Version 1.0 (28/07/2010)

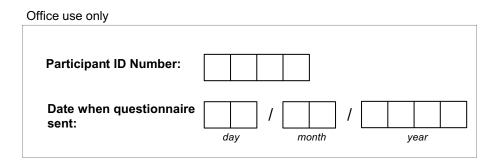
THE UNIVERSITY of York



CONFIDENTIAL

PROximal Fracture of Humerus: Evaluation by Randomisation (ProFHER) Trial

Two year questionnaire to find out how you are and your health care needs after your shoulder fracture





PROximal Fracture of Humerus: Evaluation by Randomisation (ProFHER) Trial A multi-centre randomised controlled trial funded by NHS R&D Health Technology Assessment Programme (International Standardised Randomised Controlled Trial Number 50850043)

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study.

The responses you give in this questionnaire will help us to find out if the care you received was helpful for your shoulder fracture.

Please answer **all** the questions. Although some questions may appear similar, it is still important that you answer every one.

If you find it difficult to answer a question, please give the best answer you can.

Please follow the instructions for each section carefully.

For sections where you are asked to put a cross in the box, please do this as follows. For example, if your answer to the following question is **No**, you should place a cross firmly in the box next to **No**.

Yes Do you drive a car?

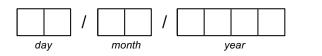
No	∇

Please use a black or blue pen for all of the questions.

Please do not use a pencil or any other coloured pen.

Please read all the instructions for each section.

The responses you give will be treated in the utmost confidence. The study team will not tell anyone else what you have written.



YOUR SHOULDER PROBLEM

The following questions ask about the problems that the shoulder you had injured has caused you **during the past 4 weeks**. Please answer every question with a cross. If you are unsure about how to answer a question, please give the best answer you can.

Which shoulder did you injure? (Please cross one box only)	Left	Right
· · · · · · · · · · · · · · · · · · ·		

1. During the **past 4 weeks**, how would you describe the worst pain you had from your injured shoulder?

(please cross one box only)

None	Mild	Moderate	Severe	Unbearable

2. During the **past 4 weeks**, have you had any trouble dressing yourself because of your injured shoulder?

(please cross one box only)

No trouble at all





Extreme difficulty

Imp	0	ssi	ibl	e
t	0	dc)	
			l I	

3. During the **past 4 weeks**, have you had any trouble getting in and out of a car or using public transport because of your injured shoulder? (whichever you tend to use)

(please cross one box only)



4. During the **past 4 weeks**, have you been able to use a knife and fork - at the same time?

(please cross one box only)



5. During the **past 4 weeks**, could you do the household shopping on your own?

(Please cross one box only)

Yes, easily
With little difficulty
With moderate difficulty
With extreme impossible

Image: Image

6. During the **past 4 weeks**, could you carry a tray containing a plate of food across a room?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible

7. During the **past 4 weeks**, could you brush/comb your hair with the affected arm?

(Please cross one box only)



8. During the **past 4 weeks**, how would you describe the pain you usually had from your injured shoulder?

(Please cross one box only)

None	Very mild	Mild	Moderate	Severe

2786553961

9. During the past 4 weeks, could you hang your clothes up in a wardrobe, using the affected arm?

(Please cross one box only)



No,

10. During the **past 4 weeks**, have you been able to wash and dry yourself under both arms?

(Please cross one box only)

Yes, easily With little With moderate With extreme difficulty difficulty difficulty impossible

11. During the **past 4 weeks**, how much has pain from your injured shoulder interfered with your usual work (including housework)?

(Please cross one box only)

(Please cross one box only)

Not at all A little bit Moderately Greatly Totally

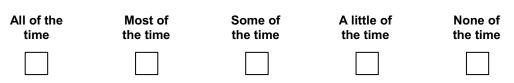
12. During the **past 4 weeks**, have you been troubled by pain from your injured shoulder in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
				4253553962

	YOU	JR GENERAL HEAL	тн	
		ur views about your l how well you are abl		
Answer each qu	estion by marking	a cross in the box th	at best describes yo	ur answer.
In general, would	you say your heal	th is:		
(Please cross one	e box only)			
Excellent	Very Good	Good	Fair	Poor
During a typical da a table, pushing a	ay does your hea vacuum cleaner,	Ith limit you in mode bowling or playing go	rate actvities , such olf ? If so, how much	as moving ?
(Please cross one	e box only)			
Yes, limited a l	ot Ye	s, limited a little	No, not limi	ted at all
]
During a typical da so, how much?	ay does your hea	Ith limit you in climbii	ng several flights of a	stairs ? If
(Please cross one	e box only)			
Yes, limited a l	ot Ye	s, limited a little	No, not limite	ed at all
]
		h of the time have yo sult of your physica		than you w
(Please cross one	e box only)			
All of the time	Most of the time	Some of the time	A little of the time	None the tin

5. During the **past 4 weeks**, how much of the time have you been limited in performing any kind of work or other regular daily activities **as a result of your physical health**?

