

CONFIDENTIAL

SSHeW Study

Stopping Slips among Healthcare Workers (SSHeW)

A randomised study of slip resistant shoes to prevent slips among healthcare workers.

INJURY FOLLOW UP QUESTIONNAIRE

(To complete during the trial)



Thank you for agreeing to take part in this study.

The footwear in this study has been found to be slip resistant when tested using the Health and Safety Executive Grip rating scheme. The responses you give in this questionnaire will help us find out if wearing this footwear can prevent slips when in the workplace.

For office use only

Centre number:

Participant's trial ID number:

Date questionnaire sent: / / 2 0
Day Month Year

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS QUESTIONNAIRE

Please answer ALL the questions. In this questionnaire we would like to know about the care you have received due to an injury you have had at work.

If you find it difficult to answer any question, please give the best answer you can.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick, as if you were filling out a ballot paper.

For example in the following question, if your answer to the question is 'yes', you should place a cross firmly in the box next to yes.

Do you drive a car? Yes No

If you are asked to write your answer, please do so by entering your answer in the boxes provided, for example:

How old are you? years

Please use a **black or blue** pen for all the questions.

Please do not use a pencil or any other coloured pen. If you make a mistake then please cross out the incorrect entry, by placing a single line through the words or numbers, and write the correct information to the side. For example ~~DOB 12/03/1980~~ 12/03/1989.

If you have any queries or problems completing this questionnaire please contact the trial co-ordinator, [REDACTED], telephone number [REDACTED], email [REDACTED].

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

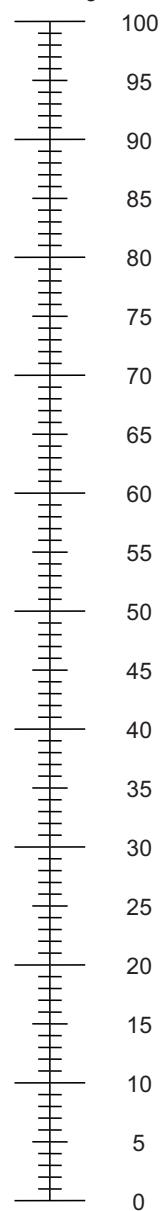
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

SECTION 2

1. Are you now fully recovered from this injury? Yes No
(Please cross one box only)

If 'Yes' approximately how many days ago did you feel you had fully recovered?

- If 'No' are you happy for us to contact you again in 4 weeks to ask you these questions again? Yes No

Please enter the date you are completing this questionnaire:

/ /
Day Month Year

2. General comments (optional)

If you have any thoughts or comments about your injury that you would like to share with the research team, then please write them in the box below

**Thank you for taking the time to complete this questionnaire.
Please return it to the York Trials Unit in the pre-paid envelope provided.**