Pressure Sore Quality of Life Questionnaire Version 1.0

Please read these instructions before you begin

This questionnaire asks your views about the impact that your pressure sore(s) has had on your everyday life during the past week.

We understand that you may have a combination of medical problems, but please try to think about only your pressure sore(s) when you answer the questions.

I will read out all of the questions and for each question you will be required to respond by using the response option card. I will indicate your responses on the booklet.

If you have more than one pressure sore, please try to think about the pressure sore that has caused you the most bother when answering the questions.

To start, how many pressure sore(s) do you have?
(Please write the number of pressure sores in the box) ☐

How long have you had your pressure sore(s)?

☐ Weeks ☐ Months ☐ Years

On which part of your body do you currently have pressure sore(s)?
(Please tick all that apply)

- ☐ Area at the bottom of your spine (sacrum)
- ☐ Buttocks
- ☐ Back of leg and/or thigh
- ☐ Hip
- ☐ Ankle/foot
- ☐ Heel
- ☐ Elbow
- ☐ Head and/or face
- ☐ Other, please specify: ☐

If you have experienced pain or discomfort because of your pressure sore(s), how would you describe it? (Please tick all that apply)

- ☐ I did not experience any pain/discomfort during the past week
- ☐ When I move
- ☐ When I sit, stand or put pressure on my sore
- ☐ When the dressing is changed
- ☐ Comes and goes (intermittent)
- ☐ Frequent
- ☐ Constant

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1. During the **past week**, how much were you **bothered** by pain or discomfort because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Feeling uncomfortable	☐	☐	☐	☐
b) Tenderness	☐	☐	☐	☐
c) Annoying pain or discomfort	☐	☐	☐	☐
d) Red raw	☐	☐	☐	☐
e) Stinging	☐	☐	☐	☐
f) Burning	☐	☐	☐	☐
g) Throbbing	☐	☐	☐	☐
h) Stabbing pains	☐	☐	☐	☐

2. During the **past week**, how much were you **bothered** by itchiness because of your **pressure sore(s)**? (Please tick only one box)

No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
☐	☐	☐	☐

3. During the **past week**, how much were you **bothered** by leaking from your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother
a) Causing dressing to come off	☐	☐	☐
b) Staining	☐	☐	☐
c) Weeping	☐	☐	☐
d) Sticky	☐	☐	☐
e) Messy	☐	☐	☐
f) Running	☐	☐	☐
g) Bleeding	☐	☐	☐
h) Pus	☐	☐	☐

4. During the **past week**, how much were you **bothered** by smell or odour from your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	**A little bother**	**A lot of bother**
a) An unpleasant smell	☐	☐	☐
b) A lingering smell	☐	☐	☐
c) A pungent smell	☐	☐	☐
d) A stench or stink	☐	☐	☐
e) A putrid smell	☐	☐	☐
f) A sickening smell	☐	☐	☐

5. During the **past week**, how much were you **bothered** by sleep problems because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	**A little bother**	**A lot of bother**	I had this problem but not because of pressure sores
a) Trouble finding a comfortable position	☐	☐	☐	☐
b) Having to sleep in one position (e.g. your back or side)	☐	☐	☐	☐
c) Interrupted sleep (e.g. restless sleep or being woken up during your sleep)	☐	☐	☐	☐
d) Not getting the amount of sleep that you needed	☐	☐	☐	☐
e) Being kept awake	☐	☐	☐	☐
f) Trouble falling asleep	☐	☐	☐	☐

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6. During the **past week**, how much were you **bothered** by everyday movements because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	**A little bother**	**A lot of bother**	I had this problem but not because of pressure sores
a) Difficulty pushing up to a sitting position	☐	☐	☐	☐
b) Difficulty adjusting yourself in bed	☐	☐	☐	☐
c) Difficulty sitting (e.g. sitting up in bed or a chair)	☐	☐	☐	☐
d) Difficulty turning or moving around in bed	☐	☐	☐	☐
e) Feeling that your walking was slowed down	☐	☐	☐	☐
f) Difficulty standing for long periods	☐	☐	☐	☐
g) Feeling limited in your ability to walk	☐	☐	☐	☐
h) Difficulty transferring (e.g. from a bed to a chair or to a car)	☐	☐	☐	☐
i) Feeling limited in your ability to go up and down stairs	☐	☐	☐	☐