(Please cross one box only)



6. During the **past 4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Please cross one box only)

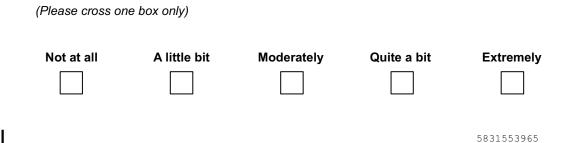


7. During the **past 4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Please cross one box only)

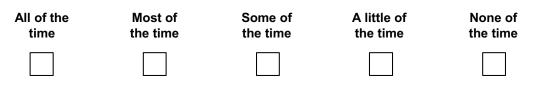


8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework)?



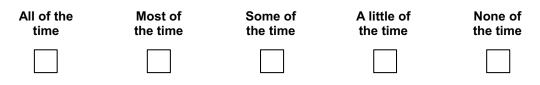
9. This question is about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks have you felt calm and peaceful?

(Please cross one box only)



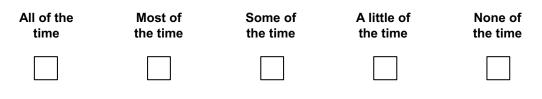
10. This question is about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks did you have a lot of energy ?

(Please cross one box only)

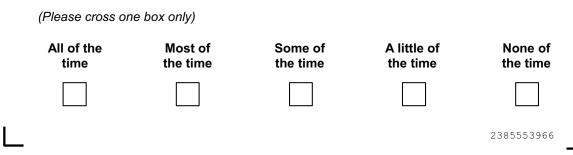


11. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** have you felt downhearted and depressed?

(Please cross one box only)



12. During the **past 4 weeks** how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting friends, relatives etc.)?



This section also asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your health state today.

Please cross one box in each group.

1. Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

2. Self-care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

3. Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

4. Pain or discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

5. Anxiety or depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed



]
ĺ]





7191553966

This final section is about the health care you have received, over the past twelve months FOR ANY REASON. If the health care you received was related to your shoulder injury, record this in the 'about your shoulder' column. If the health care was for any other reason, enter this in the 'other reason' column. Please answer every question, even if the answer is "0".

Please fill in both boxes: for example, if seen three times.

Care from the NHS

In this part we would like you to tell us about the care you have received from the NHS.

- 1. Over the past twelve months, how many times have you:
- Seen your GP? a. (Please record the number of times in the boxes)
- Seen a physiotherapist? b. (Please record the number of times in the boxes)
- Seen a nurse at your GP practice? c. (Please record the number of times in the boxes)
- d. Seen a district/community nurse? (Please record the number of times in the boxes)
- e. Seen an occupational therapist? (Please record the number of times in the boxes)
- f. Visited hospital for an out-patient appointment? (Please record the number of times in the boxes)
- g. Visited hospital as a day case (not overnight)? (Please record the number of times in the boxes)
- Stayed in hospital as an in-patient? h. (Please record the number of times in the boxes)
- If you have stayed in hospital, could you please i. record how many nights you were there over all visits.

lf i	none e	enter '	0'

About your shoulder

3

0





If none enter '0'



If none enter '0'

Other reason

If none enter '0'

If none enter '0'



If none enter '0'



If none enter '0'



If none enter '0'

If none enter '0'



If none enter '0'

	_	

If none enter '0'

If none enter '0'



If none enter '0'





If none enter '0'





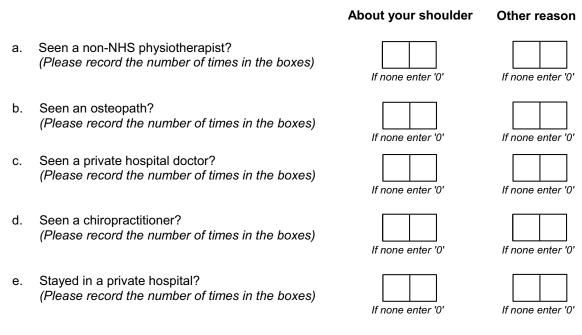




Private treatments

In this part we would like you to tell us about any additional medical treatments you have received, which you have paid for.

2. Over the **past twelve months**, how many times have you:

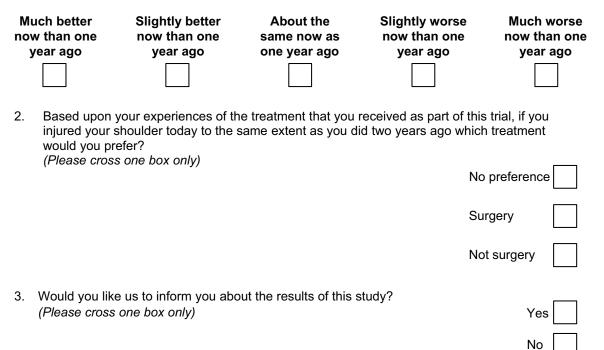


f. If you would like to tell us about any other medical treatments you have paid for, please record details below.

If you have been admitted to a different hospital than the one you initially attended for your shoulder fracture, could you please tell us the name of the hospital.

Other questions

1. **Compared with one year ago** how is your shoulder now? (*Please cross one box only*)



Please let us know of anything that you think we have not asked that is badly affecting your everyday activities because of your shoulder.

If you have any other comments about your shoulder problem, this study, or this questionnaire, please write them here.

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

Please post the questionnaire back to us using the freepost envelope provided.

0773553965