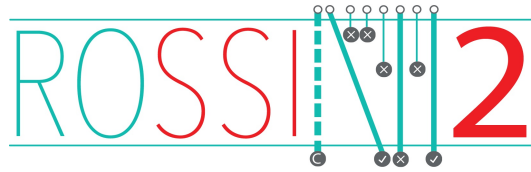


TRIAL ID: Initials: Site ID: 

WOUND HEALING QUESTIONNAIRE (WHQ)

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

- Day 30 - 37
- Ongoing SSI

Date WHQ completed: *e.g. 31-JAN-2017* - - Please ask the questions and give the options to the patient. Please tick the **ONE** answer that is most relevant to their experience.

Since your surgery...

- | | | | | |
|---|----------------------------------|--------------------------------|-----------------------------------|-----------------------------|
| 1. Was there redness spreading away from the wound? (erythema/cellulitis) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 2. Was the area around the wound warmer than the surrounding skin? | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 3. Has any part of the wound leaked clear fluid? (serous exudate) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 4. Has any part of the wound leaked blood-stained fluid? (haemoserous exudate) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 5. Has any part of the wound leaked thick and yellow/green fluid? (pus/purulent exudate) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 6.a. Have the edges of any part of the wound separated/gaped open on their own accord? (spontaneous dehiscence) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |

Please answer 6.b only if you have said the edges of the wound separated/gaped open

- | | | | | |
|---|----------------------------------|--------------------------------|-----------------------------------|-----------------------------|
| 6.b Did the deeper tissue also separate? | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 7. Has the area around the wound become swollen? | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 8. Has the wound been smelly? | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 9. Has the wound been painful to touch? | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 10. Have you had, or felt like you have had, a raised temperature or fever (fever >38°C) | <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Quite a bit | <input type="radio"/> A lot |
| 11. Have you sought advice because of a problem with your wound, other than at a planned follow-up appointment? | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 12. Has anything been put on the skin to cover the wound? (dressing) | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 13. Have you been back into hospital for treatment of a problem with your wound? | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 14. Have you been given antibiotics for a problem with your wound? | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 15. Have the edges of your wound been deliberately separated by a doctor or nurse? | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 16. Has your wound been scraped or cut to remove any unwanted tissue? (debridement of wound) | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 17. Has your wound been drained? (drainage of pus / abscess) | <input type="radio"/> No | <input type="radio"/> Yes | | |
| 18. Have you had an operation under general anaesthetic for treatment of a problem with your wound? | <input type="radio"/> No | <input type="radio"/> Yes | | |

TRIAL ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: <input type="text"/> F <input type="text"/> M <input type="text"/> L	Site ID: _____
--	--	----------------



Completed by:

Full Name: (PRINT NAME) _____	Signature: _____
Position: _____	Date: e.g. 31-JAN-2017 <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>

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

FOR ROSSINI 2 TRIALS OFFICE USE ONLY:

Received by: _____	Entered by: _____	Checked by: _____
Date: e.g. 31-JAN-2017 <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>	Date: e.g. 31-JAN-2017 <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>	Date: e.g. 31-JAN-2017 <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>