



Patient Study Number:			

Patient's DOB (mm/yyyy only)	
MM	YYYY

“A NEW WAY OF LOOKING AT YOUR LUNGS”

THORACIC ULTRASONOGRAPHY IN THE ASSESSMENT OF EXTRAVASCULAR LUNG WATER & RESPIRATORY FAILURE

REC REFERENCE: 13/SC/0319

CLINICALTRIALS.GOV IDENTIFIER: NCT01949402

PARTICIPANT VAS & ULTRASOUND SURVEY FORM (HAEMODIALYSIS STUDY ARM)

1. How breathless have you felt on average in the 24 hours before your dialysis today?

Not
breathless
at all

Worst
possible
breathlessness

2. How breathless did you feel on average after your dialysis today?

Not
breathless
at all

Worst
possible
breathlessness

3. Which statement best describes any change you have noticed in your breathing after your dialysis today? Please tick one box only.

- ☐ *My breathing feels significantly worse*
- ☐ *My breathing feels moderately worse*
- ☐ *My breathing feels slightly worse*
- ☐ *I have not noticed any change in my breathing*
- ☐ *My breathing feels slightly better*
- ☐ *My breathing feels moderately better*
- ☐ *My breathing feels significantly better*

4. How painful did you find the ultrasound scan(s) that you had today?

Not
painful
at all

Worst
possible
pain

5. How time consuming did you find the ultrasound scan(s) that you had today? Please tick one box only.

- ☐ *Very time consuming*
- ☐ *Slightly time consuming*
- ☐ *Not time consuming at all*

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6. Did the doctor performing the ultrasound scan(s) today give you a clear explanation of what they were looking for?

- ☐ YES
☐ NO

7. Did you understand what the ultrasound scan(s) being done today were looking for? Please tick one box only.

- ☐ *I understood everything about what the ultrasound scan(s) were looking for.*
☐ *I understood most things about what the ultrasound scan(s) were looking for.*
☐ *I understood a little bit about what the ultrasound scan(s) were looking for.*
☐ *I did not understand anything about what the ultrasound scan(s) were looking for.*

8. Did you want to be given more information about what the ultrasound scan(s) being done today were looking for?

- ☐ YES
☐ NO

9. Would you be willing to have the same ultrasound scan(s) that you had today in the future?

- ☐ YES
☐ NO

10. Do you have any other comments about your experience today?