



**Lower Extremity
TESS
Questionnaire**

Patient's Initials: Reg No.: TNO:

Date of Birth: dd / mmm / yyyy

Hospital No:

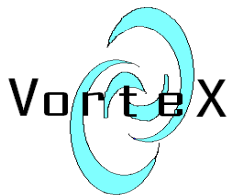
Hospital Name: _____

Consultant: _____

Please tick appropriate box to indicate form completion

Pre Op/ Registration:	<input type="checkbox"/>
Post Op Oncology Appointment:	<input type="checkbox"/>
3 Month Follow Up:	<input type="checkbox"/>
6 Month Follow Up:	<input type="checkbox"/>
12 Month Follow Up:	<input type="checkbox"/>
18 Month Follow Up:	<input type="checkbox"/>
24 Month Follow Up:	<input type="checkbox"/>

Once completed please return to the VortEX Trial Office:
Cancer Research UK Clinical Trials Unit
Institute for Cancer Studies
University of Birmingham
Birmingham B15 2TT



PATIENT DEMOGRAPHIC INFORMATION FORM

TORONTO EXTREMITY SALVAGE SCORE

Patient's Initials: [][] Reg No. [][][][] TNO [][][]

Please complete the following questions:

1.a. Please state your current work status:

- Employed full-time
Employed part-time
Unemployed
Retired
Student
Disabled

1.b. If you are employed, please give your current job title:

[Empty text box for job title]

Re-code: 1 [] Active 2 [] Sedentary

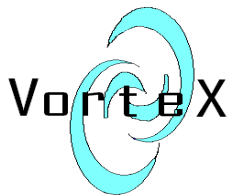
1.c. Briefly describe your leisure or recreational activities (examples: sports, gardening, reading):

[Empty text box for leisure activities]

Re-code: 1 [] Active 2 [] Sedentary

2.a. Are you regularly taking pain medication:

- None
NSAIDS e.g. Ibuprofen
Mild pain killers e.g. Paracetamol, Co-dydramol
Strong pain killers e.g. Morphine



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2.b. Frequency of pain medication:

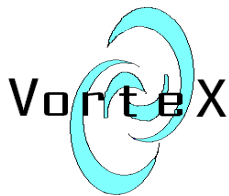
- Not applicable i.e. no medication
- Intermittent
- Once a day
- Twice a day
- 3 times or more a day

3. Describe the mobility or walking aid you use:

- No aid
- One cane or crutch
- Two canes
- Two crutches
- Walker
- Wheelchair
- Motorised wheelchair or scooter

4. List the factors that limit your ability to perform your everyday activities:

- None
- Pain
- Stiffness
- Fatigue
- Weakness
- Other (please specify below)



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The following questions are about activities commonly performed in daily life. Each question asks that you mark each item (as in the examples below) opposite the description that best describes your ability to perform each task during the **past week**. Some activities will be extremely easy for you to do, others will be extremely difficult or impossible.

EXAMPLE

Riding a bicycle is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

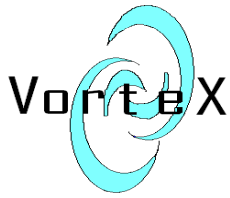
You should choose the response "impossible to do.." if the activity is **something that you normally do** in your daily activities but are **now unable to do** because of physical limitations such as weakness, stiffness, or pain.

If you do not perform an activity as part of your normal lifestyle you would choose the response "99" to indicate that the item is not applicable.

Mark all items ensuring that you choose the description that most accurately describes your abilities in the **past week**.

1. Putting on a pair of trousers is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me



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2. Putting on shoes is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

3. Putting on a pair of socks or stockings is:

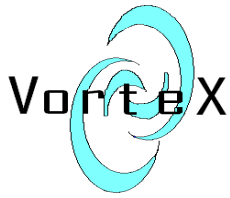
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

4. Showering is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

5. Light household chores such as tidying and dusting are:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me



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6. Gardening is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

7. Preparing meals is:

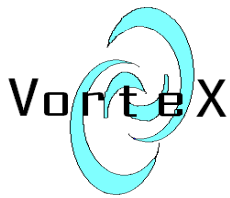
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

8. Going shopping is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

9. Heavy chores such as vacuuming and moving furniture is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
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10. Getting in and out of the bath is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

11. Getting out of bed is:

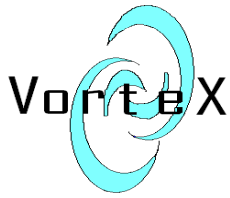
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

12. Rising from a chair is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

13. Kneeling is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me



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14. Bending to pick something up off the floor is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

15. Walking upstairs is:

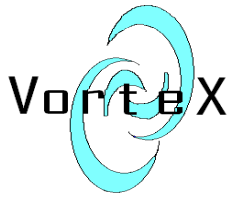
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

16. Walking downstairs is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

17. Driving is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me



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18. Walking within the house is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

19. Walking outdoors is:

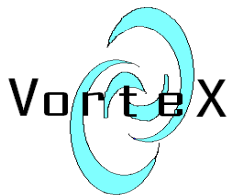
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

20. Sitting is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

21. Walking up or down hills or a ramp is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
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22. Standing is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

23. Getting up from kneeling is:

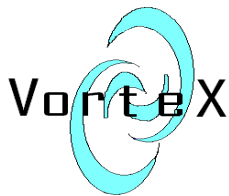
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

24. Getting in and out of a car is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

25. Participating in sexual activities is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
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26. Completing my usual duties at work is:

(work includes a job outside the home or as a home maker.)

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

27. Working my usual number of hours is:

(working includes both a job outside the home and as a homemaker.)

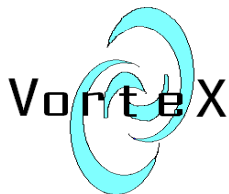
- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

28. Participating in my usual leisure activities is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me

29. Socialising with friends and family is:

- 1 Impossible to do
- 2 Extremely difficult
- 3 Moderately difficult
- 4 A little bit difficult
- 5 Not at all difficult
- 99 This task is not applicable to me



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30. Participating in my usual sporting activities is:

- 1 [] Impossible to do
2 [] Extremely difficult
3 [] Moderately difficult
4 [] A little bit difficult
5 [] Not at all difficult
99 [] This task is not applicable to me

A. Considering all the activities in which I participate in daily life, I would rate my ability to perform these activities during the past week as:

- 1 [] Impossible to do
2 [] Extremely difficult
3 [] Moderately difficult
4 [] A little bit difficult
5 [] Not at all difficult

B. I would rate myself as being:

- 1 [] Completely disabled
2 [] Severely disabled
3 [] Moderately disabled
4 [] Mildly disabled
5 [] Not at all disabled

Please comment below on any activities you find difficult to perform or on any other difficulties you experience due to the problem you currently have in your leg that you feel are important and have not been asked about in this questionnaire

Four horizontal lines for text input.

Please check to make sure that you have not missed any questions. Thank you for taking the time to answer these questions.