This is a **Sample** version of the

**Diabetic Foot Ulcer Scale (DFUS)**

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- DFUS Overview information
- DFUS Scoring/ Administration instructions
- DFUS Complete Questionnaire/ Assessment + DFUS short form questionnaire.
- DFUS Clinical Validity

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The Diabetic Foot Ulcer Scale (DFS): a quality of life instrument for use in clinical trials

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ABSTRACT
The diabetic foot ulcer scale (DFS) questionnaire is a specific instrument designed to assess the impact of foot ulcers and their treatment on quality of life in people with diabetes. Based on the results of semi-structured interviews and focus-group discussions with foot ulcer patients and caregivers, the DFS consists of 58 items grouped into 11 domains: leisure, physical health, daily activities, emotions, noncompliance, family, friends, positive attitude, treatment, satisfaction, and financial.

Two studies have been conducted to develop and validate the DFS. The first of these included 173 patients with diabetes and current foot ulcers (n = 48), healed foot ulcers (n = 54), or no history of foot ulcers (n = 71). A generic measure of health status, the SF-36, was used to test construct validity.

The DFS had good internal consistency. Significant differences between patients with current ulcers and those with healed ulcers were observed in the mean scores for the leisure, emotions, and financial domains (p < 0.05). Marked differences were also observed in physical health, daily activities, and friends domains, indicating that the DFS is able to discriminate patients with healed ulcers from those with current ulcers.

The DFS was further evaluated in a relevant clinical setting (n = 288): confirmatory factor analysis confirmed the hypothesised factor structure of the DFS, but with slight suggestions for improved scaling. The DFS scales also demonstrated adequate test–retest reliability and sensitivity to change in wound status over time, indicating its appropriateness for use in clinical trials.

KEYWORDS
diabetes; foot ulcer; quality of life; treatment; diabetic foot ulcer scale

Introduction
Neuropathic ulcers of the lower extremity are a common and potentially serious complication of diabetes. Each year, 2.3% of people with diabetes develop foot ulcers, while 15% of all patients with diabetes will develop chronic ulcers on the foot or lower extremity during their lifetime. These diabetic foot ulcers are associated with increased morbidity and mortality rates. For example, the annual amputation rate for people with diabetes is 15 times higher than the amputation rate for nondiabetic individuals, and less than 40% of those individuals with diabetes will survive for 5 years or longer following a lower extremity amputation.

In a study of 6000 patients with diabetes in the United Kingdom, 2% were found to have active foot ulcers and 2.5% had undergone an amputation.

In healthy individuals, most foot lesions will eventually resolve with proper wound care. In individuals with diabetes, however, the aetiology of foot ulcers is multifactorial and the healing process can last several months, even in the absence of complications. The prolonged healing time and complex treatment, which requires adherence to a nonweight-bearing regimen, can represent a significant burden to patients and their families. Lack of compliance with a nonweight-bearing regimen is a problem in a proportion of patients, and ulcer recurrence rates are high (35% after 3 years; 70% after 5 years).

Along with increased morbidity, foot ulcers can lead to lifelong disability and may substantially diminish the quality of life for these patients. Specifically, patients with diabetic foot ulcers have restrictions on mobility, poor psychosocial adjustment, and lower self-perceptions of health than patients who do not have ulcers. To date, however, no specific quality-of-life instrument has been developed for use in the care and management of nonhealing diabetic foot ulcers. An understanding of the specific effects of chronic diabetic foot ulcers on individual patients’ quality of life is central to the direction of treatment, management of compliance, and patient/practitioner communication.

The objective of this study was to develop a specific instrument to measure the impact of diabetic foot ulcers on the quality of life of patients. This instrument was developed for use in clinical trials to assess the benefit of treatments that promote ulcer healing.

Methods
Item/scale identification
The quality of life concepts relative to foot ulcers were initially identified in a pilot...
Diabetic Foot Ulcer Scale (DFS) Questionnaire

The diabetic foot ulcer scale (DFS) questionnaire is a quality of life instrument designed specifically to assess the impact of foot ulcers and their treatment on quality of life in people with diabetes, and has been validated in cross-sectional and longitudinal studies. Of note, the DFS is an instrument specific to foot ulcers, and not to diabetes.

