

PATIENT NUMBER

### VascuQol Questionnaire

(To be completed by the patient at follow-up. Please complete text in BLOCK CAPITALS, tick the appropriate box.)

Date of Completion:  (dd/mm/yy)

Full Name: \_\_\_\_\_

Date of Birth:  (dd/mm/yy)

Hospital Name: \_\_\_\_\_

Completed at:      3 months       6 months       12 months   
                         2 years       3 years       4 years

**Instructions:** These questions ask you how you have been affected by poor circulation to your legs over the last two weeks.

You will be asked about the symptoms you have had, the way that your activities have been affected and how you have been feeling.

Please read each bit of the answer and then tick the one that applies best to you.

If you are unsure about how to answer a question, please give the best answer you can.

There is no right or wrong answer.

**Please answer every question. Thank you.**

**1. In the last two weeks I have had pain in the leg (or foot) when walking .....**

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

**2. In the last two weeks I have been worried that I might injure my leg .....**

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial  
VascuQoL Form**

3. In the last two weeks **cold feet have given me** .....

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. A very great deal of discomfort or distress | <input type="checkbox"/> | 1 |
| 2. A great deal of discomfort or distress      | <input type="checkbox"/> | 2 |
| 3. A good deal of discomfort or distress       | <input type="checkbox"/> | 3 |
| 4. A moderate amount of discomfort or distress | <input type="checkbox"/> | 4 |
| 5. Some discomfort or distress                 | <input type="checkbox"/> | 5 |
| 6. Very little discomfort or distress          | <input type="checkbox"/> | 6 |
| 7. No discomfort or distress                   | <input type="checkbox"/> | 7 |

4. In the last two weeks, because of the poor circulation to my legs, **my ability to take exercise or to play any sports has been** .....

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. Totally limited, couldn't exercise at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                         | <input type="checkbox"/> | 2 |
| 3. Very limited                              | <input type="checkbox"/> | 3 |
| 4. Moderately limited                        | <input type="checkbox"/> | 4 |
| 5. A little limited                          | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited                | <input type="checkbox"/> | 6 |
| 7. Not at all limited                        | <input type="checkbox"/> | 7 |

5. In the last two weeks **my legs have felt tired or weak** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

6. In the last two weeks, because of the poor circulation to my legs, **I have been restricted in spending time with my friends or relatives** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

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7. In the last two weeks **I have had pain in the foot (or leg) after going to bed at night** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

8. In the last two weeks **pins and needles or numbness in my leg (or foot)** have caused me .....

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. A very great deal of discomfort or distress | <input type="checkbox"/> | 1 |
| 2. A great deal of discomfort or distress      | <input type="checkbox"/> | 2 |
| 3. A good deal of discomfort or distress       | <input type="checkbox"/> | 3 |
| 4. A moderate amount of discomfort or distress | <input type="checkbox"/> | 4 |
| 5. Some discomfort or distress                 | <input type="checkbox"/> | 5 |
| 6. Very little discomfort or distress          | <input type="checkbox"/> | 6 |
| 7. No discomfort or distress                   | <input type="checkbox"/> | 7 |

9. In the last two weeks **the distance I can walk has improved** .....

*(tick one)*

- |   |                          |   |
|---|--------------------------|---|
| 1. Not at all (tick this if distance is unchanged or has decreased) | <input type="checkbox"/> | 1 |
| 2. A little   | <input type="checkbox"/> | 2 |
| 3. Somewhat   | <input type="checkbox"/> | 3 |
| 4. Moderately   | <input type="checkbox"/> | 4 |
| 5. A good deal  | <input type="checkbox"/> | 5 |
| 6. A great deal   | <input type="checkbox"/> | 6 |
| 7. A very great deal  | <input type="checkbox"/> | 7 |

10. In the last two weeks, because of the poor circulation to my legs, **my ability to walk has been**

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. Totally limited, couldn't walk at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                     | <input type="checkbox"/> | 2 |
| 3. Very limited                          | <input type="checkbox"/> | 3 |
| 4. Moderately limited                    | <input type="checkbox"/> | 4 |
| 5. A little limited                      | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited            | <input type="checkbox"/> | 6 |
| 7. Not at all limited                    | <input type="checkbox"/> | 7 |

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial  
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11. In the last two weeks **being (or becoming) housebound has been a concern of mine** .....

