

# Vascular Condition Survey About you

## SECTION 2

These questions will help us to understand the range of people who have responded to our survey and help make sure that many different people take part. These details will not be linked to the questions you submit. If you prefer not to answer then please leave blank.

1. Which of these categories best describes you? (Please tick all that apply)

- I have a vascular condition
- I am an informal carer of someone with a vascular condition
- I am a formal carer of someone with a vascular condition
- Prefer not to say
- Other: please describe .....
- I am an in-patient
- I am an out-patient

2. Which of these vascular conditions is relevant to you or the person with the vascular condition?

(Please tick all that apply)

- Amputation
- AAA / Aortic Aneurysm
- Carotid Disease / Stroke
- Claudication / Arterial Disease
- Critical Limb Ischaemia (rest pain / tissue loss)
- Diabetic Foot Disease
- Dialysis / Fistula
- DVT
- Leg Ulcer
- Varicose Veins
- Other: please describe

5. In which part of the UK do you or the person with the vascular condition live?

- England
- Wales
- Scotland
- Northern Ireland

First part of postcode: \_ \_ \_ \_

6. Are you or the person with the vascular condition:

- White
- Black
- Asian
- Mixed race
- Chinese
- Prefer not to say

Other: .....

3. Are you or the person with the vascular condition:

- Female
- Male
- Prefer not to say

4. What is your (or the person with the vascular condition) age in years?

Would you like to take part in the next stage of this project? Please provide your contact details:

Name: \_\_\_\_\_

Email or Post Address: \_\_\_\_\_

TELL US WHAT YOU THINK...

# WHAT VASCULAR RESEARCH QUESTIONS WOULD YOU LIKE TO SEE ANSWERED?

The VASCULAR Priority Setting Partnership (PSP) is an exciting opportunity for patients, carers and members of the public to have their say in what is important future research for Vascular conditions.

## WHO CAN COMPLETE THE SURVEY?

Anyone who lives with a vascular condition and those who care for them are invited to provide their views to the Vascular PSP survey.



It only takes 10 minutes to complete!  
Turn over to start the survey



You can also submit your suggestions online:

[www.hyms.ac.uk/vascularpsp](http://www.hyms.ac.uk/vascularpsp)



Scan for Survey



#VascularJLA

In Partnership with:



# Vascular Condition Survey

## Setting Future Research Priorities

### How to participate:

#### Online

To complete this survey online visit:  
[www.hyms.ac.uk/vascularpsp](http://www.hyms.ac.uk/vascularpsp)

#### Send paper version by post to:

**FREEPOST RTJB-TRAJ-ZAXC**

UNIVERSITY OF HULL,  
ICHR, 3RD FLOOR ALLAM MEDICAL  
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COTTINGHAM ROAD  
HULL, HU6 7RX

### Why we need you

We are looking to create a national Top 10 list of research priorities for vascular conditions. We want ideas and thoughts from people with different experiences and backgrounds. This is your chance to make sure research addresses questions that are important to you and others.

It is important that the vascular research community know where best to target money and research time.

### What will happen to the results?

We will use the results of this survey to guide future research. Your responses will help researchers focus on the most urgent needs of people living with vascular conditions.

Vascular PSP Coordinator:  
[Judith.long@hyms.ac.uk](mailto:Judith.long@hyms.ac.uk)

## COMPLETING THIS SURVEY

Please help us by completing this short survey. Tell us about what questions you have about the diagnosis, or treatment of vascular conditions. You can submit as many or as few questions as you wish.

We are looking for **your** questions in **your own words**. Please write a short question or a sentence about something that is important to you.

Your responses will be collated by the research team and summarised for the next round of survey.

You will be asked for personal details at the end of this survey. You do not need to provide them if you don't want to. Any personal details you do provide will be kept secure and separately from your survey answers.

### Would you like to help us with the next step?

Once the survey has closed we would like to get back in touch for your help with putting the research topics into order of importance or urgency. If you would like to take part in this please provide your contact details on the back page.

T \_ \_ \_  
For office Use

## Vascular Condition Survey

### Your Opinion Matters!

### SECTION 1

- Please write questions below about vascular conditions you would like to see answered by research. Your questions could be about the cause of vascular conditions, how to prevent them, how they are diagnosed, current screening methods, treatments and day to day management.
- In each box, please write the name of the vascular disease or condition (if known) to which your question relates, e.g. AAA, diabetic foot, stroke, amputation, varicose veins, DVT, dialysis, claudication... This will help the research team to organise the responses.

#### My first question

Vascular disease / condition

#### My second question

Vascular disease / condition

#### My third question

Vascular disease / condition

#### My fourth question

Vascular disease / condition