

## Supplementary Material

Gdansk QoL

### Before the Treatment:

1. Did you know beforehand about the possibility of using compression therapy (compression stockings)? YES NO
2. Did you know beforehand about the possibility of using specialized dressings? YES NO
3. Did the presence of an ulcer restrict your access to health care? YES NO
4. Have you been denied admission to hospital because of the ulcer? YES NO
5. Do you have any history of healed ulcer previously? YES NO
6. How old is your ulcer? MONTHS YEARS
7. Do you feel pain in your wound? YES NO
8. If you answered yes to question 7, how much pain did you have the last week? 0 (no pain) to 10 (worst pain)
9. Is your leg with ulcer swollen? YES NO
10. Is your leg with ulcer warmer than other parts of your body? YES NO

To questions 11-17 please answer 0 – not at all, 1 – a little, 2 – moderately, 3 – severely:

11. To what extent have you been bothered by the smell of the wound during the last week?
12. Over the last week, to what extent have your skin problems interfered with your ability to walk?
13. To what extent were you embarrassed about the condition of your skin during the last week?
14. To what extent did skin ailments affect your social life or spending your free time during the last week?
15. To what extent did your skin problems hinder your communication by public transport during the last week?
16. To what extent did your skin problems prevent you from working or studying during the last week?
17. During the last week, to what extent were skin problems a problem in contact with your partner, friends or family?

### Follow up Questions:

1. Do you feel that your knowledge about the disease has increased? YES NO
2. Do the awareness of the possibility of receiving help (contact with a doctor) make you feel better? YES NO
3. Do you think that the therapy recommended in the clinic is effective? YES NO
4. Did you fulfill all the recommendations received in the clinic? YES NO
5. Did you increase your activity after hospitalization? YES NO
6. Were you satisfied with the course of treatment proposed by the current doctor? YES NO
7. Do you feel that the current doctor is particularly involved in the treatment? YES NO
8. Do you feel pain in your wound? YES NO
9. If you answered yes to question 7, how much pain did you have the last week? 0 (no pain) to 10 (worst pain)
10. Is your leg with ulcer swollen? YES NO
11. Is your leg with ulcer warmer than other parts of your body? YES NO

To questions 12-18 please answer 0 – not at all, 1 – a little, 2 – moderately, 3 – severely:

12. To what extent have you been bothered by the smell of the wound during the last week?
13. Over the last week, to what extent have your skin problems interfered with your ability to walk?
14. To what extent were you embarrassed about the condition of your skin during the last week?
15. To what extent did skin ailments affect your social life or spending your free time during the last week?
16. To what extent did your skin problems hinder your communication by public transport during the last week?
17. To what extent did your skin problems prevent you from working or studying during the last week?
18. During the last week, to what extent were skin problems a problem in contact with your partner, friends or family?