

Trauma Questionnaire 3

During your recovery

About one year ago you received treatment following an injury.

You may remember that you filled in a questionnaire in hospital and agreed that we could send you a follow up questionnaire. You may also have completed a survey 6 months after your injury.

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

If you have any questions or need help to fill in the questionnaire, please phone the free survey helpline: 0800 917 1163 for assistance to fill in the questionnaire on the telephone or for translation services.

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/>

Your participation is voluntary and you can choose not to take part in this survey at any point. If you would rather not take part in this 12-month follow-up survey, you can either return the blank questionnaire in the envelope provided or phone the free survey helpline.

If you have any queries about this information or the questionnaire please call the survey helpline on 0800 917 1163 for assistance.

Completing the 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

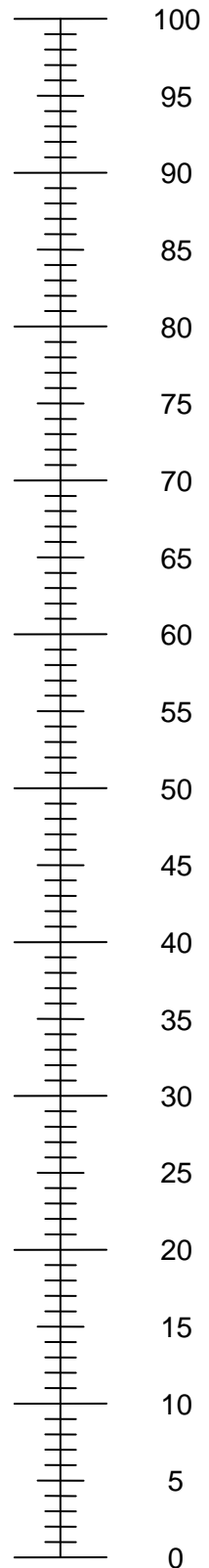
- I have no pain or discomfort 1
- I have slight pain or discomfort 2
- I have moderate pain or discomfort 3
- I have severe pain or discomfort 4
- I have extreme pain or discomfort 5

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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The best health
you can imagine



The worst health
you can imagine

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.

