Site ID: [|] Screening ID: [| | | |] Date (DD/MM/YY) [| | | | |]

AVURT

Aspirin for Venous Ulcers: Randomised Trial

Baseline Questionnaire
For Study Investigator Completion

Before completing this form please ensure that the patient has signed the consent form indicating their willingness to take part in the trial

I am confident that this information is accurate and complete and I can confirm that the study is being conducted according to protocol and any subsequent amendments and that consent was obtained prior to study entry. Please sign this after the CRF has been completed in full

Signed___________________________________ (Site Principal Investigator)

Print_____________________________________

Date (DD.MM.YY)__________________________

When completed please fax to York Trials Unit, fax no:

Instructions for this questionnaire

This baseline CRF may be completed by the principal investigator or a delegated member of staff listed on the AVURT Delegation Log.

Please complete all sections of this questionnaire putting a cross where applicable, and sign off.

Please also fill in the Baseline Medication CRF in conjunction with this questionnaire

If you have any questions about completing this questionnaire, please contact a member of the York Trials Unit team, whose details you will find in the AVURT site information file.

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LEG ULCER INFORMATION

The reference leg is the leg with the largest ulcer.

1. Please indicate the leg on which the largest eligible ulcer (the reference ulcer) is located (this is called the reference leg)

   Left [ ] Right [ ]

2. ABPI of the reference leg [ ].[ ][ ] date measured [ ][ ] [ ][ ] [ ][ ]

   Unable to take ABPI of the reference leg [ ]

3. How long is it approximately since the patient developed their FIRST leg ulcer?

   Years [ ][ ] months [ ][ ] weeks [ ][ ]

4. Total number of ulcers on the reference leg [ ]

5. Duration approximately of the reference ulcer?

   Years [ ][ ] months [ ][ ] weeks [ ][ ]

6. Total number* of ulcer episodes on reference leg including the reference ulcer [ ]

***this includes all ulcers that the patient has ever had on the reference leg, both in the past and currently**

MOBILITY

7. Mobility (please cross one box only)

   Patient walks freely [ ]
   Patient walks with difficulty [ ]
   Patient is immobile [ ]

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8. Ankle mobility of reference leg (please cross one box only)

Patient has full range of ankle motion ☐
Patient has reduced range of ankle motion ☐
Patient's ankle is fixed ☐

DIABETES

9. Does the patient have Type I diabetes Yes ☐ No ☐

10. Does the patient have Type II diabetes Yes ☐ No ☐

COMPRESSION AND DRESSINGS

11. What type of compression bandaging does the patient have administered?

If no bandage, please record 'no bandage' under 'other ' below.

Compression bandaging	Select one
Four layer	☐
3 layer	☐
3 layer reduced compression	☐
Reduced compression	☐
2 layer hosiery (aiming to deliver high compression)	☐
Reduced compression hosiery	☐
Other (please state)	

11a. What level of ankle pressure (mm Hg) compression is aimed for ☐☐☐

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12. What is the primary dressing (that is in contact with the ulcer)? Select one in the table below:

If no dressing, please record 'no dressing' under 'other ' below.

Primary dressing	Select one
Silver-containing	☐
Iodine containing	☐
Honey-containing	☐
Alginate	☐
Hydrogel	☐
Soft polymer	☐
Hydrocolloid	☐
Foam	☐
Basic wound contact (absorbent dressing/low adherence dressing)	☐
Film	☐
Other antimicrobial dressing (please state)	
Other (please state)	

HEIGHT AND WEIGHT

13. Patient height : Feet ☐ Inches ☐☐ . ☐☐ **or** cm ☐☐☐ . ☐☐

14. Patient weight : Stones ☐☐ pounds ☐☐ . ☐☐

or kilograms ☐☐☐ . ☐☐

LEG ULCER INFORMATION

15. Please confirm you have taken a digital photograph of the reference ulcer (largest eligible ulcer) on the reference leg. Yes ☐ No ☐

