

Trauma Questionnaire 1

Before discharge from hospital



IMPORTANT INFORMATION TO READ BEFORE COMPLETING THIS QUESTIONNAIRE

The purpose of this questionnaire is to collect information that will help us to assess the quality of care you received whilst in hospital following your recent injury. This information will help us to improve care for future patients.

Your participation is voluntary. If you do not want to take part, do not fill in the questionnaire. If you choose not to take part, this will not in any way affect your future care or treatment. You can choose not to take part at any point in the process.

Before continuing, please read the Patient Information Leaflet you have been given. If you have any questions, please ask your local Scottish Trauma Audit Group (STAG) Local Audit Co-ordinator.

If you decide to take part, we need you to confirm that you are happy with the following:

By completing this questionnaire you are agreeing to the following:

		YES	NO
1.	Your questionnaire responses will be held and used by NHS Scotland and the Scottish Trauma Audit Group (STAG) to improve services for trauma patients. Data from this survey will be linked with information already held by STAG to determine how any of the treatment you had impacted on how you feel now.		
2.	We would like to send you follow-up questionnaires 6 and 12 months after your injury. Your participation is voluntary and you can choose not to take part at any stage. In order to send you these follow up questionnaires we need to securely share your name and address with an external survey provider working on behalf of STAG and Public Health Scotland for this project. The company is very experienced in survey work; they will only hold your contact details for the purpose of mailing you the questionnaires and they will be required to securely destroy them once that has been completed.		

Please add your initials in the YES boxes above to indicate if you consent to each of these statements and in the NO boxes if you do not agree that this should happen, *for example SW*

Your personal information will be handled securely. A unique survey identifier will be used to track your responses to the questionnaires and you will not be identifiable in any published results.

This survey has been approved by the Public Benefit and Privacy Panel for Health and Social Care (ref: 1718-0181).

Further information about this project can be found on the STAG website – <http://www.stag.scot.nhs.uk/>

and on the Public Health Scotland (PHS) website - <http://publichealthscotland.scot/>

The PHS Privacy Notice can be accessed here - <http://publichealthscotland.scot/our-privacy-notice/>

If you have any questions or need help to complete the questionnaire, please speak to your STAG Local Audit Coordinator or if you would prefer you can also phone the free survey helpline: 0800 9171163 for assistance to complete the questionnaire on the telephone or for translation services.

STAG unique identification number – to be completed by hospital staff

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Notes for completion of the STAG unique identification number:

Blue squares should contain letters only/ white squares should contain numbers only.

If there are only 3 or 4 **letters** in the STAG number, please leave the first or first and second **blue** box empty. All **number** boxes should contain a number.

We will send you a follow-up questionnaire 6 and 12 months after your injury entitled 'During Your Recovery.' If you would like to receive this questionnaire via SMS text message to complete online, please provide your mobile phone number in the box below. If you do not wish to be contacted in this way, we will continue to send paper questionnaires to you at home.

Mobile
Phone
Number:

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Completing this questionnaire

For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

If you are helping to complete this questionnaire on behalf of the patient, please ensure that the information given is that of the patient and not your own.

Q1. Who is filling in this questionnaire?

The person who had the injury 1

A representative of the person who had the injury
(E.g. a family member or a friend) 2

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

Q2. MOBILITY

- I have no problems in walking about 1
- I have slight problems in walking about 2
- I have moderate problems in walking about 3
- I have severe problems in walking about 4
- I am unable to walk about 5

Q3. SELF-CARE

- I have no problems washing or dressing myself 1
- I have slight problems washing or dressing myself 2
- I have moderate problems washing or dressing myself 3
- I have severe problems washing or dressing myself 4
- I am unable to wash or dress myself 5

Q4. USUAL ACTIVITIES (*work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities 1
- I have slight problems doing my usual activities 2
- I have moderate problems doing my usual activities 3
- I have severe problems doing my usual activities 4
- I am unable to do my usual activities 5

Q5. PAIN / DISCOMFORT

- I have no pain or discomfort 1
- I have slight pain or discomfort 2
- I have moderate pain or discomfort 3
- I have severe pain or discomfort 4
- I have extreme pain or discomfort 5

Q6. ANXIETY / DEPRESSION

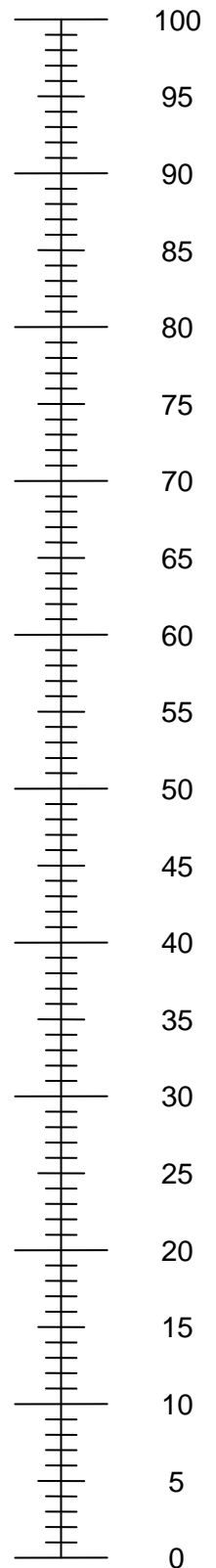
- I am not anxious or depressed 1
- I am slightly anxious or depressed 2
- I am moderately anxious or depressed 3
- I am severely anxious or depressed 4
- I am extremely anxious or depressed 5

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Q7.

