This form is to filled in by the Research Associate at the six week follow-up clinic

**DRAFFT**

**Centre ID** ☐☐☐

**Six Week Follow-up Clinic**

**Participant ID** ☐☐☐

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**SECTION 1**

**Date of discharge from hospital** (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

**Which treatment did the patient receive?**

Kirschner wires ☐ Volar Locking plate ☐ Other (please specify) ..... ☐

Was this different to randomisation? Yes ☐ No ☐

If Yes, was this due to:

| | | |
|---|---|---|
| Patient choice | Yes ☐ | No ☐ |
| Surgeon choice | Yes ☐ | No ☐ |
| Lack of equipment | Yes ☐ | No ☐ |
| Admin error | Yes ☐ | No ☐ |
| Other ..... | Yes ☐ | No ☐ |

**Did the patient have a cast after the operation?** Yes ☐ No ☐

If Yes, for how long? ☐☐ weeks

**SECTION 2—Wound complications**

Following treatment did any of the following complications occur. Select all that apply

| | | |
|---|---|---|
| Erythema | Yes ☐ | No ☐ |
| Persistent serous drainage longer than 5 days | Yes ☐ | No ☐ |
| Purulent drainage | Yes ☐ | No ☐ |
| Microbiological confirmation of infection | Yes ☐ | No ☐ |
| Dehiscence | Yes ☐ | No ☐ |

Were complications treated with:

| | | |
|---|---|---|
| Antibiotics | Yes ☐ | No ☐ |
| Metal removal, other than routine removal of wire | Yes ☐ | No ☐ |
| Surgical debridement | Yes ☐ | No ☐ |

If wound complications were treated surgically, please give details

Date (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Surgeon .....

Hospital .....

Details .....

.....

Centre ID ☐☐☐ Participant ID ☐☐☐

**SECTION 3—Plaster complications**

Following scheduled wound checks (in the first one or two weeks) have there been any problems with the plaster cast/dressings?

Change of dressing Yes ☐ No ☐

Change of plaster Yes ☐ No ☐

**SECTION 4**

As a result of the treatment received for the distal radius fracture has the patient had any of the following:

**Neurological injury** Yes ☐ No ☐

If Yes, please give details .....

**Vascular injury** Yes ☐ No ☐

If Yes, please give details .....

**Tendon injury** Yes ☐ No ☐

If Yes, please give details .....

Since discharge from hospital has the patient had a diagnosis of:

**Complex Regional Pain Syndrome** Yes ☐ No ☐

If Yes, please give details .....

**DVT** Yes ☐ No ☐

If Yes, please give details .....

**PE** Yes ☐ No ☐

If Yes, please give details .....

**Other** Yes ☐ No ☐

If Yes, please give details .....

**SECTION 5**

1. After the patient broke their wrist they were probably put in plaster cast in the Emergency Department. Compared to then, does their wrist feel (please select one answer only)

| | | | |
|---|---|---|---|
| The Same | ☐ | A Lot Better | ☐ |
| A Little Better | ☐ | Almost Back to Normal | ☐ |
| Moderately Better | ☐ | Back to Normal | ☐ |

2. Has the patient changed or is likely to change any contact details over the next 3 months?

Yes ☐ No ☐

Research Associate signature: .....

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