16. Please confirm you have made a tracing of reference ulcer Yes ☐ No ☐

17. Size of reference ☐☐☐ . ☐☐ cm^2

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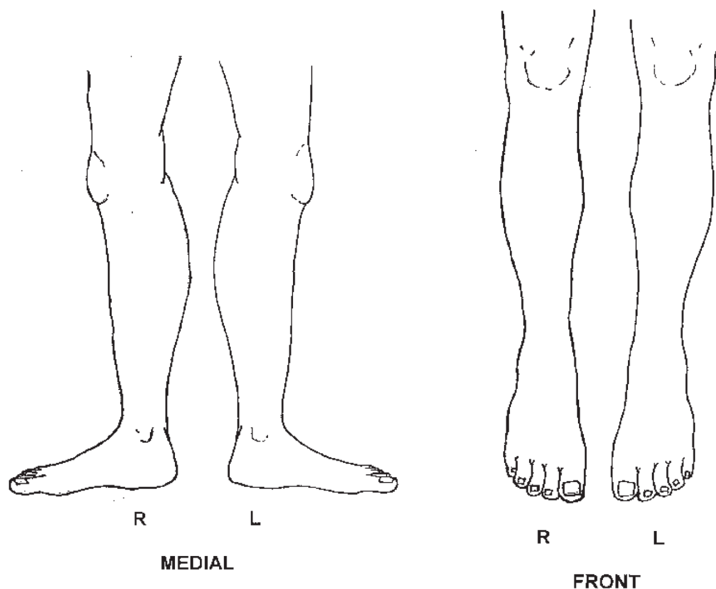
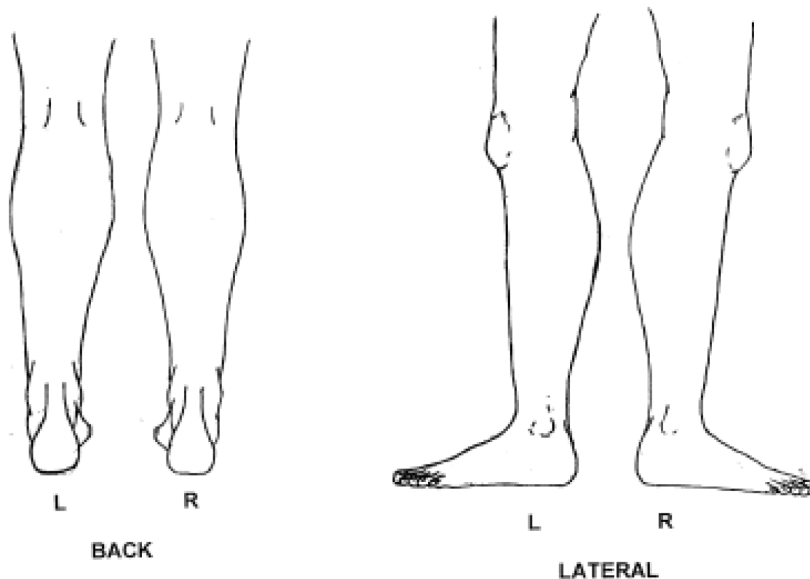
18. Please draw all leg ulcers on the diagrams below. Clearly indicate the reference ulcer location





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VISUAL ANALOGUE SCORE

19. What is the patients ulcer related pain over the previous 24 hours

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

No Pain **Worst pain imaginable**

[ ][ ][ ] (For office use only)

20. Confirm the baseline medication questionnaire has been completed Yes [ ] No [ ]

21. Which of these best describes the participant's ethnic group? Please tick one box only

White	**Mixed**	**Asian or Asian British**	**Black or Black British**	**Chinese, Japanese or other**
White British ☐ White Irish ☐ White, other European ☐ Any other White background* ☐	White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed background* ☐	Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background* ☐	Black Caribbean ☐ Black African ☐ Any other Black background* ☐	Chinese ☐ Japanese ☐ Other * ☐
If other please specify:				

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____
Name of person completing form (please print)

____ ____________________
Signature of person completing form Date (DD/MM/YY)