- 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 =

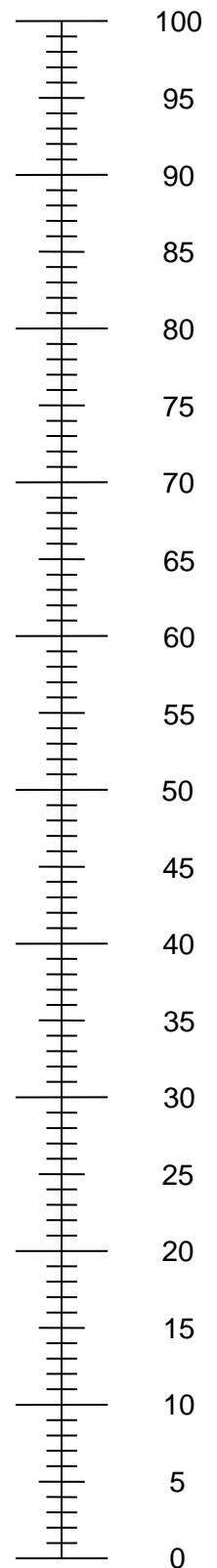
The best health
you can imagineThe worst health
you can imagine

Q8.

- We would like to know how your pain is **TODAY**.
- This scale is numbered from 0 to 100.
- 100 means that you are in **severe** pain today.
0 means you have **no pain** today.
- **Mark an X on the scale** to indicate how your pain is TODAY.
- Now, please **write the number** you marked on the scale in the box below.

YOUR PAIN TODAY =

Severe pain



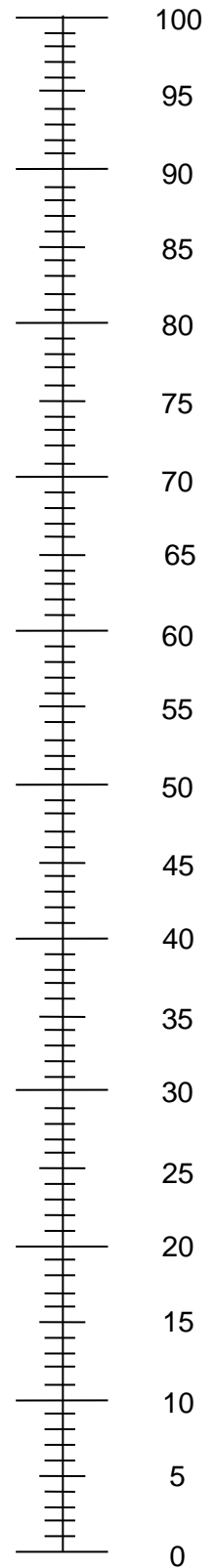
No pain.

Q9.

- We would like to know about any pain you had **regularly PRIOR to your recent injury.**
- This scale is numbered from 0 to 100.
- 100 means that you regularly had **severe** pain prior to your injury.
0 means you regularly had **no pain** prior to your injury.
- **Mark an X on the scale** to indicate how your pain was before your injury.
- Now, please **write the number** you marked on the scale in the box below.

YOUR PAIN BEFORE YOUR INJURY =

Severe pain



No pain

In general, since your injury:**Q10. Were you involved in decisions about your care?**

- | | | |
|---|--------------------------|---|
| Yes, definitely | <input type="checkbox"/> | 1 |
| Yes, to some extent | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| I was not well enough to be involved in decisions about my care | <input type="checkbox"/> | 4 |
| I did not want to be involved in decisions about my care | <input type="checkbox"/> | 5 |
-

Q11. Was your pain well controlled?

- | | | |
|-----------------------|--------------------------|---|
| Yes, definitely | <input type="checkbox"/> | 1 |
| Yes, to some extent | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| Can't say/ don't know | <input type="checkbox"/> | 4 |
-

Q12. When you had important questions to ask a doctor, how often did you get answers that you could understand?

- | | | |
|-----------------------------|--------------------------|---|
| All or most of the time | <input type="checkbox"/> | 1 |
| Some of the time | <input type="checkbox"/> | 2 |
| Rarely or never | <input type="checkbox"/> | 3 |
| I did not ask any questions | <input type="checkbox"/> | 4 |
-

Q13. Before your injury were you:

- | | | | | | |
|-------------------------------|--------------------------|---|-------------------------|--------------------------|---|
| In full time employment | <input type="checkbox"/> | 1 | In part time employment | <input type="checkbox"/> | 2 |
| In full time education | <input type="checkbox"/> | 3 | In part time education | <input type="checkbox"/> | 4 |
| Unemployed/ looking for work | <input type="checkbox"/> | 5 | Retired | <input type="checkbox"/> | 6 |
| None of these/ unfit for work | <input type="checkbox"/> | 7 | Looking after family | <input type="checkbox"/> | 8 |

Q14. Today's date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Please ensure this is **today's date NOT** your date of birth

If you have any questions or need help to complete the questionnaire, please speak to the STAG Local Audit Coordinator or phone the free survey helpline: 0800 917 1163 for assistance to complete the questionnaire on the telephone or for translation services.

Please return your completed questionnaire to the STAG Local Audit Coordinator.

Thank you for your help

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