

**Appendix 4.**

**ORDIT: Organ Dysfunction in Trauma.**

**FOLLOW UP ASSESSMENT OF HEALTH RELATED QUALITY OF LIFE: explanatory notes**

This questionnaire has an introductory page which:

- reminds the patient of the study,
- details what the questionnaire is asking about,
- how long it should take to complete, and
- a statement to say that should the patient not wish to complete the questionnaire, then their health care will not be affected in any way.

Should the patient be unable to complete the questionnaire, then we ask that the relative or partner present attempts to complete it on their behalf (a box is available and should be ticked when someone other than the patient has completed the questionnaire).

**The questionnaire is to be completed 12 months after injury and will need to be sent to the patient by post or email, or administered over the telephone according to the patients preference.**

A return envelope is provided with the questionnaire so that the patient can post it back to the principle investigator.

**Patient Study ID Number**

**ORDIT: Organ Dysfunction in Trauma**

**12-MONTH QUALITY OF LIFE ASSESSMENT**

**PATIENT QUESTIONNAIRE BOOKLET**

**12 MONTH FOLLOW-UP ASSESSMENT TO BE COMPLETED BY THE PATIENT OR  
REPRESENTATIVE**

You may remember that one year ago during your emergency admission to the **“INSERT HOSPITAL”**, you agreed to let us collect information on the treatment you received whilst in hospital as part of a research study. Thank you - these data are now helping us determine how we might better help injured patients when they are admitted to critical care.

We would now like to ask you a few short questions about your quality of life and any treatment or care you may have needed over the past year. The questionnaire should take around 5 minutes to complete and the information you provide will be valuable in helping us gain a more complete picture of the longer-term experiences of patients who receive treatment for trauma injuries.

Any care you are receiving will not be affected should you choose not to complete the questionnaire.

**If you are not the person to whom this questionnaire is addressed, then we would be most grateful if you could pass the questionnaire on to them to complete.**

**If the person is conscious but unable to understand and answer the questions, then we ask that you tick the box immediately below and then please try to complete the questionnaire on their behalf.**

Thank you for your time and help in completing this questionnaire, your answers will provide us with valuable information and will be treated in confidence.

If posted, please return the questionnaire in the stamped addressed envelope provided.

If you wish to speak with someone about this questionnaire please contact Elaine Cole via:  
[e.cole@qmul.ac.uk](mailto:e.cole@qmul.ac.uk)

1. Under each heading, please tick the ONE box that best describes your health **TODAY**

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

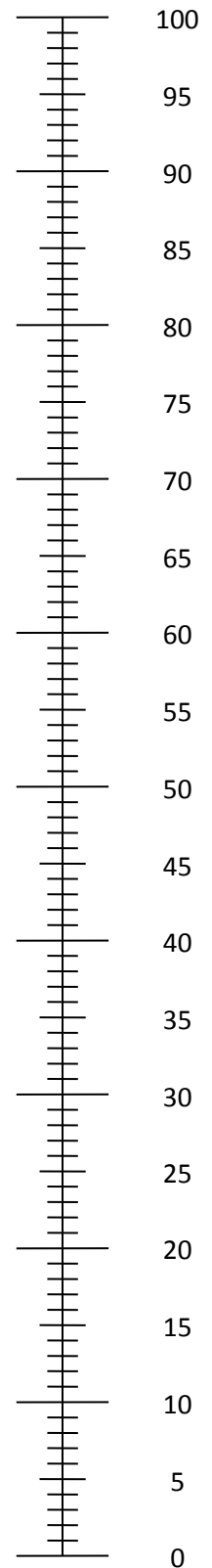
**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

The best health  
you can imagine

2. We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
  - 100 means the best health you can imagine.  
0 means the worst health you can imagine.
  - Mark an X on the scale to indicate how your health is TODAY.
  - Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



The worst health  
you can imagine