
	Bluebelle dressing allocation:	Simple dressing			
	Study ID:				
	Participant name:				
	Date of surgery:				
	Date completed:				
<h3>Wound Experience Questionnaire</h3> <p>We are interested in how your wound(s) have healed since your operation and your experience of having a dressing, as part of the Bluebelle study. Please complete this short questionnaire yourself. You can complete the questionnaire as soon as you feel ready, but ideally this will be within four days of having your operation. 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.</p> <p>When you have completed the questionnaire, please return it in the pre-paid envelope provided.</p>					
Section 1: Wound comfort					
		Not at all	A little	Quite a bit	A lot
1.	Has your wound been itchy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has your wound been painful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has your wound had a pulling sensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has your wound felt tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has your wound been smelly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Removing the dressing					
6.	Has the original dressing been removed/come off on its own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	→ If "No" go to Section 3, Question 7	
	If "Yes", how did it come off?				
		Yes			
a)	A doctor/nurse/other health professional	<input type="checkbox"/>			
b)	You/your partner/friend/family member	<input type="checkbox"/>			
c)	It came off on its own	<input type="checkbox"/>			
		Not at all	A little	Quite a bit	A lot
d)	Did you feel any pain when the dressing was removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Did you feel any anxiety when the dressing was removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Experience of having a dressing					
		Not at all	A little	Quite a bit	A lot
7.	Has your dressing prevented you from showering or washing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has your wound felt protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you felt any anxiety about your wound in relation to your dressing(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you satisfied with your dressing(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:					
<hr/> <hr/> <hr/>					

Thank you for completing this questionnaire.

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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:	
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	Date completed:	
Completed by (please tick):	<input type="checkbox"/> Healthcare professional <input type="checkbox"/> Participant <input type="checkbox"/> 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.

Section 1: Wound leakage

In the past 24 hours...

- | | Not at all | A little | Quite a bit | A lot |
|---|--------------------------|--------------------------|---------------------------|--------------------------|
| 1. Has fluid from the wound leaked through the dressing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Not at all", go to Section 2, Question 3 | | | | |
| | Yes | No | If "Yes", how many times? | |
| 2. Has the leakage required bedding or clothes to be changed? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | |

Section 2: Dressings

In the past 24 hours...

- | | | | |
|---|---------------------------------|--------------------------|---|
| | Yes | No | |
| 3. Has the original dressing been replaced? | <input type="checkbox"/> | <input type="checkbox"/> | If "No", questionnaire is complete |
| | If "Yes", how many times? _____ | | |
| 4. Why was the dressing replaced? | Yes
(tick all that apply) | | |
| a) Routine change | <input type="checkbox"/> | | |
| b) The dressing was saturated | <input type="checkbox"/> | | |
| c) The wound was irritated | <input type="checkbox"/> | | |
| d) The wound was blistered | <input type="checkbox"/> | | |
| e) Another reason | <input type="checkbox"/> | | If "Yes", please specify what the reason was
_____ |

Additional comments:

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Thank you for completing this questionnaire.

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