UNIVERSITY OF TEESSIDE

THE UNIVERSITY of York

CONFIDENTIAL

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

Three month questionnaire to find out how you are and your health care needs after your shoulder fracture

Office use only

Participant ID Number: | | | | |

Date when questionnaire sent: | | | / | | | / | | | | |
day *month* *year*

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study.

The responses you give in this questionnaire will help us to find out if the care you receive is helpful for your shoulder fracture.

Please answer **all** the questions.

If you find it difficult to answer a question, please give the best answer you can.

Please follow the instructions for each section carefully.

Please use a black or blue pen for all of the questions.

Please do not use a pencil or any other coloured pen.

Please read all the instructions for each section.

The responses you give will be treated in the utmost confidence. The study team will not tell anyone else what you have written.

Please enter today's date: ☐☐ / ☐☐ / ☐☐☐☐
day *month* *year*

Section 1:
This section asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your 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 ☐

This **final section** is about the health care you have received, over the **past three months** FOR ANY REASON. If the health care you received was related to your shoulder injury, record this in the **'about your shoulder'** column. If the health care was for any other reason, enter this in the **'other reason'** column. Please answer every question, even if the answer is "0".

Please fill in both boxes, for example: if seen three times. | 0 | 3 |

Care from the NHS

In this part we would like you to tell us about the care you have received from the **NHS**.

1. Over the **past three months**, how many times have you:

	About your shoulder	Other reason
a. Seen your GP? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
b. Seen a physiotherapist? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
c. Seen a nurse at your GP practice? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
d. Seen a district/community nurse? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
e. Seen an occupational therapist? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
f. Visited hospital for an out-patient appointment? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
g Visited hospital as a day case (not overnight)? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
h. Stayed in hospital as an in-patient? *(Please record the number of times in the boxes)*	*If none enter '0'*	*If none enter '0'*
i. If you have stayed in hospital, could you please record how many nights you were there over all visits.	*If none enter '0'*	*If none enter '0'*

Private treatments

In this part we would like you to tell us about **any additional medical treatments you have received, which you have paid for**.

2. Over the **past three months**, how many times have you:

	About your shoulder	Other reason
a. Seen a non-NHS physiotherapist? *(Please record the number of times in the boxes)*	☐☐ *If none enter '0'*	☐☐ *If none enter '0'*
b. Seen an osteopath? *(Please record the number of times in the boxes)*	☐☐ *If none enter '0'*	☐☐ *If none enter '0'*
c. Seen a private hospital doctor? *(Please record the number of times in the boxes)*	☐☐ *If none enter '0'*	☐☐ *If none enter '0'*
d. Seen a chiropractitioner? *(Please record the number of times in the boxes)*	☐☐ *If none enter '0'*	☐☐ *If none enter '0'*
e. Stayed in a private hospital? *(Please record the number of times in the boxes)*	☐☐ *If none enter '0'*	☐☐ *If none enter '0'*

f. If you would like to tell us about any other medical treatments you have paid for, please record details below.

Usual activities

3. Are you in any form of paid employment? Yes ☐ No ☐

If you have answered 'Yes' to being in any form of paid employment, how many working days over the **past three months** have you missed because of your shoulder? ☐☐ days

4. For how many days over the **past three months** have you been unable to perform your normal UNPAID activities (e.g. household chores, shopping, helping others) because of **your shoulder**? ☐☐ days

Please post the questionnaire back to us using the freepost envelope provided.

We will ask you to complete a further questionnaire in three months time. Thus we would be most grateful if you could inform us of any change in your contact details.

If you have been admitted to a different hospital than the one you initially attended for your shoulder fracture, could you please tell us the name of the hospital.

Please let us know of anything that you think we have not asked that is badly affecting your everyday activities because of your shoulder.

If you have any other comments about your shoulder problem, this study, or this questionnaire, please write them here.

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.