**Surgical wound healing questionnaire**

Dear Patient,

We are monitoring all patients with surgical wounds, to detect patients who develop wound infections after surgery.

We would be grateful if you could complete this questionnaire and return it in the pre-paid envelope.

Have you had any problems with the healing of your wound?

Yes [ ] Please continue with this questionnaire

No [ ] You do not need to continue with any further questions.

Did the problems with your wound arise when you were in hospital?

Yes [ ]

No [ ]

Since you were discharged from hospital after your operation have you noticed any of the following symptoms?

Has there been any discharge or leakage of fluid from any part of the wound?

Yes [ ]

No [ ]

If yes, was it either: Clear or blood stained [ ]

Yellow/green (pus) [ ]

Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pain or soreness in addition to the discomfort experience

following the operation [ ]

Redness or inflammation spreading from the edges of the wound [ ]

The area around the wound felt warmer/hotter than the

surrounding skin [ ]

The area around the wound became swollen [ ]

The edges of any part of the wound separated or gaped open [ ]

Did any health care worker take a sample from your wound to send to the laboratory?

Yes [ ]

No [ ]

PLEASE TURN OVER

If you saw a health care worker because of these symptoms, please indicate who you saw from the list below –

GP [ ]

District Nurse [ ]

Midwife [ ]

Doctor or Nurse at the hospital [ ]

Other – please specify [ ]

Did not see anyone about my wound [ ]

Please tell us the date you noticed these symptoms.

If you cannot remember the exact date, please give an approximate date \_\_\_/\_\_\_/\_\_\_

Have you been prescribed antibiotics for an infection in the wound?

Yes [ ]

No [ ]

If yes, who prescribed them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been readmitted to hospital with an infection of the surgical wound?

Yes [ ]

No [ ]

If yes, which hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_