THE UNIVERSITY of York

CONFIDENTIAL

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

Two year 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 received was helpful for your shoulder fracture.

Please answer **all** the questions. Although some questions may appear similar, it is still important that you answer every one.

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

Please follow the instructions for each section carefully.

For sections where you are asked to put a cross in the box, please do this as follows. For example, if your answer to the following question is **No**, you should place a cross firmly in the box next to **No**.

Do you drive a car?

Yes ☐

No ☒

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 todays date: ☐☐ / ☐☐ / ☐☐☐☐

day *month* *year*

YOUR SHOULDER PROBLEM

The following questions ask about the problems that the shoulder you had injured has caused you **during the past 4 weeks.** Please answer every question with a cross. If you are unsure about how to answer a question, please give the best answer you can.

Which shoulder did you injure?
(Please cross one box only)

Left ☐ Right ☐

1. During the **past 4 weeks**, how would you describe the worst pain you had from your injured shoulder?

   (please cross one box only)

None	**Mild**	**Moderate**	**Severe**	**Unbearable**
☐	☐	☐	☐	☐

2. During the **past 4 weeks**, have you had any trouble dressing yourself because of your injured shoulder?

   (please cross one box only)

No trouble at all	**Little trouble**	**Moderate trouble**	**Extreme difficulty**	**Impossible to do**
☐	☐	☐	☐	☐

3. During the **past 4 weeks**, have you had any trouble getting in and out of a car or using public transport because of your injured shoulder? (whichever you tend to use)

   (please cross one box only)

No trouble at all	**Very little trouble**	**Moderate trouble**	**Extreme difficulty**	**Impossible to do**
☐	☐	☐	☐	☐

4. During the **past 4 weeks**, have you been able to use a knife and fork - at the same time?

   (please cross one box only)

Yes, easily	**With little difficulty**	**With moderate difficulty**	**With extreme difficulty**	**No, impossible**
☐	☐	☐	☐	☐

5. During the **past 4 weeks**, could you do the household shopping on your own?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

6. During the **past 4 weeks**, could you carry a tray containing a plate of food across a room?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

7. During the **past 4 weeks**, could you brush/comb your hair with the affected arm?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

8. During the **past 4 weeks**, how would you describe the pain you usually had from your injured shoulder?

(Please cross one box only)

None	Very mild	Mild	Moderate	Severe
☐	☐	☐	☐	☐

9. During the **past 4 weeks**, could you hang your clothes up in a wardrobe, using the affected arm?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With great difficulty	No, impossible
☐	☐	☐	☐	☐

10. During the **past 4 weeks**, have you been able to wash and dry yourself under both arms?

(Please cross one box only)

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

11. During the **past 4 weeks**, how much has pain from your injured shoulder interfered with your usual work (including housework)?

(Please cross one box only)

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☐	☐

12. During the **past 4 weeks**, have you been troubled by pain from your injured shoulder in bed at night?

(Please cross one box only)

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☐	☐	☐

YOUR GENERAL HEALTH

The following questions ask for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.

Answer each question by marking a cross in the box that best describes your answer.

1. In general, would you say your health is:

(Please cross one box only)

Excellent	**Very Good**	**Good**	**Fair**	**Poor**
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate actvities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf ? If so, how much?

(Please cross one box only)

Yes, limited a lot	**Yes, limited a little**	**No, not limited at all**
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs ? If so, how much?

(Please cross one box only)

Yes, limited a lot	**Yes, limited a little**	**No, not limited at all**
☐	☐	☐

4. During the **past 4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health**?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

5. During the **past 4 weeks**, how much of the time have you been limited in performing any kind of work or other regular daily activities **as a result of your physical health**?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

6. During the **past 4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

7. During the **past 4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework)?

(Please cross one box only)

Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
☐	☐	☐	☐	☐

9. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** have you felt calm and peaceful?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

10. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** did you have a lot of energy ?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

11. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** have you felt downhearted and depressed?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

12. During the **past 4 weeks** how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting friends, relatives etc.)?

(Please cross one box only)

All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐	☐	☐	☐	☐

2385553966

This section also 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 twelve 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 twelve 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 twelve 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.

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.

Other questions

1. **Compared with one year ago** how is your shoulder now?
(Please cross one box only)

Much better now than one year ago	**Slightly better now than one year ago**	**About the same now as one year ago**	**Slightly worse now than one year ago**	**Much worse now than one year ago**
☐	☐	☐	☐	☐

2. Based upon your experiences of the treatment that you received as part of this trial, if you injured your shoulder today to the same extent as you did two years ago which treatment would you prefer?
(Please cross one box only)

No preference ☐

Surgery ☐

Not surgery ☐

3. Would you like us to inform you about the results of this study?
(Please cross one box only)

Yes ☐

No ☐

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.

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