

Section 4—Social Information

In order to evaluate the cost-effectiveness of the intervention, the following questions help us to calculate the total cost of the treatment.

1. Other support from government benefits

Are you receiving any of the below Yes No

If No, go to question 2

If Yes, can you please tick all benefits you have received in the past 3 months and how much you currently receive in benefits each week.

Benefit	Tick	£ per week	Benefit	Tick	£ per week
Attendance Allowance			Income Support		
Carer's Allowance			Jobseeker's Allowance		
Child Tax Credit			Pension Credit		
Council Tax Benefit			Statutory Sick Pay		
Disability Living Allowance—caring			State Pension		
Disability Living Allowance—mobility			Other.....		
Employment and Support Allowance			Other.....		
Housing Benefit			Other.....		

2. How would you best describe your living arrangements?

- Live alone
- Live with relatives
- Live with wife/husband/partner
- Live with friends
- Care home
- Other Details.....

Section 5—Complications

1. Have you had any problems with the healing of your wound since leaving hospital? Yes No

If you have answered Yes, please answer question 2-5
If you have answered No, please continue with question 6

2. Has there been any discharge or fluid leaking from any part of the wound? Yes No
- If Yes, was it either clear or blood stained Yes No
- Yellow/green (pus) Yes No

3. Please tick any of the following additional symptoms that applied to your wound:

- Increasing pain or discomfort in the area around the wound Yes No
- Redness or inflammation spreading from the edges of the wound Yes No
- The area around the wound became increasingly swollen Yes No
- The edges of any part of the wound separated or gaped open Yes No

4. Please tell us the date you noticed these symptoms

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

5. Did any health care worker take a sample from your wound to send it to the laboratory? Yes No

Since leaving hospital have you been treated for any of the following events?

6. Further surgery because of your open fracture Yes No
7. DVT (Deep Vein Thrombosis) Yes No
- If Yes, did you see the DVT nurse Yes No
- Were you prescribed medication Yes No
8. Any other complications Yes No

If Yes, please specify

9. Have you had any other unscheduled appointment at hospital for your open fracture Yes No

Section 6—Resource Use

Please think back over the times that you have used the NHS since being discharged. If you are unsure about any answer please write in your best recollection.

1. Inpatient care

Since being discharged following your operation, have you been admitted to hospital again?

Yes

No

If Yes, please tell us which department of the hospital you went to (speciality) and the number of days you were in hospital. If the speciality is not listed, then please write in the reason or part of your body as best you can.

Speciality	Name of Hospital and Ward	Number of days in hospital
Orthopaedics (your leg)		
Orthopaedics (any other bones)		
Rehabilitation unit		
For any other surgery? Details:		
For any other non-surgical reason? Details:		

2. Outpatient care

Since being discharged following your operation, have you made any visits to the hospital or a clinic as an outpatient?

Yes

No

If Yes, please indicate which part of the hospital you went to (speciality). If you don't know which speciality it was, or if it's not listed, then write in the reason or part of your body as best you can.

Speciality	Examples	Number of visits
Orthopaedics	Seeing a surgeon about your fracture, changes to plaster or aids (e.g. splint/braces)	
Pathology	For blood tests	
Radiology	For X-rays	
Physiotherapy (NHS)	Physiotherapy appointment at the hospital to see an NHS physiotherapist	
Physiotherapy (Private)	Physiotherapy appointment to see a private physiotherapist	What was the total cost to you £.....
Emergency Department	Related to your fracture or wound	
Emergency Department	Any other reason	
Others: Details		

3. Community care

Since being discharged following your operation, have you seen any professionals in the community because of your fracture?

Yes

No

If Yes, please indicate the type of professional, how you were in contact, how often you saw them and the average duration of these contacts in minutes. If the person isn't listed then feel free to write this in.

Type of professional	Number of contacts since hospital discharge	Average duration of contacts (minutes)
GP visits in surgery		
GP home visits		
GP telephone contacts		
Practice nurse contacts		
District nurse contacts		
Community physiotherapy contacts		
Calls to NHS direct		
Calls for an ambulance or paramedic		
Occupational therapy contacts		
Other (e.g. mental health services): details		
.....		
Other: details		
.....		

4. Medications

Since being discharged following your operation, have you been prescribed or bought any new medication?

Yes

No

If Yes, please note any medications (including pain relief) that you have been prescribed by a doctor or other health professional or bought since being discharged following your operation.

Medications (+ dosage)	Number of times daily	Number of days used	If prescribed please mark X	If bought without a prescription please mark X
E.g. Paracetamol	Twice	14		X

5. Personal social services

Since being discharged following your operation, have you been provided with personal social services to make your day to day life easier to manage?

Yes No

If Yes, in the following table, please indicate the number of contacts with the service and the average duration of these contacts in minutes. If the type of support you have received isn't listed then feel free to write this in.

Other support	How many times?	Average duration of contacts (minutes)
Meals on wheels (frozen, daily)		
Meals on wheels (hot, daily)		
Laundry services		
Social worker contacts		
Care worker contacts including help at home		
Other: Details		
Other: Details		

6. Aids and adaptations

Since being discharged following your operation, have you received or bought any aid or adaptation?

Yes No

If Yes, in the following table, please indicate the number of aids or the items of equipment received. If an item you have received isn't listed then feel free to write this in and the quantity.

Aids and adaptation	Number received	Cost if bought yourself (£)
Crutches		
Stick		
Zimmer frame		
Grab rail		
Dressing aids		
Long-handle shoe horn		
Other		
Other		

7. Time off work

Are you currently working?

Yes No

If No, is this because:

of your fracture
 of other health reasons
 you are retired or unable to work for other reasons

8. Additional information

In order to evaluate the cost-effectiveness of the intervention, the following questions help us to calculate the total cost of the treatment.

Since being discharged following your operation, have you or your partner, relatives or friends incurred any additional costs as a result of your contact with health or social care services or your general health state?

Yes No

If Yes, please list below in the following table

Costs	Cost to you (£)	Cost to partner (£)	Cost to relatives/friends (£)
Travel costs			
Lost earnings			
Child care costs			
Help with housework			
Other: Details			
Other: Details			

Section 6

1. Since leaving hospital do you feel?

- Substantially Better
- Moderately Better
- No Different
- Moderately Worse
- Substantially Worse

2. How satisfied were you with the treatment you received ?

- Extremely Satisfied
- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Extremely Dissatisfied

3. Have your contact details changed or likely to change in the next three months?

Yes No

If Yes, please give your new details below:

House/Flat number:

Street Name:

Town/City:

Postcode:

Email:

Telephone

Home:

Work:

Mobile:

Preferred method/time of contact:

Date new details effective from:

That is the end of the questionnaire.

Please check that you have completed all sections.

We will send you another questionnaire in three months. In the meantime, please keep a record of any days off work, hospital or GP visits, medication, use of special equipment or support you may receive as a result of your open fracture.

Please write any notes you have for us in the space overleaf and return the questionnaire in the reply-paid envelope provided.

Thank you very much for your time.