

Please enter your Name here:___

Below is a questionnaire we would like you to complete and return prior to the Consensus Meeting on March the 27th. The results will inform our discussions during the meeting.

THEREFORE PLEASE COMPLETE AND RETURN BY WEDNESDAY

25TH MARCH

We have formatted the questionnaire so it is easiest to complete electronically. Once you have completed it, please save the file and include your surname in the file name and then email it back to us at sprained@ndorms.ox.ac.uk .

The questionnaire asks about different factors that may help predict recovery following an ankle sprain. Before you complete this you should look at the information provided in the summary pack that accompanies this questionnaire.

Your responses will be collated with those from other people attending the Consensus Meeting. During the meeting the overall group ratings will be summarised and you will have your own results provided to you in confidence for you to compare.

Please note there are no right or wrong answers.

You will be asked to respond to the questions using a nine point scale. In all cases please mark your response clearly in one box only. If you are completing this electronically, you just need to click on one box. An example is shown below:

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

In some cases you may feel you are unable to answer the question. In those cases please mark the “Don’t know” box.

At the time of assessment in A&E, how important are the following factors in predicting recovery from an ankle sprain:

1. The time between injury and visiting A&E

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

2. The amount of ankle pain a person has

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

3. The amount of ankle pain a person has when putting weight on their injured ankle

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

4. The ability to put full weight on their ankle

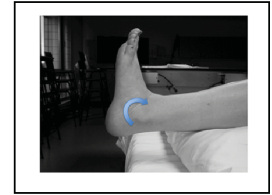
1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

5. The amount of ankle movement a person has pulling their toes up towards their head

(dorsiflexion)

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

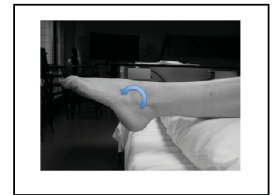


Don't know

6. The amount of ankle movement a person has pointing their toes away from their head

(plantarflexion)

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	



Don't know

7. Abnormal imaging findings (for example ultrasound or MRI scans)

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

8. A person's age

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important				Important			Critical	

Don't know

9. A person's Body Mass Index (combination of their weight and height)

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

10. A person's working status (unemployed or working part-time or full time)

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

11. A person's level of education

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

12. *How* a person injured their ankle

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

13. That a person has repeatedly sprained their ankle before

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

14. Whether a person's ankle is catching or locking

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

We would be interested to hear about other factors that you think are important in predicting recovery from an ankle sprain. Please type/write the most important factors below (maximum 2) and rate their importance.

15. Extra Factor A. _

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

16. Extra Factor B. _

1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not important

Important

Critical

Don't know

Some research studies have shown that it is beneficial to collect information after the initial visit to A&E. Collecting delayed information can often improve the accuracy of the prediction of how people will recover following an ankle sprain.

17. If we were to collect further information like this, how many weeks after the initial visit do you think we should collect this information?

	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						

Don't know

18. How should we collect this information?

	Hospital visit	Postal Questionnaire	Online Questionnaire	Telephone Questionnaire
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				

Don't know

If you have any additional comments, please add them below:

MANY THANKS FOR TAKING TIME TO COMPLETE THIS