

# Wound Healing Questionnaire

We are interested in knowing how your wound(s) have healed since you left hospital after having surgery. Please complete this short questionnaire yourself. It is fine to ask someone else to write the answers for you or help answer some of the questions, for example if you have not been able to see your wound(s).

If you have more than one wound, please answer the questions **thinking about just one wound** — either your main wound or another wound if there have been any concerns about how it has been healing. We would like you to think about the wounds on your skin rather than any wounds that may be inside your body.

The following questions ask about how your wound has healed and wound care **since you left hospital after having surgery**. It includes some problems that may occur with wound healing. Please note these are only possibilities and do not occur for many people. The words in brackets are the medical terminology. Next to each question, please tick the box that is most relevant to your experience.

SAMPLE

## Since you left hospital after having surgery....

Not at all    A little    Quite a bit    A lot

1. Was there redness spreading away from the wound?  
(erythema/cellulitis)               

2. Was the area around the wound warmer than the  
surrounding skin?               

3. Has any part of the wound leaked clear fluid?  
(serous exudate)               

4. Has any part of the wound leaked blood-stained fluid?  
(haemoserous exudate)               

5. Has any part of the wound leaked thick and yellow/green  
fluid? (pus/purulent exudate)               

6a. Have the edges of any part of the wound separated/gaped  
open on their own accord? (spontaneous dehiscence)               

Please answer the next question only if you have said the edges of the wound  
separated/gaped open:

6b. Did the deeper tissue also separate?               

7. Has the area around the wound become swollen?               

8. Has the wound been smelly?               

9. Has the wound been painful to touch?               

10. Have you had, or felt like you have had, a raised  
temperature or fever? (fever >38°C)               

Please check that you have **ticked one box for each question where required**,  
before moving onto the next page.

## Since you left hospital after having surgery...

Yes No

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 11. Have you sought advice because of a problem with your wound, other than at a planned follow-up appointment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anything been put on the skin to cover the wound? (dressing)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you been back into hospital for treatment of a problem with your wound?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you been given antibiotics for a problem with your wound?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have the edges of your wound been deliberately separated by a doctor or nurse?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has your wound been scraped or cut to remove any unwanted tissue? (debridement of wound)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has your wound been drained? (drainage of pus / abscess)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had an operation under general anaesthetic for treatment of a problem with your wound?             | <input type="checkbox"/> | <input type="checkbox"/> |

Please check that you have **ticked one box for each question on this page.**

***Thank you for completing the questionnaire.***