

SECTION 2 - MEDICAL HISTORY1. Height (cm) . 2. Weight (kg) .

3. Before the injury was the patient taking any of the following;

Regular analgesia e.g. Paracetamol, anti-inflammatory Yes No Other Medication Yes No

If Other, please give details including dose and frequency.....

.....
.....4. Has the patient had previous problems with the lower limb on the injured side? Yes No

If Yes, please select all that apply below Yes

Previous fracture Ligament, tendon or nerve injury Arthritis Other

If Other, please give details

5. Has the patient been diagnosed with diabetes? Yes No 6. Is the patient currently a regular smoker? Yes No If Yes, how many cigarettes per day? and for how many years?

7. How many units of alcohol does the patient drink in a normal week?

0-7 units 8-14 units 15-21 units More than 21 units

Centre ID

Participant ID

SECTION 3 - PERSONAL INFORMATION

1. Which of the following best describes the patients current marital status?

Single Separated Married/Civil Partner
Living with a partner Divorced Widowed

2. Please tick the box that most closely describes the patients ethnic background

White Pakistani
Black Caribbean Bangladeshi
Black African Chinese
Black Other Other
Indian (Please specify)

3. Did the patient do any further training after school?

No
Formal qualification(s) through training at work
Qualification (other than a degree) from college or university
Degree from college or university

4. What is the patients current employment status? (please select only one answer)

Full-time employed Unpaid work
Part-time employed Unemployed
Self-employed Full time student
Retired/looking after home/inactive

Research Associate signature:

Date completed (dd/mm/yyyy):