*(tick one)*

- |                      |                          |   |
|----------------------|--------------------------|---|
| 1. A very great deal | <input type="checkbox"/> | 1 |
| 2. A great deal      | <input type="checkbox"/> | 2 |
| 3. A good deal       | <input type="checkbox"/> | 3 |
| 4. Moderately        | <input type="checkbox"/> | 4 |
| 5. Somewhat          | <input type="checkbox"/> | 5 |
| 6. A little          | <input type="checkbox"/> | 6 |
| 7. Not at all        | <input type="checkbox"/> | 7 |

12. In the last two weeks **I have been concerned about having poor circulation to my legs** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

13. In the last two weeks **I have had pain in the foot (or leg) when I am at rest** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

14. In the last two weeks, because of the poor circulation to my legs, **my ability to climb stairs has been** .....

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. Totally limited, couldn't climb stairs at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                             | <input type="checkbox"/> | 2 |
| 3. Very limited                                  | <input type="checkbox"/> | 3 |
| 4. Moderately limited                            | <input type="checkbox"/> | 4 |
| 5. A little limited                              | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited                    | <input type="checkbox"/> | 6 |
| 7. Not at all limited                            | <input type="checkbox"/> | 7 |

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15. In the last two weeks, because of the poor circulation to my legs, **my ability to take part in social activities has been** .....

- (tick one)*
- |   |                          |   |
|---|--------------------------|---|
| 1. Totally limited, couldn't socialise at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                          | <input type="checkbox"/> | 2 |
| 3. Very limited                               | <input type="checkbox"/> | 3 |
| 4. Moderately limited                         | <input type="checkbox"/> | 4 |
| 5. A little limited                           | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited                 | <input type="checkbox"/> | 6 |
| 7. Not at all limited                         | <input type="checkbox"/> | 7 |

16. In the last two weeks, because of the poor circulation to my legs, **my ability to perform routine household work has been** .....

- (tick one)*
- |   |                          |   |
|---|--------------------------|---|
| 1. Totally limited, couldn't perform housework at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                                  | <input type="checkbox"/> | 2 |
| 3. Very limited                                       | <input type="checkbox"/> | 3 |
| 4. Moderately limited                                 | <input type="checkbox"/> | 4 |
| 5. A little limited                                   | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited                         | <input type="checkbox"/> | 6 |
| 7. Not at all limited                                 | <input type="checkbox"/> | 7 |

17. In the last two weeks **ulcers in the leg (or foot) have given me pain or distress** .....

- (tick one)*
- |   |                          |   |
|---|--------------------------|---|
| 1. All of the time  | <input type="checkbox"/> | 1 |
| 2. Most of the time   | <input type="checkbox"/> | 2 |
| 3. A good bit of the time                                     | <input type="checkbox"/> | 3 |
| 4. Some of the time   | <input type="checkbox"/> | 4 |
| 5. A little of the time                                       | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time                                     | <input type="checkbox"/> | 6 |
| 7. None of the time (tick this if you do not have leg ulcers) | <input type="checkbox"/> | 7 |

18. Because of poor circulation to my legs, **the overall range of activities that I would have liked to do in the last two weeks has been** .....

- (tick one)*
- |   |                          |   |
|---|--------------------------|---|
| 1. Severely limited – most activities not done                        | <input type="checkbox"/> | 1 |
| 2. Very limited   | <input type="checkbox"/> | 2 |
| 3. Moderately limited – several activities not done                   | <input type="checkbox"/> | 3 |
| 4. Slightly limited   | <input type="checkbox"/> | 4 |
| 5. Very slightly limited – very few activities not done               | <input type="checkbox"/> | 5 |
| 6. Hardly limited at all  | <input type="checkbox"/> | 6 |
| 7. Not limited at all – have done all the activities that I wanted to | <input type="checkbox"/> | 7 |

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19. In the last two weeks **the poor circulation to the legs have made me feel frustrated** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

20. In the last two weeks **when I do get pain in my leg (or foot) it has given me** ....

*(tick one)*

- |  |                          |   |
|--|--------------------------|---|
| 1. A very great deal of discomfort or distress | <input type="checkbox"/> | 1 |
| 2. A great deal of discomfort or distress      | <input type="checkbox"/> | 2 |
| 3. A good deal of discomfort or distress       | <input type="checkbox"/> | 3 |
| 4. A moderate amount of discomfort or distress | <input type="checkbox"/> | 4 |
| 5. Some discomfort or distress                 | <input type="checkbox"/> | 5 |
| 6. Very little discomfort or distress          | <input type="checkbox"/> | 6 |
| 7. No discomfort or distress                   | <input type="checkbox"/> | 7 |

21. In the last two weeks **I have felt guilty about relying on friends or relatives** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

22. In the last two weeks, because of the poor circulation to my legs, **my ability to go shopping or carry bags has been** .....

