

Patient Reported Outcomes of Fracture Healing (PROOF-LE)

PROOF-Lower Extremity Questionnaire for Patient

Instructions

1. This questionnaire is about how your leg injury or fracture healed.
2. Each section has different choices. Please read the instructions for each section carefully.
3. Please answer all questions by circling the response that fits best. You may write down any comments/clarifications in the space provided below each question.

For example,

Consider your injured leg.

1. Rate how your injured leg **looks** in comparison to your uninjured leg.
2. Rate how **bothered** you are by how your injured leg looks.

Compared with my uninjured leg,	My Injured Leg Looks				How Much This Bothered Me		
	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1. The surface shape of my injured leg							

In the above example, the surface shape of the injured leg looked *somewhat different* from the uninjured leg and bothered you *a lot*.

4. At the end of each section there is space for you to add any items that you think are missing from the questionnaire, which you believe are important to the healing of your leg injury or fracture.

About Your Injury

1. Date of Injury (YY/MM/DD): _____
2. Which side did you injure?
 Right
 Left
 Both
3. Which bone/s did you injure?
Check all that apply.
 Hip Bone
 Thigh Bone (Femur)
 Knee
 Lower Leg Bone-Tibia and/or Fibula
 Ankle
 Foot Bone

Name: _____

Date: _____

To be completed by PATIENT

How It Looks

Consider your injured leg.

1. Rate how your injured leg **looks** in comparison to your uninjured leg.
2. Rate how **bothered** you are by how your injured leg looks.

Does your injured leg look different from the uninjured side (e.g., shape, length, position, size, scars)?

- No → Skip to Next Section
 Yes → Complete this Section

Compared with my uninjured leg,	My Injured Leg Looks				How Much This Botheres Me		
	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1. Shape (alignment)	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
2. Length	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
3. Size	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
4. Scars	No Scars	Small Scar/s	Medium Scar/s	Large Scar/s	Not at All	A Little	A Lot
5. The direction my foot or knee points while walking	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
6. I walk with a limp	No Limp	Mild Limp	Moderate Limp	Severe Limp	Not at All	A Little	A Lot
1A. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1B. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot

How It Feels

Consider your injured leg.

1. Rate how your injured leg **feels** in comparison to your uninjured leg.
2. Rate how **bothered** you are by how your injured leg feels.

Does your injured leg feel different from the uninjured side (e.g., flexibility, strength, tiredness, pain, numbness, etc.)?

- No → Skip to Next Section
 Yes → Complete this Section

Compared with my uninjured leg,	My Injured Leg Feels				How Much This Botheres Me		
7. Flexibility (stiffness)	No Different	A Little Less Flexible	Somewhat Less Flexible	A Lot Less Flexible	Not at All	A Little	A Lot
8. Strength	No Different	A Little Weaker	Somewhat Weaker	A Lot Weaker	Not at All	A Little	A Lot
9. Heaviness	No Different	A Little Heavier	Somewhat Heavier	A Lot Heavier	Not at All	A Little	A Lot
10. Pain	No Different	A Little Painful	Somewhat Painful	Very Painful	Not at All	A Little	A Lot
11. Numbness or tingling	No Different	A Little Numb	Somewhat Numb	Very Numb	Not at All	A Little	A Lot
12. Confident to use my injured leg	No Different	A Little Nervous	Somewhat Nervous	Very Nervous	Not at All	A Little	A Lot
13. Implants/metal in my injured leg	I have no implants/metal I have implants/metal in my injured leg				Not at All	A Little	A Lot
2A. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot
2B. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot

How It Healed

Do you feel your injury has healed?

- Completely healed
 Almost healed
 Partially healed
 Not yet healed

About my recovery

You can ask your parent(s) to help you answer these questions.

20. Time spent admitted to the hospital	Less than 12 hours	12 to 24 hours	More than 1 day up to 3 days	More than 3 days up to 5 days	More than 5 days
21. Number of days I missed school or had to stay at home	0 to 1 day	Less than 1 week	1 up to 2 weeks	2 up to 4 weeks	More than 4 weeks
22. Number of days I needed a parent or adult to stay with me at home while I recovered	Less than 1 day	1 to 3 days	4 to 7 days	More than 1 up to 2 weeks	More than 2 weeks
23. Number of follow-up visits to hospital or doctor	0 to 1 visit	2 visits	3 visits	4 visits	5 or more visits
24. Pain or discomfort during the healing period	No Pain	Very Little Pain	Some Pain	Quite Painful	Very Painful
25. Unpleasant events during recovery	None	Very Few	Some	Quite a Few	Many
26. Speed of recovery	Very Fast	Fast	Not Fast / Not Slow	Slow	Very Slow
27. Overall experience of recovery	Very Easy	Easy	Not Easy / Not Difficult	Difficult	Very Difficult
4A. Other? _____					
4B. Other? _____					