

## ProFHER TRIAL: QUESTIONNAIRE ABOUT SLING CARE INFORMATION

This section asks about the use of the leaflet that provided advice on initial self-care during sling immobilisation which was intended for all patients who were eligible for the ProFHER trial.

- 1a. Did you give the sling immobilisation leaflet provided in the recruitment pack to patients judged as being **eligible for ProFHER** (whether or not they consented to take part in the trial)?  
(Please cross one box only)

All of the time

Most of the time

Rarely

Never

- 1b. If you did not respond 'All of the time' for patients who were **eligible for ProFHER**, please give the reasons for this in the box below.

- 1c. If, for these patients, you routinely used another/other leaflet(s) instead of the sling immobilisation leaflet provided in the recruitment pack could you please describe this/these briefly below and forward a copy of each leaflet to Laura Dennis.

Leaflet type	Please record the reason for having used an alternative leaflet (e.g. a Trust approved leaflet was used)

- 2a. Did you provide a leaflet (either that provided for ProFHER or an alternative) on sling care to patients who **consented to take part** in the trial?  
(Please cross one box only)

All of the time

Most of the time

Rarely

Never

- 2b. If you did not respond 'All of the time' for **consenting patients**, please give reasons for this in the box below.

**Please continue to complete the rest of the form overleaf.**

This section asks about the immobilisation that is used for patients who would have been eligible for the ProFHER trial at your hospital.

1. Please describe in the boxes below the type(s) of sling or other methods of immobilisation routinely / typically used for patients who would have been eligible for the ProFHER trial.

<b>Non-surgical treatment:</b>	
<b>Surgically treated:</b>	

2. Typically, how long **in weeks** is the recommended treatment period of arm immobilisation in your hospital for patients who would have been eligible for the ProFHER trial?

**Without surgery:**   weeks

**Comment:**

**Surgically:**   weeks

**Comment:**

Please record the name of the person who completed the form:

Please record the name of the hospital:

**Thank you very much for your help completing this questionnaire**



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