

Data Collection Form: Prospective Data (12-month follow-up)

Baseline assessment date: _____ Follow-up assessment date: _____

1. Recurrent Foot Ulceration

1.1 Baseline foot ulcer?

Left foot Yes ₁ No ₂ Location(s): _____

Right foot Yes ₁ No ₂ Location(s): _____

If no, continue to Section 2 (New Foot Ulceration)...

1.2 Healing of baseline foot ulcer?

Left foot Yes ₁ No ₂ Location(s): _____

Right foot Yes ₁ No ₂ Location(s): _____

Date of healed foot ulcer(s): _____

1.3 Recurrent breakdown of baseline foot ulcer?

Left foot Yes ₁ No ₂ Location(s): _____

Right foot Yes ₁ No ₂ Location(s): _____

Date of reoccurring foot ulcer breakdown(s): _____

2. New Foot Ulceration

2.1 New foot ulcer?

Left foot Yes ₁ No ₂ Location(s): _____

Right foot Yes ₁ No ₂ Location (s): _____

Date of discovered new foot ulcer(s): _____

3. New Lower Extremity Amputation

3.1 Baseline Lower Extremity Amputation?

Left foot Yes ₁ No ₂ Location(s): _____

Right foot Yes ₁ No ₂ Location(s): _____

3.2 New Lower Extremity Amputation(s)?

Left Yes ₁ No ₂ Location(s): _____

Right Yes ₁ No ₂ Location (s): _____

Date of new lower extremity amputation(s): _____

If no, continue to Section 4 (Episodes of Infection of the Foot or Lower Extremity)...

3.3 Reason for Lower Extremity Amputation?

Trauma ₁ Do not record
Tumour ₂ Do not record
Infected foot ulcer ₃
Peripheral arterial disease/gangrene ₄
Osteomyelitis ₅
Other _____ ₆

4. Episodes of Infection of the Foot or Lower Extremity

4.1 Lower extremity infections?

Left Yes ₁ No ₂ Type: _____

Right Yes ₁ No ₂ Type: _____

5. Episodes of Osteomyelitis

5.1 Osteomyelitis episode(s)?

Left foot Yes ₁ No ₂

Right foot Yes ₁ No ₂

6. Foot-Related Hospitalisations

6.1 Foot-Related Hospital Admission(s)?

Yes ₁ No ₂

Date of hospital admission(s): _____

Date of hospital discharge(s): _____

If no, continue to Section 7 (Revascularisation Procedure of the Lower Extremity)...

6.2 Reason for Hospital Admission?

Infected foot ulcer ₁
Lower extremity amputation ₂

Lower extremity revascularisation procedure ₃
 Peripheral arterial disease/gangrene ₄
 Cellulitis ₅
 Osteomyelitis ₆
 Other _____ ₇

6.3 Foot-Related Treatments/Procedures Received During Hospital Admission?

Prescription of antibiotics ₁
 Wound care/management ₂
 Lower extremity revascularisation procedure ₃
 Surgical debridement ₄
 Issued an offloading device (e.g. TCC, CAM) ₅
 Podiatry treatment ₆
 Lower extremity amputation ₇
 Other _____ ₈

7. Revascularisation Procedure of the Lower Extremity

7.1 Lower Extremity Revascularisation Procedure?

Yes ₁ No ₂ Type: _____

8. New Podiatry Interventions

8.1 New Attendance to Podiatry (since baseline)?

Yes ₁ No ₂ N/A ₃

8.2 New Podiatry Interventions Received (since baseline)?

Yes ₁ No ₂

If no, continue to Section 9 (Kidney Transplantation)...

8.3 Types of New Podiatry Interventions?

Nail/callus reduction ₁
 Wound care/management ₂
 Prescription of foot orthoses ₃
 Issued an offloading device (e.g. TCC, CAM) ₄
 Padding/strapping ₅
 Footwear education ₆
 Foot care education ₇
 Other _____ ₈

9. Kidney Transplantation

9.1 Kidney Transplant?

Yes ₁ No ₂

Date of kidney transplant: _____

10. Mortality

10.1 Death during study period?

Yes ₁ No ₂

Date of death: _____

10.2 Primary cause(s) of death: _____

10.3 Secondary cause(s) of death: _____

10.4 Foot-related death?

Yes ₁ No ₂