



Appendix to Anne-Katrine Lislegaard Næs, Vidar Halsteinli, Arne Seternes. Steam ablation versus stripping of great saphenous varicose veins. Tidsskr Nor Legeforen 2019; 139. doi: 10.4045/tidsskr.18.0525.

This appendix is a supplement to the article and has not been subject to editorial revision.

Part 1

Question 1:

Employment and Education:

(Please indicate your highest level of education.)

- Less than 7 years of schooling
- Primary + lower secondary (7–9 years)
- Upper secondary (10–11 years)
- Upper secondary (12 years)
- University college (13–15 years)
- University (16 years+)

Question 2:

Current occupational status:

(Select all that apply.)

- | | | | |
|--|----|-----|----------------|
| I am retired | No | Yes | -If yes _____% |
| I am in regular paid employment | No | Yes | -If yes _____% |
| I am in school/education | No | Yes | -If yes _____% |
| I receive a work assessment allowance | No | Yes | -If yes _____% |
| (Includes rehabilitation allowance, occupational allowance, time-limited incapacity benefit) | | | |
| I am unemployed | No | Yes | -If yes _____% |
| I receive permanent incapacity benefit | No | Yes | -If yes _____% |
| I receive state financial assistance | No | Yes | -If yes _____% |
| Other benefits | No | Yes | -If yes _____% |

If other benefits, please specify: _____ (For example, private pension, KLP (public sector occupational pension), Norwegian Public Service Pension Fund, Qualification Programme, etc.)

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The following questions should be answered if you are in full or part-time employment

Question 3:

Are you, or have you recently been, on sick leave? No Yes -If yes_____%

Sick leave (duration): from (date), to (date): _____

Question 4:

How would you describe your work?

(Please tick)

- Mostly sedentary work
(e.g. desk job, assembly line worker)
 - Work that requires a lot of walking
(e.g. shop assistant, light industrial work, teaching)
 - Work that requires a lot of walking and heavy lifting
(e.g. postman, carer, construction work)
 - Heavy manual labour
(e.g. forestry, heavy agricultural work, heavy construction work)
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Question 5:

Can you decide for yourself how your work is organised?

(Select only one)

- No, not at all
 - Only a little
 - Yes, to a large degree
 - Yes, I decide for myself
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Question 6:

Are you self-employed? Yes No

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Part 2:

Question 1:

By daily activities, we mean chores that are typically performed each day. These may include, for example, dressing and undressing, preparing meals, shopping, housework, etc.

Have you resumed all of your daily activities after your treatment? Yes No

If Yes:

When were you able to resume all of your daily activities after your treatment?

Date: _____

Question 2:

Do you feel that your ability to perform daily activities is limited as a result of your treatment?

Yes No

If No:

For how many days did you feel that your daily activities were limited as a result of your treatment?

Number of days: _____

Question 3:

Have you resumed exercise/sport after your treatment? Yes No

If Yes:

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When were you able to resume exercise/sport after your treatment?

Date: _____

Not applicable

The next three questions should be answered if you are in employment

Question 4:

Have you partly or fully returned to regular work after your treatment? Yes No

If Yes:

On what date did you partly or fully return to regular work after your treatment?

Returned part-time: Date: _____ Percentage: _____

Returned full-time: Date: _____

Question 5:

In your opinion, on what date could you have returned to work (irrespective of which day of the week it was)?

Date: _____

Question 6:

How many days do you think it is necessary to be off work as a result of the treatment that you underwent? (Include holidays and weekends if appropriate)

Number of days: _____