

Venous Leg Ulcer Quality of life Questionnaire ~ (VUQoL-34)[©]

The following statements are about how your leg ulcer/s may have affected your **everyday life**. Please tick (✓) the answer that comes closest to the way you have been feeling over the **last four weeks**. If a statement is not relevant to you/not applicable, please respond as 'Never'.

		NEVER	RARELY	SOMETIMES	OFTEN	ALL THE TIME
1	My leg ulcer/s prevents me from doing things that I enjoy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2	My leg ulcer/s restricts the activities that I can do at home (e.g. cooking, DIY).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3	My leg ulcer/s restricts the activities that I can do outside the home (e.g. shopping, going for walks).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4	My leg ulcer/s makes it hard to work or do things I enjoy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5	My leg ulcer/s makes moving around difficult.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6	Activities take longer because of my leg ulcer/s.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7	My leg ulcer/s makes me rely on other people more than I would like.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8	My leg ulcer/s makes me tend to do more activities by myself rather than with other people.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	I tend to stay at home because of my leg ulcer/s.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	My leg ulcer/s affects my social life.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	NEVER	RARELY	SOMETIMES	OFTEN	ALL THE TIME
11 Having a bath/shower or washing is difficult because of my leg ulcer/s.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
12 Treatment for my leg ulcer/s disrupts my everyday life.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}

The following statements are about how your leg ulcer/s may have affected your **feelings**. Please tick (✓) the answer that comes closest to the way you have been feeling over the **last four weeks**. If a statement is not relevant to you/not applicable, please respond as 'Never'.

	NEVER	RARELY	SOMETIMES	OFTEN	ALL THE TIME
13 I feel self-conscious because of my leg ulcer/s.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input checked="" type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
14 My leg ulcer/s affects how confident I feel about myself.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
15 My leg ulcer/s makes me feel depressed.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
16 I get depressed because my leg ulcer/s takes a long time to heal.....	<input checked="" type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
17 I am frustrated by my leg ulcer/s.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
18 I worry that I will never be free of leg ulcers.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
19 I am angry about my leg ulcer/s.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
20 My leg ulcer/s makes me feel unattractive...	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
21 I worry that my leg ulcer/s may get worse	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
22 I am embarrassed by my leg ulcer/s.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}
23 My leg ulcer/s makes me irritable.....	<input type="checkbox"/> _{1.}	<input type="checkbox"/> _{2.}	<input type="checkbox"/> _{3.}	<input type="checkbox"/> _{4.}	<input type="checkbox"/> _{5.}

Please turn to the next page

- 24 I am unable to wear what I like because of my leg ulcer/s..... _{1.} _{2.} _{3.} _{4.} _{5.}

The following statements are about **symptoms** related to your leg ulcer/s and how they may have affected you. Please tick (✓) the answer that comes closest to the way you have been feeling over the **last four weeks**. If a statement is not relevant to you/not applicable, please respond as 'Never'.

- | | | NEVER | RARELY | SOMETIMES | OFTEN | ALL THE TIME |
|----|---|--|--|--|--|--|
| 25 | My leg ulcer/s affects how well I sleep..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 26 | I find it difficult to relax because of my leg ulcer/s..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 27 | My leg ulcer/s makes me tired..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 28 | My leg ulcer/s burns or stings..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 29 | My leg ulcer/s hurts..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 30 | I am bothered by the itching around my leg ulcer/s..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 31 | The skin around my leg ulcer/s is irritated..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 32 | The skin around my leg ulcer/s is sensitive..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 33 | I am bothered by the smell from my leg ulcer/s..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |
| 34 | I am bothered by the weeping/oozing from my leg ulcer..... | <input type="checkbox"/> _{1.} | <input type="checkbox"/> _{2.} | <input type="checkbox"/> _{3.} | <input type="checkbox"/> _{4.} | <input type="checkbox"/> _{5.} |

Thank you for your time!