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## Diabetic Foot Ulcer

Diabetic Foot Ulcer (DFU) is defined as the presence of deep tissue infection, ulceration, and/or destruction associated with neurological abnormalities and varying degrees of Peripheral Vascular Disease (PVD) in people with diabetes mellitus [1].

The consequences of DFU are not only limited to the affected limb, but also to the worsening Quality of Life (QoL) of patients and their caregivers. The consequences are related to functional impairment that

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possible scale results. Responsiveness (n=34) was assessed through the wound area obtained by photography and evaluated by the Image J Features program and the DFS-SF score at two moments, with a 4-week interval between them. The ceiling and floor effect analysis showed no ceiling or floor effects. Responsiveness was observed in the wound area, but not in the DFS-SF scores in the times [6].

The management of care for the person with DFU involves the periodic evaluation of all factors involving wound healing, requiring changes in treatment and continuous recommendations. Developing skills to understand what is going on in people's lives to improve health professional-patient interaction and to study specific interventions to improve QoL contributing to adaptation to the new life situation is paramount and pressing [10].

The use of DFS-SF in clinical practice can lead to a better understanding of the factors that interfere in the healing of wounds and in people's daily lives, giving more emphasis to some primary factor—assessing not only the physical aspect of the disease, such as pain or discomfort, but also taking into account the social factors that can be affected by living with a chronic disease. Thus, holistic care has an important role in making a difference in people's lives, focusing not only on the disease, but on all the factors that interfere in QoL, besides improving the communication between the health team and the patient, offering integral assistance.

The impact of the use of this instrument will provide important information that can collaborate to the way health professionals can help people with DM, both in assistance and management; through the creation and evaluation of intervention programs to improve QoL and public policies, aiming at understanding the factors that interfere in the QoL of people with DFU and offer them the best form of care.

## CONCLUSION

A questionnaire with evidences of validity and reliability strengthens these measures and can help public health managers to prioritize actions and research, identifying gaps in knowledge regarding the care of people with DFU in order to increase the quality of care.