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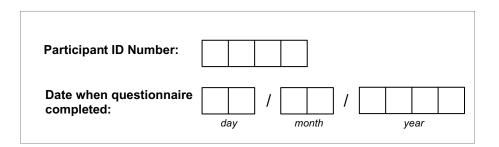
UNIVERSITY OF
TEESSIDE

CONFIDENTIAL

PROximal Fracture of Humerus:
Evaluation by Randomisation
(ProFHER) Trial

**Baseline form for all patients with a radiologically confirmed
displaced fracture of the surgical neck**

Participant ID Number: ☐☐☐☐

**Date when questionnaire
completed:** ☐☐ / ☐☐ / ☐☐☐☐

           day   *month*   *year*

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BASELINE FORM FOR CONSENTING PATIENTS

This form is for the designated person to complete with eligible patients who consent to take part in the trial.

Section 1:
This section asks about the patient's health in general. Please indicate which statement best describes the patient's health state today.

Please cross one box in each group.

1. Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

2. Self-care

I have no problems with self-care ☐

I have some problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

3. Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

4. Pain or discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

5. Anxiety or depression

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

Section 2:
IT WOULD ALSO HELP TO KNOW MORE ABOUT YOU

1. Are you?
    (Please cross one box)

    White ☐

    Black ☐

    Asian ☐

    Chinese ☐

    Other ☐

    If 'Other', please specify here: ☐

2. Which of these best describes your highest qualification?
    (Please cross one box)

    No formal qualifications ☐

    Some qualifications/no degree ☐

    Degree or higher ☐

3. Are you?
    (Please cross the box that describes you best)

    Employed part-time ☐

    Employed full-time ☐

    Self-employed ☐

    Student ☐

    Retired ☐

    Not employed but seeking work ☐

    Other ☐

    If 'Other', please specify here: ☐

4. Have you had any other fractures in the past ten years?
(Please cross one box)

Yes ☐

No ☐

If you have placed a cross in the 'Yes' box, please record:

What type of fracture(s)? _____

Was it/were any treated surgically?
(Please cross one box)

Yes ☐

No ☐

5. Do you smoke?
(Please cross one box)

Yes ☐

No ☐

If you have placed a cross in the 'Yes' box, please be advised that smoking has been shown to delay bone healing and recovery and thus it would be a good time to stop smoking if at all possible.

6. How did you injure your shoulder?
(Please cross one box)

Fall/trip from standing height or less ☐

Fall downstairs/steps or from a height ☐

Other (please describe in box below) ☐

7. Have you injured your dominant arm?
(Please cross one box)

Yes ☐

No ☐

8. Are you diabetic?
(Please cross one box)

Yes ☐

No ☐

9. Are you currently taking steroids?
(Please cross one box)

Yes ☐

No ☐

10. In consenting for this trial, you have accepted that whether you get surgery or no surgery is left to chance. However, we would like to know if you had a preference before you agreed to this?
(Please cross one box)

No preference ☐

Surgery ☐

Not Surgery ☐

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11. What is the name of your GP? *(Please record below)*

12. What is the name of your GP practice (include postcode if available)?
(Please record below)

13. Are you happy to receive a text about when to expect a questionnaire?   Yes ☐
(Please cross one box)

No ☐

The rest of the form can be completed by the designated person without the patient.

14. Please record below the patient's contact details:

Patient's Name	
Address Line 1	
Address Line 2	
Address Line 3	
Postcode	
Telephone (Day)	
Telephone (Evening)	
Mobile	
Email:	

15 . Please randomise the patient by contacting York Trials Unit on freephone 0800 ▮▮▮▮▮
or the following website www.yorkrand.com

16 . Please cross the box for which treatment the patient has been randomised to receive:

Surgery ☐

Not Surgery ☐

Please inform the patient about the treatment they will receive.

Please post this baseline form to York Trials Unit with the signed consent form, consent status form and study eligibility form using the freepost envelope provided.

Thank you very much for completing this form.

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