

Wound Healing Questionnaire

We are interested in knowing how your wound(s) have healed since you left hospital after having surgery. Please complete this short questionnaire yourself. It is fine to ask someone else to write the answers for you or help answer some of the questions, for example if you have not been able to see your wound(s).

If you have more than one wound, please answer the questions **thinking about just one wound** — either your main wound or another wound if there have been any concerns about how it has been healing. We would like you to think about the wounds on your skin rather than any wounds that may be inside your body.

The following questions ask about how your wound has healed and wound care **since you left hospital after having surgery**. It includes some problems that may occur with wound healing. Please note these are only possibilities and do not occur for many people. The words in brackets are the medical terminology. Next to each question, please tick the box that is most relevant to your experience.

Since you left hospital after having surgery....

	Not at all	A little	Quite a bit	A lot
1. Was there redness spreading away from the wound? (erythema/cellulitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the area around the wound warmer than the surrounding skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any part of the wound leaked clear fluid? (serous exudate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any part of the wound leaked blood-stained fluid? (haemoserous exudate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any part of the wound leaked thick and yellow/green fluid? (pus/purulent exudate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. Have the edges of any part of the wound separated/gaped open on their own accord? (spontaneous dehiscence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the next question only if you have said the edges of the wound separated/gaped open:

6b. Did the deeper tissue also separate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the area around the wound become swollen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the wound been smelly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the wound been painful to touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had, or felt like you have had, a raised temperature or fever (fever >38°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
11. Have you sought advice because of a problem with your wound, other than at a planned follow-up appointment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has anything been put on the skin to cover the wound? (dressing)	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you been back into hospital for treatment of a problem with your wound?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been given antibiotics for a problem with your wound?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have the edges of your wound been deliberately separated by a doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has your wound been scraped or cut to remove any unwanted tissue? (debridement of wound)	<input type="checkbox"/>	<input type="checkbox"/>
17. Has your wound been drained? (drainage of pus / abscess)	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had an operation under general anaesthetic for treatment of a problem with your wound?	<input type="checkbox"/>	<input type="checkbox"/>