

Dupuytren's Interventions Surgery vs Collagenase

6 Week Questionnaire Booklet

FOR STUDY PARTICIPANT COMPLETION

Site ID:

Participant Study Number:

Participant Initials:



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

Participant Study Number:

Thank you for your continued participation in the DISC study looking at treatments for patients with Dupuytren's Contracture.

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 in the freepost envelope provided.

If you have further questions or need help with filling in this questionnaire, 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.

Participant Study Number:

Section A – Research Study Hand
(To be completed by a member of the research team and read by the participant)

Please complete this questionnaire on: / / 2 0
day month year

Please cross to confirm which hand is being treated as part of this research study:

Left hand

Right hand

Please proceed to Section B

Participant Study Number:

Section B – Single Assessment Numeric Evaluation

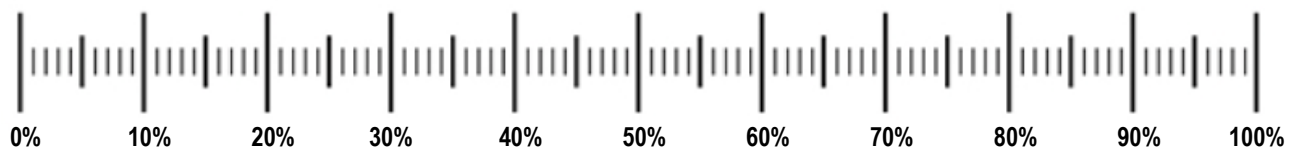
Please complete the boxes below with the date you are completing this questionnaire booklet:

		/			/	2	0		
<i>day</i>			<i>month</i>			<i>year</i>			

Please answer the following question in relation to your hand which is being treated as part of this research study (as detailed in Section A).

How would you rate your hand function today (with normal being 100%)?

Mark on the line below:



(for office use only)

Please proceed to Section C

Section C – EQ-5D-5L

The questions below ask about your general health.
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

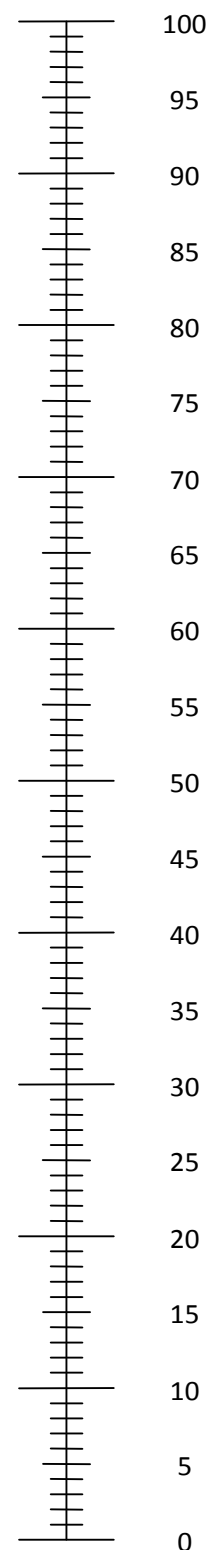
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Participant Study Number:

- We would like to know how good or bad your health is TODAY.
- The 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

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Thank you for taking the time to fill in this questionnaire.

Please check that you have answered all questions, and return the questionnaire in the freepost envelope provided.