

|                                  |   |
|----------------------------------|---|
| <b>Rutherford classification</b> | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>0</span><span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span> </div> |
| <b>Claudication distance</b>     | metrów  |

  

|                   |  |
|-------------------|--|
| <b>Wifl scale</b> | <b>W</b> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> <b>I</b> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> <b>fi</b> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> |
|-------------------|--|

  

| Wound  | Ischemia   | foot Infection  |
|--|--|---|
| <input type="checkbox"/> 0 – No ulcer or gangrene<br><input type="checkbox"/> 1 – Small or superficial ulcer on leg or foot, without gangrene<br><input type="checkbox"/> 2 – Deep ulcer with exposed bone, joint, or tendon ± gangrene limited to digits<br><input type="checkbox"/> 3 – Deep, extensive ulcer involving forefoot and/or midfoot ± calcaneal involvement ± extensive gangrene | <b>Toe pressure:</b><br><input type="checkbox"/> 0 – ≥60mmHg<br><input type="checkbox"/> 1 – 40-59mmHg<br><input type="checkbox"/> 2 – 30-39mmHg<br><input type="checkbox"/> 3 – <30mmHg | <input type="checkbox"/> 0 – Uninfected<br><input type="checkbox"/> 1 – Mild local infection, involving only skin and subcutaneous tissue, erythema 0.5 to ≤ 2 cm<br><input type="checkbox"/> 2 – Moderate local infection, with erythema > 2 cm or involving deeper structures<br><input type="checkbox"/> 3 – Severe local infection with signs of SIRS |

  

|   |   |
|---|---|
| <b>Subjective change in symptoms compared to postoperative condition</b>    | <input type="checkbox"/> Improvement<br><input type="checkbox"/> Worsening<br><input type="checkbox"/> Lack of significant change |
| <b>Subjective change in symptoms compared to 12-month follow-up meeting</b> | <input type="checkbox"/> Improvement<br><input type="checkbox"/> Worsening<br><input type="checkbox"/> Lack of significant change |

  

| Major adverse cardiovascular event - MACE   |  | <input type="checkbox"/> NO <input type="checkbox"/> YES (fill below) |
|---|--|---|
| Type of event   |  | Date  |
| Death   | <div style="border: 1px solid black; width: 50px; height: 25px; display: inline-block;"></div> Reason: |   |
| Myocardial infarction <div style="border: 1px solid black; width: 50px; height: 25px; display: inline-block;"></div> (fill below) |  |   |
| PCI <input type="checkbox"/> YES <input type="checkbox"/> NO  | CABG <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |
| Stroke  |  |   |
| TIA   |  |   |

|  |   |  |  |
|--|---|--|--|
| <b>Major adverse limb event - MALE</b> |   | <input type="checkbox"/> NO <input type="checkbox"/> YES ( <i>fill below</i> ) |  |
| <b>Type of event</b>                   |   | <b>Date</b>  |  |
| Major limb amputation                  | <input style="width: 50px; height: 20px;" type="text"/> |  |  |
| Minor amputation                       | <input style="width: 50px; height: 20px;" type="text"/> |  |  |
| Vascular reintervention                | <input style="width: 50px; height: 20px;" type="text"/> |  |  |

  

|               |  |               |  |
|---------------|--|---------------|--|
| <b>Height</b> | <input style="width: 80px; height: 30px;" type="text"/> cm | <b>Weight</b> | <input style="width: 80px; height: 30px;" type="text"/> kg |
|---------------|--|---------------|--|

  

|                           |                                      |   |   |   |
|---------------------------|--------------------------------------|---|---|---|
| <b>Cigarettes smoking</b> | <input type="checkbox"/> Never       | <b>Year of giving up</b>                                | <b>Years of smoking</b>                                 | <b>Packs per day</b>                                    |
|                           | <input type="checkbox"/> In the past | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> |
|                           | <input type="checkbox"/> Currently   |   |   |   |

  

|                                       |  |
|---------------------------------------|--|
| <b>Was the life quality assessed?</b> | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| <b>Questionnaire</b>                  | <b>Was fully filled?</b>                                 |
| Vascular Quality of life – VascuQol-6 | <input type="checkbox"/> YES <input type="checkbox"/> NO |

  

|                       |  |
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| <b>Other comments</b> |  |
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Supplementary Figure S1. 8-year telemedical follow-up chart.