The DFS can discriminate between patients with diabetes with healed ulcers and current ulcers, is sensitive to changes in wound status, and is therefore appropriate for use in clinical trials of patients with diabetic foot ulcers.

Scoring:

The DFS consists of 58 items grouped into 11 domains: leisure, physical health, daily activities, emotions, noncompliance, family, friends, positive attitude, treatment, satisfaction, and financial.

DFS scores are based on the sum of all items associated with that domain.

All of the DFS scales were scored from 0 to 100, with higher scores indicating better quality of life.

The following Table 1. shows the DFS questions in there prospective domains :

This is the end of the SAMPLE DFUS scoring instructions. Please return to page 1 to purchase complete version.
**Table 1. Content of the Diabetic Foot Ulcer Scale (DFS): Domains and Items**

| Domain: Leisure | 5a) Have you done things that you knew were not good for you such as eating, drinking, or smoking too much?  
| 5b) Did you disregard medical advice about how to care for your ulcer?  
| Domain: Physical Health |  
| (Six items scaled as 1 = none of the time, 2 = a little bit of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time)  
| Because of your foot problems, how often have you felt:  
| 2a) Fatigued or tired?  
| 2b) Drained?  
| 2c) That you had difficulty sleeping?  
| 2d) Pain while walking or standing?  
| 2e) Pain during the night?  
| 2f) Unwell because of taking antibiotics or other medicine for infection?  
| Domain: Daily Activities |  
| (Six items scaled as 1 = none of the time, 2 = a little bit of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time)  
| Because of your foot problems, how often have you:  
| 3a) Had to depend on others to help you look after yourself?  
| 3b) Had to depend on others to do household chores such as cooking, cleaning, or laundry?  
| 3c) Had to depend on others to get out of the house?  
| 3d) Had to spend more time planning or organising your daily life?  
| 3e) Felt that doing anything took longer than you would have liked?  
| 3f) Felt restricted in your daily life?  
| Domain: Emotions |  
| (17 items scaled as 1 = not at all, 2 = slightly, 3 = moderately, 4 = quite a bit, and 5 = extremely)  
| Because of your foot problems, have you felt:  
| 4a) Angry because you were not able to do what you wanted to do?  
| 4b) Frustrated by others doing things for you when you would rather do them yourself?  
| 4c) Frustrated because you were not able to do what you wanted to do?  
| 4d) Helpless to cure your ulcer(s)?  
| 4e) Worried that your ulcer(s) will never heal?  
| 4f) Worried that you may have to have an amputation?  
| 4g) Worried about injury to your feet?  
| 4h) Depressed because you were not able to do what you wanted to do?  
| 4i) Worried about getting ulcers in the future?  
| 4j) Worried about being a burden on others?  
| 4k) That you have no control over your life?  
| 4l) Angry that this has happened to you?  
| 4m) Alone?  
| 4n) Frustrated because you have difficulty in getting about?  
| 4o) Frightened about the future?  
| 4p) Badly about yourself because you can no longer work or be productive?  
| 4q) Hopeless; that things will never get better?  
| Domain: Noncompliance |  
| (Two items, each scaled differently; see below)  
| Because of your foot problems, how often:  
| 5a) Have you done things that you knew were not good for you such as eating, drinking, or smoking too much?  
| 5b) Did you disregard medical advice about how to care for your ulcer?  
| Domain: Family |  
| (Five items scaled as 1 = not applicable/no spouse/no family, 2 = none/not at all, 3 = a little bit, 4 = quite a bit, and 5 = a great deal)  
| Because of your foot ulcer problems, how much:  
| 6a) Strain has there been on your relationship with your spouse or partner?  
| 6b) Strain has there been on your relationship with other family members?  
| 6c) Do you argue with your spouse or partner?  
| 6d) Have you felt that you are a burden on your family?  
| 6e) Have you felt that there has been a decline in your sexual relations?  
| Domain: Friends |  
| (Five items scaled as 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = a great deal)  
| Because of your foot ulcer problems, how much have you felt:  
| 7a) Guilty because your friends have to change plans to fit in with your limitations?  
| 7b) That your circle of friends is getting smaller?  
| 7c) That there are restrictions on the kinds of things you do with your friends?  
| 7d) Hindered in your social life?  
| 7e) That you are a burden on your friends?  
| Domain: Treatment |  
| (Four items scaled as 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely)  
| Because of your foot ulcer problems, how much are you bothered by:  
| 8a) Having to keep the weight off your foot ulcer?  
| 8b) The amount of time involved in caring for your foot ulcer (including dressing changes, waiting for the district nurse, and keeping the ulcer clean)?  
| 8c) The appearance, odor, or leaking of your ulcer?  
| 8d) Having to depend on others to help you care for your foot ulcer?  
| Domain: Satisfaction |  
| (One item scaled as 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely)  
| 9) How satisfied have you been with your medical care for your foot ulcer problems?"  
| Domain: Positive Attitude |  
| (Five items scaled as 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = a great deal)  
| Because of your foot ulcer problems:  
| 10a) Have you been taking better care of your feet?"  
| 10b) Have you been taking better care of yourself in general?"  
| 10c) Have you felt closer to a spouse or a partner?"  
| 10d) Have you a greater appreciation of your friends?"  
| 10e) Have you felt happier?"  
| Domain: Financial |  
| (Two items, each scaled differently; see below)  
| Because of your foot ulcer problems:  
| How much money have you spent out of your own pocket on other things such as shoes, taxis, higher phone bills, and home modification? (Scaled as 1 = none, 2 = a little bit, 3 = some, 4 = quite a bit, and 5 = a great deal)  
| How bothered have you been by the money you have spent out of your own pocket on things such as shoes, taxis, higher phone bills, and home modification? (Scaled as 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely)  

