

SPRAINED

SITE

Tel No. _____

ATTACH PATIENT STICKER

Best time: _____

Email add: _____

Research nurse: if patient is suitable for the study and has been registered, please tear/fold here to anonymise prior to sending a copy to the sprained study office.

SPRAINED BASELINE CLINICAL DATA SET: ANKLE INJURY (AGE 16 +YEARS)

HISTORY

- Age: ____ 2. Sex (tick): Male Female
- Patient's reported Height: Feet ____ Inches ____ OR ____ cms
- Patient's reported Weight: Stone ____ lbs ____ OR ____ kgs
- Currently employed (tick): None Part-time Full-time Student Retired
- Days since injury ____ Date of injury (DD/MM/YYYY) ____/____/____
- Injury setting (tick): At home At work/university/school Playing sport Outside in public Other ____
- Sprained this ankle in last 12 months (tick) Y N 9. Sprained this ankle at least twice before (tick) Y N

EXAMINATION

- Ankle side (tick): L R 11. Patient able to weight bear (tick)? Y N
- Pain at rest on 0-10 scale? (0= no pain, 10 = worst pain imaginable) ____
- Pain on weight bearing on 0-10 scale? (0= no pain, 10 = worst pain imaginable) ____
- Ankle movement limited (tick)? Y N
- Since injury can patient dorsiflex fully? (circle one) Always / Often / Sometimes / Rarely / Never
- Since injury can patient plantarflex fully? (circle one) Always / Often / Sometimes / Rarely / Never
- Since injury has pt experienced catching/ locking when moving? (circle one) Always / Often / Sometimes / Rarely / Never
- How long does patient expect recovery will take? (circle one)
< 2 wks / 2-8 wks / 2-6 mths / 6-12 mths / > 1 year / Not sure will recover / don't know

INVESTIGATION

Xray of ankle/foot: (tick) Y N

SPRAIN SEVERITY (tick)

Mild (Gd I) / Moderate (Gd II) / Severe (Gd III)

SUITABLE FOR SPRAINED STUDY?

PATIENT CONTACT DETAILS (mobile) CONFIRMED AS CORRECT

Is patient suitable for the SPRAINED Study(tick)? Y N If YES, trial information and invite given? Y N

If patient does not wish to be contacted about SPRAINED please tick here

Record reason here if patient declines SPRAINED study _____

Signature of clinician: _____ Date form completed: ____/____/____

PLEASE NOW HAND THIS FORM TO YOUR SPRAINED RESEARCH CLINICIAN / PLACE IN SPRAINED BOX FILE

When registered on to the SPRAINED Study: Enter study number and initials below, anonymise this sheet and post to the SPRAINED Study Office in Freepost envelope.

Study code:

S	P
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Site ID code:

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Participants Study Number:

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Initials:

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