UKUFF SHOULDER TRIAL 2 & 8 WEEKS POST-TREATMENT
C. TELEPHONE ASSESSMENT

Study ID: ☐☐☐☐☐

Today's date: (day/month/year) ___/___/20___ . Telephone number________________

Good morning/afternoon Mr/Ms/Mrs_______________

My name is _______ and I am working on the UKUFF shoulder study that you agreed to take part in.

I am phoning you today, just to ask you a small number of questions, which should take less than 5 minutes. ***Is now a convenient time for you? (Pause)*** *If not, I could ring you back later today - or tomorrow?*

IF NO - RECORD AGREED DAY/TIME TO CALL BACK:

date/day………………. Time……………..

IF YES, CONTINUE WITH INTERVIEW BELOW:

Good. I'm now going to start by asking you a few questions - all relating to your shoulder.

1. ***Within the last 24 hours……*****Have you been wearing a sling at all?**

- **Yes** ☐
- **No** ☐ **If no go to QU. 2 below**

IF YES, Have you worn your sling for……………… More than 12 hours? ☐

Between 6 and 12 hours? ☐

More than 3, but less than 6 hours? ☐

Or less than 3 hours? ☐

2. ***Within the last 24 hours…………***

How would you describe the *worst* pain you had from your shoulder?

None	Mild	Moderate	Severe	Unbearable
☐	☐	☐	☐	☐

3. ***Within the last 24 hours……….***

How much has pain from your shoulder interfered with your usual work *(including housework)*?

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☐	☐

4. **Were you troubled by pain from your shoulder in bed last night?**

No, not at all	Yes, just at first	Yes, during some of the night	Yes, throughout the night
☐	☐	☐	☐

5.	***Within the last 24 hours……….*** **Have you taken any painkillers or anti-inflammatory drugs - because of your shoulder?** **Yes** ☐ **No** ☐ **IF YES, 5a. could you tell me which types you have used?** (within last 24 hours)

MEDICATION	**Dose (mgs) OR NO. OF TABS**	**HOW OFTEN? (how many times)**	**BOUGHT** **'over the counter' OR PRESCRIPTION**

6.	**During the last 2 weeks** (since your surgery/completion of Rest & Exercise Programme)**:** **Have you had any additional treatment** (for example: injection into the shoulder, antibiotics or surgery) **for your shoulder?**
	Yes ☐ No ☐ **IF NO, GO TO QUESTION 7**
	IF YES, 6a. please tick all that apply:
	Injection into the shoulder ☐ Surgery ☐ Antibiotics ☐
	Any other unexpected treatment ☐ *please give details*…………………………………
	IF 'any other treatment' included admission to hospital:
	6b. What was the reason for your hospital admission?...
	IF this admission included surgery:
	6c. What kind of surgery did you have?...
	6d. What was the name of the hospital?...
	6e. How many nights did you stay in hospital?..
7.	**What date were you discharged from hospital after your shoulder rotator cuff repair operation? ___/___/____ (dd/mm/yyyy)**
8.	**Finally, could you tell me, are you currently employed?** **Yes** ☐ **No** ☐
	IF YES, 8a. Are you currently 'off sick' or working reduced duties because of your shoulder?
	Yes - 'off sick' ☐ Yes - working reduced duties ☐ No - working usual hours/duties ☐

Thank you very much. That is all I need to ask you today.

We will be in touch again.