

## WOUND-Q© English Version

Domain	Scale
WOUND	1. Assessment
	2. Drainage
	3. Smell



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## **HOW CONCERNED ARE YOU ABOUT YOUR WOUND(S)?**

<u>Note</u>: If you have more than 1 wound, please answer thinking of the wound that concerns you the most.

## In the PAST WEEK, how CONCERNED have you been about:

	Very much	Quite a bit	A little bit	Not at all
1. Any <u>bleeding</u> from your wound?	1	2	3	4
2. How your wound <u>smells</u> ?	1	2	3	4
3. Any <u>burning</u> sensation that you feel in your wound?	1	2	3	4
4. Any <u>holes</u> in your wound?	1	2	3	4
5. Any swelling in or around your wound?	1	2	3	4
6. How the <u>edges</u> around your wound look?	1	2	3	4
7. The <u>colour</u> of your wound?	1	2	3	4
8. The amount of <u>drainage</u> (fluid) coming out of your wound?	1	2	3	4
9. How <u>painful</u> your wound feels?	1	2	3	4
10.How <u>deep</u> your wound is?	1	2	3	4
11.The size of your wound?	1	2	3	4

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DOES YOUR WOUND(S) HAVE DRAINAGE? Drainage is fluid produced by a wound.

Note: If you have more than 1 wound, please answer thinking of the wound that bothers you the most.

With your wound in mind, in the PAST WEEK, how BOTHERED have you been by:

	Very much	Quite a bit	A little bit	Not at all
1. The colour of the drainage?	1	2	3	4
2. How thick the drainage is?	1	2	3	4
3. The smell of the drainage?	1	2	3	4
4. Someone noticing the drainage?	1	2	3	4
5. Any drainage soaking through your clothes?	1	2	3	4
6. The drainage interfering with your ability to enjoy life?	1	2	3	4
7. The amount of drainage?	1	2	3	4
8. How often you need to change the dressing?	1	2	3	4

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## DOES YOUR WOUND(S) SMELL?

Note: If you have more than 1 wound, please answer thinking of the wound that smells the worst.

With your wound in mind, in the PAST WEEK, how BOTHERED have you been by:

	Very much	Quite a bit	A little bit	Not at all
<ol> <li>The smell interfering with your close relationships?</li> </ol>	1	2	3	4
2. Someone commenting on the smell?	1	2	3	4
3. The smell interfering with your social life?	1	2	3	4
4. How strong the smell is with a dressing on it?	1	2	3	4
5. Someone noticing the smell?	1	2	3	4
6. Not being able to stop the smell?	1	2	3	4
7. How unpleasant the smell is?	1	2	3	4
8. How strong the smell is <u>without</u> a dressing on it?	1	2	3	4

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