


**Appendix A: Examples of questions and layout from the Wound Symptoms Self-Assessment Chart**

1.

◆ What has the pain from your wound been like over the last week?


No pain  Worst pain I can imagine

◆ How much has pain from your wound interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

2.

◆ What has your pain been like during dressing changes over the last week?


No pain  Worst pain I can imagine

◆ How much has pain during dressing changes interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

3.

◆ How often has fluid been leaking from your dressing over the last week?

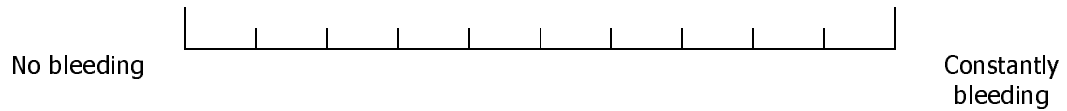
No fluid leaking  Constantly leaking

◆ How much has fluid leaking from your dressing interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

4.

◆ How often has your wound been bleeding over the last week?

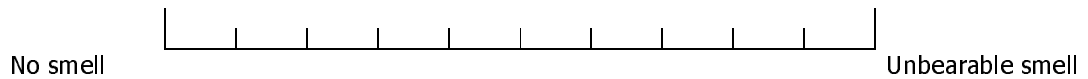


◆ How much has bleeding from your wound interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

5.

◆ What has the smell from your wound been like over the last week?

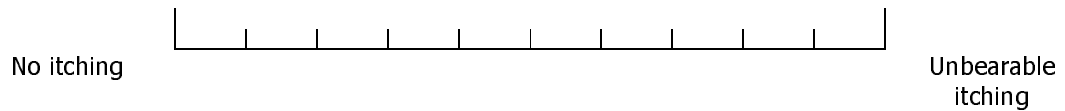


◆ How much has the smell from your wound interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

6.

◆ How itchy has your wound, or the skin around it, been over the last week?

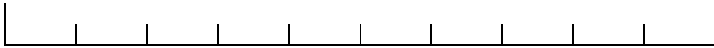


◆ How much has itching from your wound, or the skin around it, interfered with your life over the last week?

1                      2                      3                      4                      5  
Not at all              A little bit              Somewhat              Quite a bit              Very much

13.

◆ How has your wound affected your mood over the last week?


I never feel depressed  I always feel depressed

◆ How much has your mood interfered with your life over the last week?

1 Not at all      2 A little bit      3 Somewhat      4 Quite a bit      5 Very much

14.

◆ How has your wound made you feel about yourself over the last week?


I always feel happy with myself  I always feel unhappy with myself

◆ How much have your feelings about yourself interfered with your life over the last week?

1 Not at all      2 A little bit      3 Somewhat      4 Quite a bit      5 Very much

15.

◆ How much have you felt embarrassed about your wound over the last week?

I never feel embarrassed  I always feel embarrassed

◆ How much has feeling embarrassed about your wound interfered with your life over the last week?

1 Not at all      2 A little bit      3 Somewhat      4 Quite a bit      5 Very much

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