

STUDY OF
BLOOD CLOTS IN THE LEGS
OR IN THE LUNGS

SURVEY RESEARCH CENTER

We appreciate your help in this study and hope that you are willing to provide the information. If you do not wish to complete the questionnaire, please indicate this below and return this letter since it will make a follow-up call unnecessary. Please understand that your current or future medical care at the Mayo Clinic will not be affected by your decision. Specifically, your care will not be jeopardized if you choose not to complete the questionnaire.

Sincerely,

I do not wish to participate further in this survey.

Please enter above any missing information or change any that is incorrect.

Instructions: Please check the appropriate box or fill in the blank as indicated.

8-13 Today's Date ____/____/____
Month Day Year

14_ 1. Do you recall having a blood clot in your leg (DVT or deep venous thrombosis)?
1 No 2 Yes

15_ 2. Do you recall having a blood clot in your lung(s) (pulmonary embolism)?
1 No 2 Yes

16_ 3. Do you now have or have you ever noticed any changes in the color or pigmentation
in the skin around your ankles?
1 No 2 Yes

17_ 4. Do you now have or have you ever noticed any thickening of the skin on your legs or
around your ankles?
1 No 2 Yes

18_ 5. Do you now have or have you ever noticed any sores or ulcers on your legs or
ankles that appeared spontaneously or after relatively minor injuries, and were
unusually slow in healing or have persisted?
1 No 2 Yes

19_ 6. During the past 4 weeks have you had or do you have any swelling of your
legs or ankles?
1 No 2 Yes



20_ **If yes, how many days in the past 4 weeks did you have swelling?**
1 All days 2 Most days 3 Some days 4 A few days

21_ **Does the swelling usually resolve or markedly improve overnight?**
1 No 2 Yes

22_ **In which leg or legs do you usually have swelling?**
1 Right 2 Left 3 Both

23_ **Does the swelling usually affect both legs equally?**
1 Yes, both about same 2 Right larger 3 Left larger

24_ **How severe do you consider the swelling?**
1 Severe 2 Moderate 3 Mild 4 Very mild

25_ 7. Has a doctor ever recommended that you wear a special stocking because of your problem in one or both legs apart from when you might have been hospitalized, or had surgery, etc.?

1 No 2 Yes

26_ If yes, do you currently wear special stocking(s)?

1 No 2 Yes

27_ If yes, what kind of stocking(s) do you wear? (Check all that apply.)

- 28_ TED stocking(s), these are usually white
 Graduated compression stocking(s) such as Sigvaris, Medi, Jobst, Juzo, Camp, or Barton-Carey, (these are usually flesh colored)

29_ Were you measured and custom fit for the stocking(s)?

1 No 2 Yes 3 Don't know

30_ Are the stockings:

1 Knee high 2 Thigh high

31_ How much difficulty do you have getting your stocking(s) on?

1 A great deal of difficulty 2 Some difficulty 3 A little difficulty 4 No difficulty

32_ When do you usually put your stocking(s) on?

- 1 Before getting out of bed
2 Immediately after getting out of bed
3 A short time after getting out of bed
4 A long time after getting out of bed

33_ Do you have discomfort from wearing the stocking(s)?

1 No 2 Yes, when active 3 Yes, when resting

34_ Within the past 4 weeks, how often did you wear the stocking(s)?

1 All days 2 Most days 3 Some days 4 Few days 5 No days

35_ How many hours per day do you wear your stocking(s)?

1 Less than 1 hour 2 1 to 8 hours 3 9 to 12 hours 4 All day

36_ Do you wear your stocking(s) as often as was recommended?

1 No 2 Yes

37_ If no, why not? _____

How much of a problem are the following?

A big problem A little problem No problem

38_ The cost of the stocking(s). . . . 1 2 3

39_ The cleaning of the stocking(s). 1 2 3

40_ The fitting of the stocking(s). 1 2 3

41_ About how long have you had special stockings?

1 Less than 1 month 2 1 to 3 months 3 4 to 6 months 4 7 to 12 months 5 Over 12 months

42_ How often do you replace your stocking(s)?

1 About every 3 months 2 About every 6 to 12 months 3 Yearly 4 Never

These questions refer to
PHYSICAL ABILITY TO GET AROUND.

DURING THE PAST 4 WEEKS:

- | | | All days | Most days | Some days | Few days | No days |
|------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 43__ | 8. How often were you physically able to drive a car or use public transportation? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 44__ | 9. How often were you out of the house for at least part of the day? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 45__ | 10. How often were you able to do errands in the neighborhood? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 46__ | 11. How often did someone have to assist you to get around outside your home? ... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 47__ | 12. How often were you in a bed or chair for most or all of the day? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

These questions refer to
WALKING AND BENDING.

DURING THE PAST 4 WEEKS:

- | | | All days | Most days | Some days | Few days | No days |
|------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 48__ | 13. How often did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 49__ | 14. How often did you have trouble either walking several blocks or climbing a few flights of stairs? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 50__ | 15. How often did you have trouble either walking one block or climbing one flight of stairs? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 51__ | 16. How often were you unable to walk unless assisted by another person or by a cane, crutches, or walker? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

These questions refer to
LEG PAIN.