*(tick one)*

- |   |                          |   |
|---|--------------------------|---|
| 1. Totally limited, couldn't go shopping at all | <input type="checkbox"/> | 1 |
| 2. Extremely limited                            | <input type="checkbox"/> | 2 |
| 3. Very limited                                 | <input type="checkbox"/> | 3 |
| 4. Moderately limited                           | <input type="checkbox"/> | 4 |
| 5. A little limited                             | <input type="checkbox"/> | 5 |
| 6. Only very slightly limited                   | <input type="checkbox"/> | 6 |
| 7. Not at all limited                           | <input type="checkbox"/> | 7 |

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial**  
**VascuQol Form**

23. In the last two weeks **I have worried I might be in danger of losing a part of my leg or foot**

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

24. In the last two weeks **the distance I can walk has become less** .....

- |  |                          |   |
|--|--------------------------|---|
| 1. A very great deal   | <input type="checkbox"/> | 1 |
| 2. A great deal  | <input type="checkbox"/> | 2 |
| 3. A good deal   | <input type="checkbox"/> | 3 |
| 4. Moderately  | <input type="checkbox"/> | 4 |
| 5. Somewhat  | <input type="checkbox"/> | 5 |
| 6. A little  | <input type="checkbox"/> | 6 |
| 7. Not at all – tick if distance is unchanged or has increased | <input type="checkbox"/> | 7 |

25. In the last two weeks **I have been depressed about the poor circulation to my legs** .....

*(tick one)*

- |                           |                          |   |
|---------------------------|--------------------------|---|
| 1. All of the time        | <input type="checkbox"/> | 1 |
| 2. Most of the time       | <input type="checkbox"/> | 2 |
| 3. A good bit of the time | <input type="checkbox"/> | 3 |
| 4. Some of the time       | <input type="checkbox"/> | 4 |
| 5. A little of the time   | <input type="checkbox"/> | 5 |
| 6. Hardly any of the time | <input type="checkbox"/> | 6 |
| 7. None of the time       | <input type="checkbox"/> | 7 |

Thank you for completing this questionnaire

PATIENT NUMBER

### SF-36 Health Survey

**(To be completed by the patient at follow-up. Please complete text in BLOCK CAPITALS, tick the appropriate box or circle the relevant number.)**

Date of Completion:  (dd/mm/yy)

Full Name: \_\_\_\_\_

Date of Birth:  (dd/mm/yy)

Hospital Name: \_\_\_\_\_

Completed at:      3 months                   6 months                   12 months   
                                 2 years                   3 years                   4 years

**Instructions:** This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

	<i>(tick one)</i>
Excellent	<input type="checkbox"/> 1
Very good	<input type="checkbox"/> 2
Good	<input type="checkbox"/> 3
Fair	<input type="checkbox"/> 4
Poor	<input type="checkbox"/> 5

2. Compared to one year ago, how would you rate your health in general now?

	<i>(tick one)</i>
Much better than than one year ago	<input type="checkbox"/> 1
Somewhat better than one year ago	<input type="checkbox"/> 2
About the same as one year ago	<input type="checkbox"/> 3
Somewhat worse than one year ago	<input type="checkbox"/> 4
Much worse than one year ago	<input type="checkbox"/> 5



3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

*(circle one number on each line)*

Activity	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a) <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b) <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
c) Lifting or carrying groceries	1	2	3
d) Climbing <b>several</b> flights of stairs	1	2	3
e) Climbing <b>one</b> flight of stairs	1	2	3
f) Bending, kneeling or stooping	1	2	3
g) Walking <b>more than a mile</b>	1	2	3
h) Walking <b>half a mile</b>	1	2	3
i) Walking <b>one hundred yards</b>	1	2	3
j) Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

*(circle one number on each line)*

	Yes	No
a) Cut down on the <b>amount of time</b> you spent on work or other activities	1	2
b) <b>Accomplished less</b> than you would like	1	2
c) Were limited in the <b>kind</b> of work or other activities	1	2
d) Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial**  
**SF-36 Form**

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

*(circle one number on each line)*

	Yes	No
a) Cut down on the <b>amount of time</b> you spent on work or other activities	1	2
b) <b>Accomplished less</b> than you would like	1	2
c) Didn't do work or other activities as <b>carefully</b> as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

*(tick one)*

- Not at all  1
- Slightly  2
- Moderately  3
- Quite a bit  4
- Extremely  5

7. How much bodily pain have you had during the past 4 weeks?

*(tick one)*

- None  1
- Very mild  2
- Mild  3
- Moderate  4
- Severe  5
- Very severe  6

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

*(tick one)*

- Not at all  1
- A little bit  2
- Moderately  3
- Quite a bit  4
- Extremely  5

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial**  
**SF-36 Form**

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

*(circle one number on each line)*

	<b>All of the Time</b>	<b>Most of the Time</b>	<b>A Good Bit of the Time</b>	<b>Some of the Time</b>	<b>A Little of the Time</b>	<b>None of the Time</b>
a) Did you feel full of life?	1	2	3	4	5	6
b) Have you been a very nervous person?	1	2	3	4	5	6
c) Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d) Have you felt calm and peaceful?	1	2	3	4	5	6
e) Did you have a lot of energy?	1	2	3	4	5	6
f) Have you felt downhearted and low?	1	2	3	4	5	6
g) Did you feel worn out?	1	2	3	4	5	6
h) Have you been a happy person?	1	2	3	4	5	6
i) Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.)?

