER TO INCLUDE A COLOUR CARD.**

Please confirm that you have taken a picture of the reference ulcer site today

### 2. REFERENCE LEG

Participant's reference leg has healed  Date healed  /  /   
day month year

(If the only ulcer the participant had on their reference leg was the reference ulcer, this date will be the same as ABOVE).

### 3. IF THE REFERENCE LEG HAS HEALED, DOES THE PATIENT HAVE ULCERS ON THEIR NON-REFERENCE LEG?

Yes  No

If the REFERENCE LEG has HEALED, you must call the randomisation line as SOON AS POSSIBLE TO REPORT THE EVENT ON [REDACTED] between 09:00 and 17:00 Monday to Friday

PLEASE RETURN THIS FORM TO THE YORK TRIALS UNIT.