					Iressing	
			Study ID:			
Bluebelle		Particip	ant name:			
study		Date	of surgery:			
-		Date o	ompleted:			
Mound F	vestiene	1				
interested in how your wound(s) ha as part of the Bluebelle study. Please onnaire as soon as you feel ready, bu than one wound, please respond thi there have been	ve healed since y complete this sl it ideally this will nking about just any concerns ab	your operation hort question be within fou cone wound - bout how it ha	n and your e naire yourse Ir days of ha - either the r as been heali	xperience of havi If. You can compl ving your operati main one or anot ing.	lete the ion. If there is her wound if	
	estionnaire, plea	ase return it in	the pre-pai	d envelope provi	ded.	
n 1: Wound comfort		Not at all	a little	Quite a hit	A lot	
Has your wound been itchy?				•	A lot	
' '		_	_	_		
	tion?	_	_	_		
· · · ·		_	_	-		
		_	_			
,,		-	-	-		
12: Removing the dressing						
		Yes	No	, If "No" go to	o Section 3,	
n its own?	ved/come off			Quest		
If "Yes", how did it come off?						
A dector /ourse /ather health profes	sional					
		_				
		-				
		-				
		Not at all	A little	Quite a bit	A lot	
Did you feel any pain when the dre removed?	essing was					
Did you feel any anxiety when the removed?	dressing was					
1 3: Experience of having a dressi	ng	Not et e''	a liasta	Quite a hit		
Has your drassing prevented you fee	am showering	NOT AT AII	A little	Quite a bit	A lot	
	an showering		\boxtimes			
Has your wound felt protected?						
	ir wound in	_	-	_		
relation to your dressing(s)?			<u> </u>		_	
Are you satisfied with your dressing	(s)?					
	Additional co	omments:				
	interested in how your wound(s) ha as part of the Bluebelle study. Please prinaire as soon as you feel ready, but than one wound, please respond thi there have been When you have completed the qu 1: Wound comfort Has your wound been itchy? Has your wound been painful? Has your wound had a pulling sensa Has your wound had a pulling sensa Has your wound helt tight? Has your wound been smelly? 2: Removing the dressing Has the original dressing been remo on its own? If "Yes", how did it come off? A doctor/nurse/other health profes You/your partner/friend/family mer It came off on its own Did you feel any pain when the dre removed? Did you feel any anxiety when the removed? 3: Experience of having a dressi Has your dressing prevented you fro or washing? Has your dressing prevented you fro ro washing? Has your dressing prevented you fro	interested in how your wound(s) have healed since y as part of the Bluebelle study. Please complete this si- private as soon as you feel ready, but ideally this will than one wound, please respond thinking about just there have been any concerns al When you have completed the questionnaire, please 1: Wound comfort Has your wound been itchy? Has your wound been painful? Has your wound had a pulling sensation? Has your wound felt tight? Has your wound felt tight? Has your wound been smelly? 2: Removing the dressing Has the original dressing been removed/come off on its own? If "Yes", how did it come off? A doctor/nurse/other health professional You/your partner/friend/family member It came off on its own Did you feel any pain when the dressing was removed? Did you feel any anxiety when the dressing was removed? 3: Experience of having a dressing Has your wound felt protected? Has your wound felt protected? Have you felt any anxiety about your wound in relation to your dressing(s)? Are you satisfied with your dressing(s)?	Date of Wound Experience Quest interested in how your wound(s) have healed since your operation is part of the Bluebelle study. Please complete this short question soon as you feel ready, but ideally this will be within fou there have been any concerns about how it has When you have completed the questionnaire, please return it in Not at all Has your wound been itchy? Has your wound been itchy? Has your wound been painful? Not at all Has your wound been smelly? Personal dressing been removed/come off Or 2 Not at all Yes Has the original dressing been removed/come off On its own If "Yes", how did it come off? Yes A doctor/nurse/other health professional You/your partner/friend/family member I It came off on its own I Did you feel any pain when the dressing was removed? Did you feel any anxiety when the	interested in how your wound(s) have healed since your operation and your essigned to the Bluebelle study. Please complete this short questionnaire yourse onnaire as soon as you feel ready, but ideally this will be within four days of has than one wound, please respond thinking about just one wound – either the 'the 'the have been any concerns about how it has been heal there have been any concerns about how it has been heal there have been any concerns about how it has been heal there have been any concerns about how it has been heal there have been any concerns about how it has been heal there have been any concerns about how it has been heal there have been any concerns about how it has been heal to be you have completed the questionnaire, please return it in the pre-paid site of the grave wound been itch? I has your wound been smelly? I has your wound had a pulling sensation? I has your wound been smelly? I has the original dressing been removed/come off on its own? I f "Yes", how did it come off? Yes No Has the original dressing been removed/come off on its own? I has the origin all has your wound her the dressing was removed? I have you fiel any anxiety when the dressing was removed? I have you feel any anxiety when the dressing was removed? I have you flet any anxiety when the dressing was removed? I have you feel any anxiety about your wound in relation to your dressing(s)? I have you satisfied with your dressing(s)? I h	Date completed: Wound Experience Questionnaire interested in how your wound(s) have healed since your operation and your experience of haves as part of the Bluebelle study. Please complete this short questionnaire yourself. You can complemative as soon as you feel ready, but ideally this will be within four days of having your operation and wour experience of haves as part of the Bluebelle study. Please complete this short questionnaire yourself. You can complemative as soon as you feel ready, but ideally this will be within four days of having your operation and wour experience of haves on any concerns about how it has been healing. When you have completed the questionnaire, please return it in the pre-paid envelope provionation of the pre-paid envelope provionation wound been itchy? Has your wound been painful?	