*These items not reverse coded before summation of domains.*
Diabetic Foot Ulcer Scale: Patient

INSTRUCTIONS:

These questions ask about the effect that foot ulcer problems may have on your daily life and wellbeing. Please read each question carefully and think about the effect of your foot ulcer problems.

Answer every question by circling one number on each line. If you are unsure about how to answer a question, please give the best answer you can.
1. How much have your foot ulcer problems:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) stopped you from doing the hobbies and recreational activities that you enjoy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) changed the kinds of hobbies and recreational activities that you enjoy doing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) stopped you from getting away for a holiday or a weekend break</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) made you choose a different kind of holiday or short break than you would have preferred</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) meant that you had to spend more time planning and organizing for leisure activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
2. Because of your foot ulcer problems, how often have you felt:

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) fatigued or tired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) drained</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) that you had difficulty sleeping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) pain while walking or standing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) pain during the night</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f) unwell because of taking antibiotics or other medicine for infection*</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*If you have not taken antibiotics or other medicine for infection, circle “None of the time”

This is the end of the SAMPLE DFUS questionnaire. Please return to page 1 to purchase complete version.
Diabetic Foot Ulcer Scale - Short Form (DFS-SF)

**Background:** The Diabetic Foot Ulcer Scale (DFS) provides comprehensive measurement of the impact of diabetic foot ulcers on patients’ QOL through self-administration of 64 items comprising 15 subscales.

**Objective:** To develop and evaluate a short form of the DFS (DFS-SF) to reduce patient burden and the number of outcome measures, and to improve sensitivity to change in clinical condition.

**Methods:** The DFS-SF was created through the analysis of data from a doubleblind, placebo-controlled, randomised trial of the efficacy and safety of becaplermin (recombinant human platelet-derived growth factor BB) in the treatment of chronic, full-thickness, neuropathic, diabetic foot ulcers. Using these data, items demonstrating poor psychometric properties were eliminated. Exploratory factor analyses were then conducted to develop a new, more parsimonious scaling algorithm that optimised the internal consistency of the new subscales. Finally, data from two additional clinical trials were used to assess replicability of the DFS-SF subscale structure.

**Results:** The DFS-SF contains a total of 29 items comprising six subscales. The results of both confirmatory and exploratory factor analyses provided support for the scaling algorithm. The DFS-SF subscales showed good internal consistency, reliability and construct validity, and demonstrated sensitivity to ulcer healing.

**Conclusions:** The results of this investigation indicate that the DFS-SF has good psychometric properties and replicability.