

## Quality of Life with Chronic Wounds – Wound-QoL Questionnaire

With the following questions, we aim to find out how your chronic wound(s) affect(s) your quality of life. Please check off what has applied to you in the **last 7 Days**. This will be completed every 30 days.

In the last seven days...	Not at All	A Little	Moderately	Quite a Lot	Very Much
...my wound(s) hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...my wound(s) had a bad smell.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...there was a disturbing discharge from the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the wound(s) has affected my sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the treatment of the wound(s) has been a burden at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the wound(s) has made me unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have felt frustrated because the wound(s) is taking a long time to heal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have worried about my wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have been afraid of the wound(s) getting worse or of new wounds appearing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have been afraid of accidentally 'knocking' the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have had trouble moving about because of the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...climbing stairs have been difficult because of the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have had trouble with day-to-day activities because of the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>*PLEASE CONTINUE ON OTHER PAGE</b> <i>Page 1 Totals (For Clinical Use Only)</i>					

In the last seven days...	Not at All	A Little	Moderately	Quite a Lot	Very Much
...the wound(s) has limited my leisure activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the wound(s) has forced me to limit my activities with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have felt dependent on help from others because of the wound(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...the wound(s) has been a financial burden to me and/or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Thank You!</b> <i>Page 2 Totals (For Clinical Use Only)</i>					
<b>Total from Page 1 and Page 2</b>					