Thank you for completing this questionnaire.

This research is funded by the National Institute for Health Research Health Technology Assessment programme (Project No. 12/200/04). Version 2.0.04th May 2016

Note: The WEQ and WMQ are still in the early stages of development and have not yet been validated. Because of this, we request that anyone who may want to use them – to further develop, validate or implement the questionnaires in a research context – contacts us in advance so that we can be aware of their intended use, and ensure that we provide the most up to date versions.

	Bluebelle dressing allocation:	Simple dressing
	Study ID:	
Bluebelle	Participant name:	
	Date of surgery:	
	Date completed:	
s t u d y	Completed by (please tick):	Healthcare professional Participant Other (state):

Wound Management Questionnaire

To be completed by a healthcare professional up to 4 days after surgery Or

To be completed by the participant up to 4 days after surgery if the participant is discharged before completion by a healthcare professional

If there is more than one wound, please respond thinking about just one wound – either the main one or another wound if there have been any concerns about how it has been healing. When you have completed the questionnaire, please return it in the pre-paid envelope provided.

	the past 24 hours	Not at all	A little	Quite a bit	A lot
1.	Has fluid from the wound leaked				
	through the dressing?	If "Not at a	ll", go to Section 2	2, Question 3	
		Yes	No	If "Yes", how m	any times?
2.	Has the leakage required bedding or clothes to be changed?				
Sec	ction 2: Dressings				
ln t	the past 24 hours				
_		Yes	No		
3.	Has the original dressing been replaced?			If "No", questionna	aire is complete
	If "Yes", how many times?				
4.	Why was the dressing replaced?	Yes			
		(tick all			
		that			
	a) Routine change	apply)			
	 b) The dressing was saturated 	H			
	 c) The wound was irritated 				
	 d) The wound was blistered 				
	e) Another reason		If "Yes", please	specify what the reason w	/as
		Addition	al comments:		
	Th	ank you for con	npleting this que	tionnaire	

Note: The WEQ and WMQ are still in the early stages of development and have not yet been validated. Because of this, we request that anyone who may want to use them - to further develop, validate or implement the questionnaires in a research context – contacts us in advance so that we can be aware of their intended use, and ensure that we provide the most up to date versions.