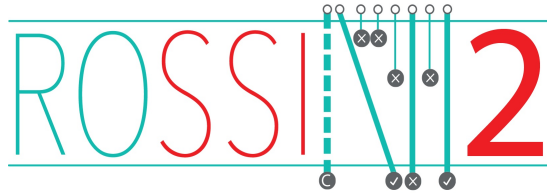


TRIAL ID: Initials: F M LSite ID: UNIVERSITY OF
BIRMINGHAM

QUALITY OF LIFE QUESTIONNAIRE (EQ-5D-5L)

FOR BASELINE ONLY - The EQ-5D-5L questionnaire should be given to participants to complete **after consent and prior to randomisation**. As participants are randomised in theatre, the ROSSINI 2 Trial ID will not be known at this point. Please ensure the Trial ID is added following surgery.

TO BE COMPLETED BY THE PATIENT

Please indicate the time point by ticking the relevant box: *(Please tick one)*

- Baseline (Before surgery)
- Day 7 (or Discharge)
- Day 30-37
- Ongoing SSI

Date EQ-5D-5L completed: e.g. 31-JAN-2017 - -

Thank you for completing the EQ-5D-5L. Please return the ORIGINAL to: ROSSINI 2 Trial Office, Birmingham Clinical Trials Unit (BCTU), Public Health Building, University of Birmingham, Edgbaston, Birmingham, B15 2TT.



Health Questionnaire

English version for the UK

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Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

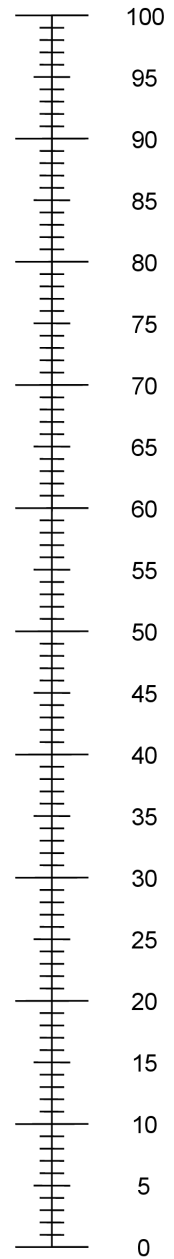
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Please mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

The best health
you can imagine



YOUR HEALTH TODAY =