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7. The following questions are about everyday activities. During the **past week**, how much were you **bothered** by difficulty doing everyday activities because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Doing your regular daily activities (e.g. work, volunteering, religious service, clubs, university)	☐	☐	☐	☐
b) Being able to wash yourself in your usual way (e.g. hand wash, bath, shower)	☐	☐	☐	☐
c) Doing shopping	☐	☐	☐	☐
d) Being able to go to the toilet	☐	☐	☐	☐
e) Getting dressed or undressed	☐	☐	☐	☐
f) Doing jobs around the house (e.g. cooking, housework, DIY)	☐	☐	☐	☐
g) Doing things that you enjoy (e.g. reading a book, watching a movie, using a computer)	☐	☐	☐	☐
h) Being emotionally close or affectionate with loved ones (e.g. able to cuddle, being intimate)	☐	☐	☐	☐

8. During the **past week**, how much were you **bothered** by health aspects because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Feeling tired	☐	☐	☐	☐
b) Feeling fatigued	☐	☐	☐	☐
c) Feeling that your energy levels have been reduced	☐	☐	☐	☐
d) Feeling unwell or poorly	☐	☐	☐	☐
e) Feeling that your appetite has reduced	☐	☐	☐	☐

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9. During the **past week**, how much were you **bothered** by these feelings because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Feeling fed-up	☐	☐	☐	☐
b) Feeling frustrated	☐	☐	☐	☐
c) Feeling annoyed or irritated	☐	☐	☐	☐
d) Feeling physically dependent on others	☐	☐	☐	☐
e) Feeling miserable	☐	☐	☐	☐
f) Feeling anxious	☐	☐	☐	☐
g) Feeling like you have no control over your life because of your sore	☐	☐	☐	☐
h) Feeling like a burden or nuisance on others	☐	☐	☐	☐
i) Feeling concerned or worried	☐	☐	☐	☐
j) Feeling angry	☐	☐	☐	☐
k) Feeling like you were missing out	☐	☐	☐	☐
l) Feeling depressed	☐	☐	☐	☐
m) Feeling lonely	☐	☐	☐	☐
n) Feeling cut off or isolated from others	☐	☐	☐	☐
o) Feeling that people avoided you or treated you differently now	☐	☐	☐	☐

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10. During the **past week**, how much were you **bothered** by these feelings because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Feeling helpless	☐	☐	☐	☐
b) Lacking in confidence	☐	☐	☐	☐
c) Feeling self-conscious	☐	☐	☐	☐
d) Feeling embarrassed	☐	☐	☐	☐
e) Feeling physically unattractive	☐	☐	☐	☐
f) Feeling a lack of understanding from those close to you	☐	☐	☐	☐
g) Feeling uneasy being close to or around other people	☐	☐	☐	☐

11. The next questions are about your usual social activities. During the **past week**, how much were you **bothered** by limitations in your social activities because of your **pressure sore(s)**? (Please tick one box on each line)

	No bother at all	A little bother	A lot of bother	I had this problem but not because of pressure sores
a) Being restricted to where you could go out	☐	☐	☐	☐
b) Difficulty going out	☐	☐	☐	☐
c) Being restricted to how long you could stay out	☐	☐	☐	☐
d) Being unable to get away for a holiday or make a trip at the weekend	☐	☐	☐	☐
e) Having to give up on hobbies or leisure activities	☐	☐	☐	☐
f) Being unable to participate in family gatherings or activities	☐	☐	☐	☐
g) Difficulty meeting up or seeing family and/or friends	☐	☐	☐	☐
h) Having to plan going out around pressure sore care	☐	☐	☐	☐
i) The amount of time involved in caring for your sore	☐	☐	☐	☐

Please check that you have answered all the questions on each page

THANK YOU FOR COMPLETING THESE QUESTIONS