



Dupuytren's Interventions Surgery vs Collagenase

Participant Pre Treatment Delivery - Questionnaire Booklet

FOR STUDY PARTICIPANT COMPLETION

Site ID:

Participant Study Number:

Participant Initials:

Visit date: / /
day month year



**University Hospitals
of Leicester**
NHS Trust

This project was funded by the National Institute for Health Research Health Technology Assessment Programme (project number 15/102/04).

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Instructions for this questionnaire booklet

The purpose of this questionnaire booklet is to find out about your Dupuytren's Contracture and the impact it has on your daily activities. Please answer the questions in relation to your reference hand (the hand which is being treated as part of this research study). The answers you give in this questionnaire booklet will be treated confidentially.

The questions should be answered by either

- putting a cross in a box
- putting a number in a box
- putting a circle around a number
- marking on a line

When you have finished, please check that you have answered all questions, and return the questionnaire booklet to a member of staff at the clinic.

If you have further questions or need help with filling in this questionnaire booklet, please ask the DISC trial nurse or doctor.

Alternatively, please contact a member of the trial team, whose details you will find on your DISC Trial Patient Information Leaflet.

You will note that certain questions have been repeated, this is deliberate, and we thank you in advance for your cooperation in filling out every section of this questionnaire booklet.

Please turn overleaf to continue filling in this questionnaire booklet.

Section A – Patient Evaluation Measure (PEM)

The questions below ask about your hand and treatment.

Please answer the following questions in relation to your hand which is being treated as part of this research study (if you are unsure, please check with the research team).

If you do not complete some of the activities in the questions, please provide an answer based on a similar activity you do (e.g. if you are retired and the question asks about work, please answer the question in relation to any hobbies you have).

Part One - Treatment

Please cross the box next to the number that is the closest to the way you feel about how things have been for you. There are no right or wrong answers.

1. Throughout my treatment at the hospital, I have seen the same doctor:

Every time 1 2 3 4 5 6 7 Not at all

2. When the doctor saw me, he or she knew about my case:

Every time 1 2 3 4 5 6 7 Not at all

3. When I was with the doctor, he or she gave me a chance to talk:

Every time 1 2 3 4 5 6 7 Not at all

4. When I did talk to the doctor, he or she listened and understood me:

Every time 1 2 3 4 5 6 7 Not at all

5. I was given information about my treatment and progress:

Every time 1 2 3 4 5 6 7 Not at all

Part Two - How your hand/wrist/finger is right now: *Hand Health Profile*

1. The FEELING/SENSATION in my hand is now:

Normal 1 2 3 4 5 6 7 Absent

2. When my hand/wrist/finger is cold and/or damp the PAIN is now:

Non-existent 1 2 3 4 5 6 7 Unbearable

3. MOST of the time, the PAIN in my hand is now:

Non-existent 1 2 3 4 5 6 7 Unbearable

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4. The duration that my PAIN is present is:

Never 1 2 3 4 5 6 7 All the time

5. When I try to USE my hand for fiddly things it is now:

Skilful 1 2 3 4 5 6 7 Clumsy

6. Generally, when I MOVE my hand it is:

Flexible 1 2 3 4 5 6 7 Stiff

7. The GRIP in my hand is now:

Strong 1 2 3 4 5 6 7 Weak

8. For everyday ACTIVITIES, my hand is now:

No problem 1 2 3 4 5 6 7 Useless

9. For my WORK, my hand is now:

No problem 1 2 3 4 5 6 7 Useless

10. When I look at the APPEARANCE of my hand now, I feel:

Unconcerned 1 2 3 4 5 6 7 Embarrassed and self-conscious

11. Generally, when I think about my hand I feel:

Unconcerned 1 2 3 4 5 6 7 Very upset

Part Three - Overall Assessment

1. Generally my treatment at the hospital has been:

Very satisfactory 1 2 3 4 5 6 7 Very unsatisfactory

2. Generally, my hand is now:

Very satisfactory 1 2 3 4 5 6 7 Very unsatisfactory

3. Bearing in mind my original injuries or condition, I feel my hand is now:

Better than I expected 1 2 3 4 5 6 7 Worse than I expected

Thank you for taking the time to fill in this questionnaire.
Please check all the pages to make sure that you have answered every statement.