

ICC-COMPRESSION QUESTIONNAIRE FOR PATIENTS (ICC-CQ-P)

Dear patient,

You will receive/ have received a new compression product.

By filling out this questionnaire we would like to know your personal feeling and experience concerning your compression therapy.

The questionnaire has to be filled out before using the tested compression (part 1) and at certain time intervals after the start (part 2).

Next to some of the questions there is an 11-point scale. You should circle the number that matches your situation the best. Only if the question is not applicable for your situation, you have to tick 'not applicable'.

For example: Are you able to put on shoes over your compression device? You only may tick 'not applicable' if the compression device does not cover your foot (but only covers the arm in case of an arm sleeve for example).

It is necessary to answer each question.

Thank you for your cooperation!

Part 1. Assessment by patient - before start of tested compression

Date: ... Hour of the day: ...
 ID patient:

Physical functioning

If you need to apply compression at the level of your hand, arm or trunk, you have to score the questions under **'upper part of the body'**.
 Otherwise you have to score the questions under **'lower part of the body'**.

IN CASE YOU WEAR THE TESTED COMPRESSION AT THE **UPPER PART OF THE BODY**

How do you rate (**without compression**) ...

- | | | | |
|--|-----------------|------------------------|-----------------|
| 1. your ability to move your wrist/ fingers? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 2. your ability to move your elbow? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 3. your ability to move your shoulder? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 4. your ability to use a spoon? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |

IN CASE YOU WEAR COMPRESSION AT THE **LOWER PART OF THE BODY**

How do you rate (**without compression**) ...

- | | | | |
|-------------------------------------|-----------------|------------------------|-----------------|
| 1. your ability to move your ankle? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 2. your ability to move your knee? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 3. your ability to move your hip? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |
| 4. your ability to walk? | Not able at all | 0 1 2 3 4 5 6 7 8 9 10 | Completely able |

FOR ALL PATIENTS

How well are you (physically or mentally) able to:

5. carry out your job (paid work)?

Not able at allCompletely able

0 1 2 3 4 5 6 7 8 9 10

My score relates to the following job: (Not applicable, I have no job*)

6. complete household chores?

Not able at allCompletely able

0 1 2 3 4 5 6 7 8 9 10

(Not applicable, I do not complete household chores*)

7. practice sports?

Not able at allCompletely able

0 1 2 3 4 5 6 7 8 9 10

My score relates to the following sports: (Not applicable, I do not practise sports*)

8. carry out leisure activities?

Not able at allCompletely able

0 1 2 3 4 5 6 7 8 9 10

My score relates to the following leisure activities: (Not applicable, I do not carry out leisure activities*)

9. carry out social activities with friends (e.g. go to a party, go out for dinner)?

Not able at allCompletely able

0 1 2 3 4 5 6 7 8 9 10

(Not applicable, I do not carry out social activities*)

* And I do not perform this activity because of the disease that is treated with the compression, but because of another reason.

In case you do not perform the activity because of your disease, you have to score 0 – not able at all.

APPENDIX 1

Disease-related symptoms

Here we rate **your symptoms** associated with your disease (for example lymphoedema, lipoedema, or venous insufficiency).

Do you experience in relation to your disease, that will be treated with the tested compression, ...

	Not at all																				A lot
	↓																				↓
1. pain?	0	1	2	3	4	5	6	7	8	9	10										
2. a loss of muscle strength?	0	1	2	3	4	5	6	7	8	9	10										
3. heaviness?	0	1	2	3	4	5	6	7	8	9	10										
4. swelling?	0	1	2	3	4	5	6	7	8	9	10										
5. tight skin?	0	1	2	3	4	5	6	7	8	9	10										
6. tingling?	0	1	2	3	4	5	6	7	8	9	10										
7. leakage of fluid (out of skin)?	0	1	2	3	4	5	6	7	8	9	10										
	↑																				↑
	Not at all																				A lot

Part 2. Assessment of tested compression by patient – after application of tested compression (during follow-up)

Date: ... Hour of the day: ...
ID patient:

General questions

1. Which compression device/ system do you use? If possible, give the manufacturer and type of compression garment, bandage or pneumatic compression. For compression garments: you can copy the text of the product label: ...

2. What is your professional status: retired/ not working/ working
If working, indicate kind of work: ...
 sitting % of the time
 standing % of the time
 walking % of the time

3. Do you practise sports: yes/ no
Indicate your 3 most important sport activities: ...

4. Do you have leisure activities (outside of sports): yes/ no
Indicate your 3 most important leisure activities: ...

5. What is your family situation: married/ living together/ single

Dosage of compression

1. During the past week, how many days have you worn/ used the tested compression device/ system? ... days

2. How many hours during daytime (during waking hours) did you wear/ use the compression on average during the past week? ... hours during daytime

3. How many hours at night (during the hours sleeping in bed) did you wear/ use the compression on average during the past week? ... hours at night

APPENDIX 1

Application and removing of compression

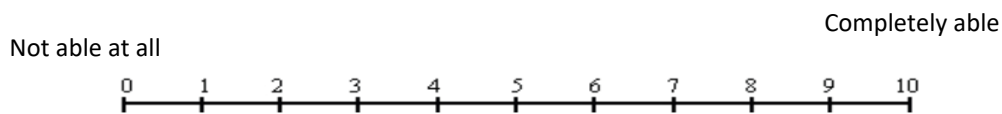


Firstly, you have to judge the ease of applying/ removing your compression product/ system when you have to apply/ remove it **independently**, without help from others or material.