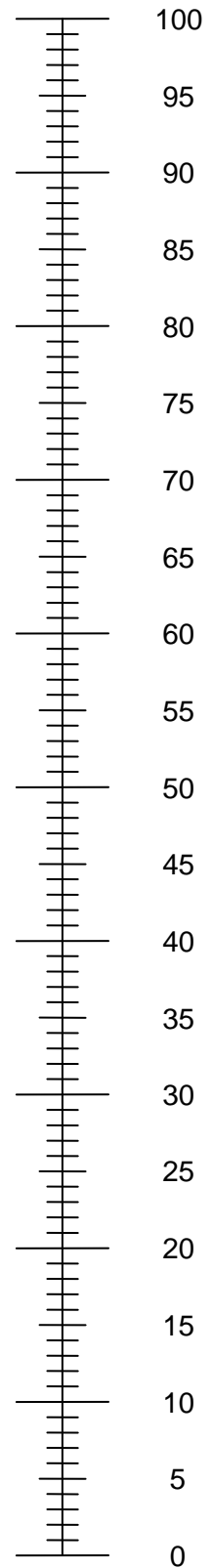
YOUR HEALTH TODAY =

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

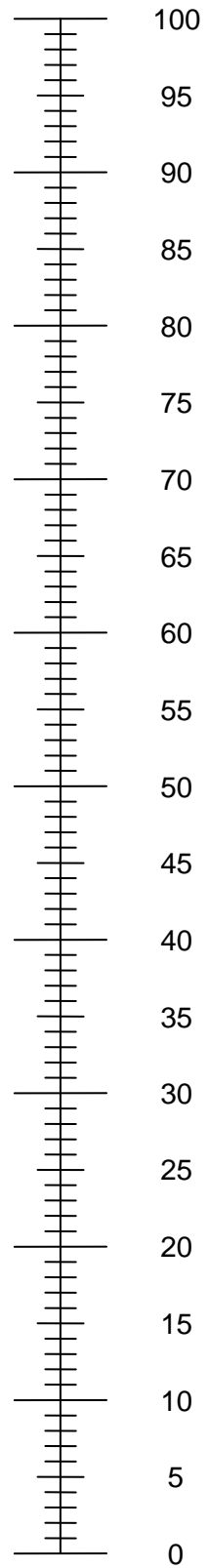


No pain

Severe 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 =

Q10. Before the injury were you able to look after yourself at home?Yes 1No 2**Q11. As a result of your injury do you now need someone to help look after you at home?**I do not need help or supervision in the home 1I need some help in the home, but not every day 2I need help in the home every day, but I could look after myself for at least 8 hours if necessary 3I could not look after myself for 8 hours during the day 4I need help in the home, but not because of the injury 5**Q12. Before the injury were you able to buy things at the shops without help?**Yes 1No 2**Q13. As a result of your injury do you now need help to buy things at shops?**I do not need help to shop 1I need some help, but I can go to local shops on my own 2I need help to shop even locally, or I cannot shop at all 3I need help to shop, but not because of the injury 4**Q14. Before the injury were you able to travel without help?**Yes 1No 2**Q15. As a result of your injury do you now need help to travel?**I do not need help to travel 1I need some help, but I can travel locally on my own (e.g. by arranging a taxi) 2I need help to travel even locally, or I cannot travel at all 3I need help to travel, but not because of the injury 4

Q16a. As a result of your injury has there been a change in your ability to work (or to study if you were a student; or to look after your family)?

Please tick one box

- I still do the same work 1
- I still do the same work, but have some problems (e.g. tiredness, lack of concentration) 2
- I still work, but at a reduced level (e.g. change from full-time to part-time, or change in level of responsibility) 3
- I am unable to work, or only able to work in sheltered workshop 4
- My ability to work has changed, but not because of the injury 5

Q16b. Are you currently:

- In full time employment 1 In part time employment 2
- In full time education 3 In part time education 4
- Unemployed/ looking for work 5 Retired 6
- None of these/ unfit for work 7 Looking after family 8

Q17. Before the injury did you take part in regular social and leisure activities outside home (at least once a week)?

Social and leisure activities include: going out to a pub or club, visiting friends, going to the cinema or bingo, going out for a walk, attending a football match, taking part in sport, for example.

- Yes 1
- No 2

Q18. As a result of your injury has there been a change in your ability to take part in social and leisure activities outside home?

Please tick one box

- I take part about as often as before (the activities may be different from before) 1
- I take part a bit less, but at least half as often 2
- I take part much less, less than half as often 3
- I do not take part at all 4
- My ability to take part has changed for some other reason, not because of the injury 5

Q19. Before the injury did you have any problems in getting on with friends and relatives?

Yes 1

No 2

Q20. As a result of your injury are there now problems in how you get on with friends and relatives?

Things are still much the same 1

There are occasional problems (less than once a week) 2

There are frequent problems (once a week or more) 3

There are constant problems (problems every day) 4

There are problems for some other reason, not because of the injury 5

Q21. Are there any other problems resulting from your injury which have interfered with your daily life over the past week?

(For example, headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration problems.)

I have no current problems 1

I have some problems, but these do not interfere with my daily life 2

I have some problems and these have affected my daily life 3

I have some problems for some other reason, not because of the injury 4

Q22. Before the injury were similar problems present?

I had no problems before 1

I had minor problems before 2

I had similar problems before 3

Q23. When you left hospital, were you given enough care and help from health or social services (for example, district nurses, home helps or physiotherapists)?

- | | | |
|---|--------------------------|---|
| Yes, definitely | <input type="checkbox"/> | 1 |
| Yes, to some extent | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| I did not need help from health and social services | <input type="checkbox"/> | 4 |
| Don't know / can't remember | <input type="checkbox"/> | 5 |
-

Q24. As far as you know, was your GP given enough information about your condition and the treatment you had at the hospital?

- | | | |
|-----------------------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know / can't remember | <input type="checkbox"/> | 3 |
-

Q25. Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care that you needed?

- | | | |
|-----------------------|--------------------------|---|
| Yes, always | <input type="checkbox"/> | 1 |
| Yes, most of the time | <input type="checkbox"/> | 2 |
| Yes, some of the time | <input type="checkbox"/> | 3 |
| No, never | <input type="checkbox"/> | 4 |
| Don't know | <input type="checkbox"/> | 5 |
-

Q26. Are you willing, in the future, to be contacted by NHS Scotland staff working on behalf of the Scottish Trauma Network to discuss involvement in any future research projects or patient experience projects?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

Q27. Today's date

				2	0		
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 phone the free survey helpline: 0800 917 1163 for assistance to complete the questionnaire on the telephone or for translation services.

Once completed, please now put the questionnaire in the stamped address envelope and post it as soon as you are able.

Thank you for your help

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