*(tick one)*

All of the time

 1

Most of the time

 2

Some of the time

 3

A little of the time

 4

None of the time

 5

11. How TRUE or FALSE is each of the following statements for you?

*(circle one number on each line)*

	<b>Definitely True</b>	<b>Mostly True</b>	<b>Don't Know</b>	<b>Mostly False</b>	<b>Definitely False</b>
a) I seem to get ill a little easier than other people	1	2	3	4	5
b) I am as healthy as anybody I know	1	2	3	4	5
c) I expect my health to get worse	1	2	3	4	5
d) My health is excellent	1	2	3	4	5

Case Reference No. \_\_\_\_\_

## Baseline EuroQol Questionnaire

(To be completed by the patient prior to randomisation. Please complete text in BLOCK CAPITALS, tick the appropriate box or enter numbers into the boxes provided.)

Date of Completion: // (dd/mm/yy)

Full Name: \_\_\_\_\_

Date of Birth: / (dd/mm/yy)

Hospital Name: \_\_\_\_\_

**Instructions:** Please tick one alternative of each group below to show which statement best describes your health today. Do not tick more than one box in each group.

### Mobility

- I have no problems in walking about  1
- I have some problems in walking about  2
- I am confined to bed  3

### Self Care

- I have no problems with self care  1
- I have some problems washing and dressing myself  2
- I am unable to wash or dress myself  3

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

- I have no problems performing my usual activities  1
- I have some problems performing my usual activities  2
- I am unable to perform my usual activities  3

### Pain/Discomfort

- I have no pain or discomfort  1
- I have moderate pain or discomfort  2
- I have extreme pain or discomfort  3

### Anxiety/Depression

- I am not anxious or depressed  1
- I am moderately anxious or depressed  2
- I am extremely anxious or depressed  3

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial  
EuroQol (EQ-5D) questionnaire**

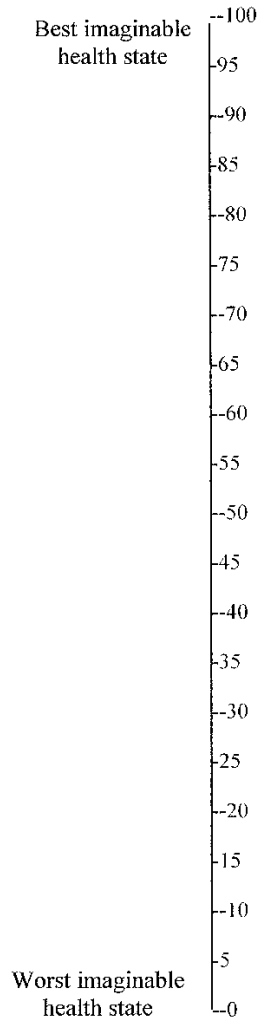
Case Reference No. \_\_\_\_\_

**EuroQol Valuation Question**

To help people say how good or bad a health status is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point of the scale indicates how good or bad your current health state is.

YOUR OWN  
HEALTH STATE  
TODAY



PATIENT NUMBER

## EuroQol Questionnaire

(To be completed by the patient at follow-up. Please complete text in BLOCK CAPITALS, tick the appropriate box or enter numbers into the boxes provided.)

Date of Completion:  (dd/mm/yy)

Full Name: \_\_\_\_\_

Date of Birth:  (dd/mm/yy)

Hospital Name: \_\_\_\_\_

Completed at:      3 months       6 months       12 months   
                         2 years       3 years       4 years

**Instructions:** Please tick one alternative of each group below to show which statement best describes your health today. Do not tick more than one box in each group.

### Mobility

- I have no problems in walking about  1
- I have some problems in walking about  2
- I am confined to bed  3

### Self Care

- I have no problems with self care  1
- I have some problems washing and dressing myself  2
- I am unable to wash or dress myself  3

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

- I have no problems performing my usual activities  1
- I have some problems performing my usual activities  2
- I am unable to perform my usual activities  3

### Pain/Discomfort

- I have no pain or discomfort  1
- I have moderate pain or discomfort  2
- I have extreme pain or discomfort  3

### Anxiety/Depression

- I am not anxious or depressed  1
- I am moderately anxious or depressed  2
- I am extremely anxious or depressed  3

**Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) Trial  
EuroQol (EQ-5D) questionnaire**

PATIENT NUMBER

**EuroQol Valuation Question**

To help people say how good or bad a health status is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point of the scale indicates how good or bad your current health state is.

YOUR OWN  
HEALTH STATE  
TODAY