Thereafter, only if you normally have help from others or from donning system, you have to judge the ease of application/ removing of your compression product/ system **with this help**.

APPLICATION OF COMPRESSION

1. Are you able to put on the compression device/ system yourself, **without help** from others or donning system?



2. Do you use help from others or donning system to put on your compression? Yes/ no

If no, go to question 3.

If yes, answer a. and b.

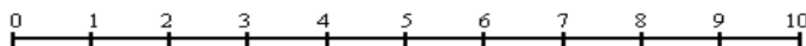
a. Indicate the kind of help you use to put on the compression:

- I receive help from other persons
- I use gloves as donning system
- I use a silk foot slip as donning system
- I use bag with double layer as donning system
- I use a butler as donning system (see picture)
- I use something else, please indicate: ...



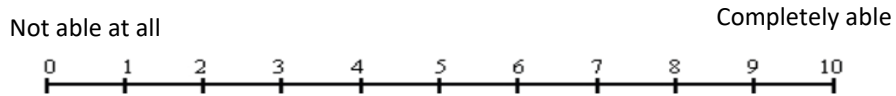
b. Are you able to put on the compression device **with help** from others or donning system?

Not able at all Completely able



REMOVING OF COMPRESSION

3. Are you able to take off the compression device yourself, **without** help from others or doffing system?



4. Do you use help from others or doffing system to take off your compression? Yes/ no

If no, go to domain 'compression comfort'.

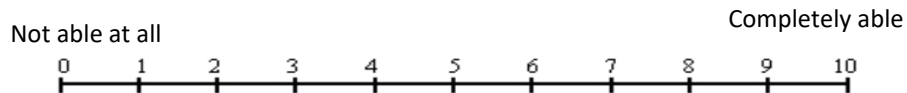
If yes, answer a. and b:

a. Indicate the kind of help you use to take off the compression:

- I receive help from other persons
- I use a butler off (see picture)
- I use a bag with one layer
- I use something else, please indicate: ...



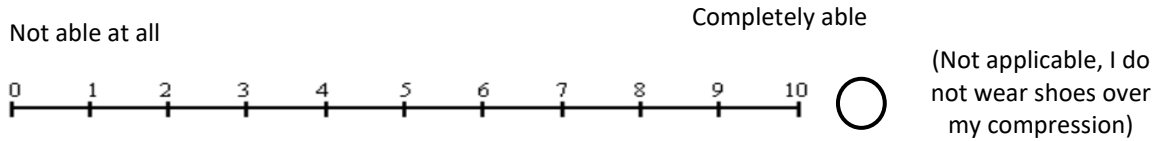
b. Are you able to take off the compression device **with** help from others or donning system?



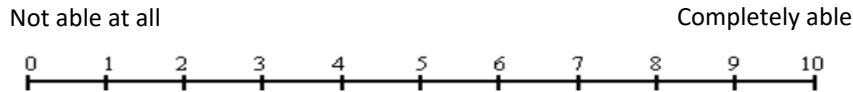
APPENDIX 1

Compression and comfort

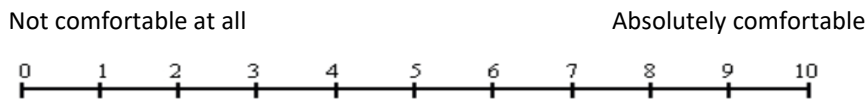
1. Are you able to put on your usual **shoes** (you like to wear) over the compression device/ system?



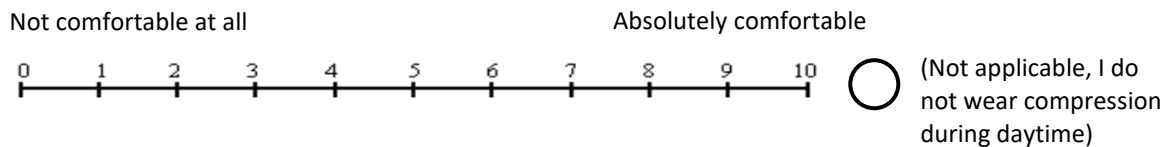
2. Are you able to wear **clothes** you like to wear over the compression device/ system?