DURING THE PAST 4 WEEKS:

All days Most days Some days Few days No days

52_ 17. How often did you have severe pain from one or both of your legs? .. 1 2 3 4 5

53_ 18. How often did you have pain in both legs at the same time? 1 2 3 4 5

54_ 19. How often did leg pain make it difficult for you to sleep? 1 2 3 4 5

55_ 20. How often have you had difficulty in prolonged sitting as a result of pain in your leg(s)? 1 2 3 4 5

56_ 21. How often have you had difficulty with prolonged standing in the same place as a result of pain or discomfort in one or both legs? 1 2 3 4 5

DURING THE PAST 4 WEEKS:

Severe Moderate Mild Very mild None

57_ 22. How would you describe the leg pain you usually had? 1 2 3 4 5

Now I'd like to ask you about some of the activities of daily living, things that we all need to do as a part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all.

58__

23. Can you use the telephone:

- 1 without help, including looking up numbers and dialing
- 2 with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing)
- 3 or are you completely unable to use the telephone

59__

24. Can you get to places out of walking distance:

- 1 without help (can travel alone on buses, taxis, or drive your own car)
- 2 with some help (need someone to help you or go with you when traveling)
- 3 or are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance

60__

25. Can you go shopping for groceries or clothes (assuming you have transportation):

- 1 without help (taking care of all shopping needs yourself, assuming you had transportation)
- 2 with some help (need someone to go with you on all shopping trips)
- 3 or are you completely unable to do any shopping

61__

26. Can you prepare your own meals:

- 1 without help (plan and cook full meals yourself)
- 2 with some help (can prepare some things but unable to cook full meals yourself)
- 3 or are you completely unable to prepare any meals

62__

27. Can you do your housework:

- 1 without help (can scrub floors, etc.)
- 2 with some help (can do light housework but need help with heavy work)
- 3 or are you completely unable to do any housework

63__

28. Can you take your own medicine:

- 1 without help (in the right doses at the right time)
- 2 with some help (able to take medicine if someone prepares it for you and/or reminds you to take it)
- 3 or are you completely unable to take your medicines

64__

29. Can you handle your own money:

- 1 without help (write checks, pay bills, etc.)
- 2 with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills)
- 3 or are you completely unable to handle money

65__

30. Are you in a wheelchair?

- 1 No
- 2 Yes

66_ 31. During the past 2 weeks, did you work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)

1 No 2 Yes

67_ **If no, even though you did not work during those 2 weeks, did you have a job or business?**

1 No 2 Yes

68_ 32. During the past 2 weeks, did you miss any time from a job or business because of a leg problem?

1 No 2 Yes

69-70 **If yes, during that 2-week period, how many days did you miss more than half of your scheduled work time from your job or business because of your leg problem?**

_____ Number of work-loss days (enter 0 if none)

71_ 33. During the past 2 weeks, did you miss any time from school because of your leg problem?

1 No 2 Yes

72-73 **If yes, during that 2-week period, how many days did you miss more than half of the day from school because of your leg problem?**

_____ Number of school-loss days

74_ 34. During the past 2 weeks, did you stay in bed because of your leg problem?

1 No 2 Yes

75-76 **If yes, during that 2-week period, how many days did you stay in bed more than half of the day because of your leg problem?**

_____ Number of bed days

77-78 35. Not counting the day(s) in bed, was there any other time during those 2 weeks that you cut down on the things you usually do because of your leg problem?

_____ Number of cut-down days

79-80 36. Again, not counting the day(s) missed from school, was there any other time during those 2 weeks that you cut down on the things you usually do because of your leg problem?

_____ Number of cut-down days

81_ 37. Are you currently on any blood thinner (anticoagulation) medication such as Coumadin or warfarin?

1 No 2 Yes

82_ 38. Have you ever been on any blood thinner (anticoagulation) medication such as Coumadin or warfarin?

1 No 2 Yes 3 I don't know

83-88 **If yes, for how long?** (enter number of weeks or months or years)

_____ weeks OR _____ months OR _____ years
number number number

89_ **While on treatment, did you experience any bleeding?**

1 No 2 Yes

90_ **How much of a concern were the following to you?**

A great concern Somewhat of a concern Not a concern

91_ **Interaction of Coumadin or warfarin with other medications** 1 2 3

92_ **Bleeding risk** 1 2 3

93_ **Inconvenience of having to have protime or "PT" blood levels taken for monitoring.** 1 2 3

94-95 **People often have difficulty taking or remembering to take their pills for one reason or another. Have you ever missed any or taken more than you were suppose to of your Coumadin or warfarin pills when you were taking them?**

1 No 2 Yes

96-97 **In a typical 4 weeks, on days you were supposed to take your pill(s), how many days did you miss taking your pill(s)?**

_____ number of days

In a typical 4 weeks, on how many days did you take extra Coumadin or warfarin pill(s)?

_____ number of days

Thank you!