3 Month Questionnaire

Centre ID: | | | |

Participant ID: | | | | |

WOLLF
Wound Management of Open Lower Limb Fractures

INSTRUCTIONS

Please read these instructions before completing the questionnaire.

Please do not sign this form or add your name.

Please follow the instructions for each section carefully.

Please answer **ALL** the questions. Although it may seem that the questions are asked more than once, it is still important that you answer every one.

Please use a **BLACK** or **BLUE** pen. Please do not use a pencil.

Please check that you have completed all sections.

Please write any notes you have for us on the back page.

PTO >>>

What is the date you are completing this form:
(dd/mm/yyyy) d d m m y y y y

Section 1—Disability Rating Index

When you are asked to **mark a point on the line** you should mark it in the following way. For example if your answer to the question is with **some difficulty** you should mark on the line in the following way.

Example

How do you manage walking?

How do you manage the following activities?
After each question, please mark ONE POINT on the line

PLEASE ANSWER ALL QUESTIONS

Without difficulty — Not at all

With some difficulty - With difficulty - With great difficulty

Office use:

Dressing (without help)

Out-door walks

Climbing stairs

Sitting longer time

Standing bent over a sink

Carrying a bag

Making a bed

Running

Light work

Heavy work

Lifting heavy objects

Participating in exercise/sports

Section 2—SF12

The following questions ask for your views about your health and how you feel about life in general. If you are unsure about how to answer any question, try and think about your overall health and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.

1. In general, would you say your health is: *(Please tick **one** box)*

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? *(Please tick **one** box on each line)*

		Yes, Limited a lot	Yes, Limited a little	No, not limited at all
a)	Moderate activities, such as moving a table, pushing a vacuum, bowling or playing golf	☐	☐	☐
b)	Climbing several flights of stairs	☐	☐	☐

3. During the *past week,* how much time have you had any of the following problems with your work or other regular daily activities *as a result of your physical health? (Please tick **one** box on each line)*

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Accomplished less than you would like	☐	☐	☐	☐	☐
b)	Were limited in the kind of work or other activities	☐	☐	☐	☐	☐

4. During the past week, how much time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? *(Please tick **one** box on each line)*

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Accomplished less than you would like	☐	☐	☐	☐	☐
b)	Didn't do work or other activities as carefully as usual	☐	☐	☐	☐	☐

5. During the *past week,* how much did *pain* interfere with your normal work (including work both outside the home and housework)? *(Please tick **one** box)*

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. These questions are about how you feel and how things have been with you *during the past week*. For each question please give the one answer that comes closest to the way you have been feeling. (*Please tick **one** box on each line)*

How much time during the last week:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b) Did you have a lot of energy?	☐	☐	☐	☐	☐
c) Have you felt downhearted and low?	☐	☐	☐	☐	☐

7. During the *past week,* how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting friends, relatives etc.)? *(Please tick **one** box)*

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