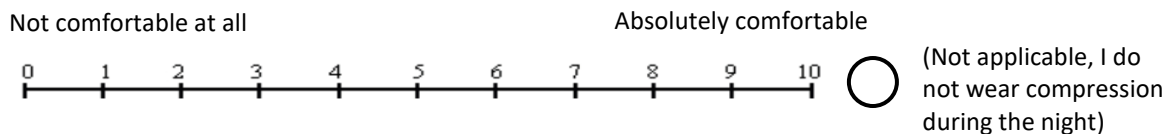
3. How does the compression device/ system feel **immediately** after you have put it on (the first day after washing)? I find the compression device/ system ...



4. How does the compression device/ system feel later on, **during the day**? I find the compression device/ system ...



5. How does the compression device/ system feel later on, **during the night**? I find the compression device/ system ...



6. How do you feel about the **appearance** of the compression device/ system? I find the appearance ...



APPENDIX 1
Complications of compression

Does the compression device/ system cause ...

	Not at all ↓		A lot ↓
1. General skin irritation (redness)?	0	1 2 3 4 5 6 7 8 9	10
2. Tender/ sore spots (because of too high local pressure of friction)?	0	1 2 3 4 5 6 7 8 9	10
3. Damage of skin?	0	1 2 3 4 5 6 7 8 9	10
4. Itching?	0	1 2 3 4 5 6 7 8 9	10
5. Warmth (if outside temperature is <25°C)?	0	1 2 3 4 5 6 7 8 9	10
6. Throbbing?	0	1 2 3 4 5 6 7 8 9	10
7. Cramps?	0	1 2 3 4 5 6 7 8 9	10
8. Cutting in?	0	1 2 3 4 5 6 7 8 9	10
9. Sliding down (slippage)?	0	1 2 3 4 5 6 7 8 9	10
10. Local swelling?	0	1 2 3 4 5 6 7 8 9	10
11. Bulky feeling?	0	1 2 3 4 5 6 7 8 9	10
12. Too tight feeling?	0	1 2 3 4 5 6 7 8 9	10
13. Other specific problems:			
..... (please indicate the problem)	0	1 2 3 4 5 6 7 8 9	10
..... (please indicate the problem)	0	1 2 3 4 5 6 7 8 9	10
	↑ Not at all		↑ A lot

APPENDIX 1

Physical functioning in relation to compression

If you need to wear/ use compression at the level of your hand, arm or trunk, you have to score the questions under '**upper part of the body**'.
Otherwise you have to score the questions under '**lower part of the body**'.

IN CASE YOU WEAR THE TESTED COMPRESSION AT THE UPPER PART OF THE BODY

How do you rate, **while you are wearing/ using the tested compression, ...**

- 1. your ability to move your wrist/ fingers?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 2. your ability to move your elbow?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 3. your ability to move your shoulder?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 4. your ability to use a spoon?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

IN CASE YOU WEAR THE TESTED COMPRESSION AT THE LOWER PART OF THE BODY

How do you rate, **while you are wearing/ using the tested compression, ...**

- 1. your ability to move your ankle?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 2. your ability to move your knee?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 3. your ability to move your hip?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

- 4. your ability to walk?
Not able at all Completely able
0 1 2 3 4 5 6 7 8 9 10

FOR ALL PATIENTS

How well are you (physically or mentally) able to:

5. carry out your job (paid work)?

Not able at all
Completely able

My score relates to the following job:

(Not applicable, I have no job*)

6. complete household chores?

Not able at all
Completely able

(Not applicable, I do not complete household chores*)

7. practice sports?

Not able at all
Completely able

My score relates to the following sports:

(Not applicable, I do not practise sports*)

8. carry out leisure activities?

Not able at all
Completely able

My score relates to the following leisure activities:

(Not applicable, I do not carry out leisure activities*)

9. carry out social activities with friends (e.g. go to a party, go out for dinner)?

Not able at all
Completely able

(Not applicable, I do not carry out social activities*)

* And I do not perform this activity because of the disease that is treated with the compression, but because of another reason.

In case you do not perform the activity because of your disease, you have to score 0 – not able at all.

APPENDIX 1

Disease-related symptoms

Here we rate **your symptoms** associated with your disease (for example lymphoedema, lipoedema, or venous insufficiency).

Do you experience in relation to your disease, that is treated with the tested compression, ...

	Not at all		A lot								
	↓		↓								
1. pain?	0	1	2	3	4	5	6	7	8	9	10
2. a loss of muscle strength?	0	1	2	3	4	5	6	7	8	9	10
3. heaviness?	0	1	2	3	4	5	6	7	8	9	10
4. swelling?	0	1	2	3	4	5	6	7	8	9	10
5. tight skin?	0	1	2	3	4	5	6	7	8	9	10
6. tingling?	0	1	2	3	4	5	6	7	8	9	10
7. leakage of fluid (out of skin)?	0	1	2	3	4	5	6	7	8	9	10
	↑		↑								
	Not at all		A lot								

General experience

8. Compared to your **previous experiences** with other compression devices, I judge the new device as ...

Completely inferior

Completely superior

0 1 2 3 4 5 6 7 8 9 10



Please indicate the product name and time of your previous experience (and in case of compression garment, also the compression class):

(Not applicable, I have no previous experience)

.....
.....