

PLEASE RETURN THIS FORM TO YOUR LOCAL BAJIR CO-ORDINATOR

# BAJIR PROMs

PATIENT ID LABEL:

The Bone and Joint Infection Registry (BAJIR) is a national project that aims to improve our understanding of these diseases. The aim is to improve care for those who suffer from these conditions. We aim to do this by recording how treatment is delivered across the UK. This in turn will enable us to better understand which treatments work the best and disseminate this information to the healthcare professionals who treat these patients.

The information you provide in these questionnaires allows us to understand for the first time how people with these infections are looked after and what differences exist between trusts and different geographical regions.

It is important to note however that participation is not compulsory and if you prefer not to participate, your medical care will be unaffected. When you were diagnosed with an infection and discussed with your hospital bone infection team, your information was entered into the registry. This is an automatic process overseen at a national level for certain conditions of particular public interest. If you would like to find out more about this process please ask the team or refer to our website (<http://bajir.e-dendrite.com/>) for further information on how we use your information and your rights under Data Protections laws.

TODAY'S DATE: \_\_\_\_\_

CONSULTANT'S NAME: \_\_\_\_\_

**INSTRUCTIONS:** Please complete *ALL* of the questions with **ONE ANSWER ONLY**. Scores may not be able to be calculated if any questions are left blank or more than one answer is selected.

If you are unsure, please choose the answer which seems closest.

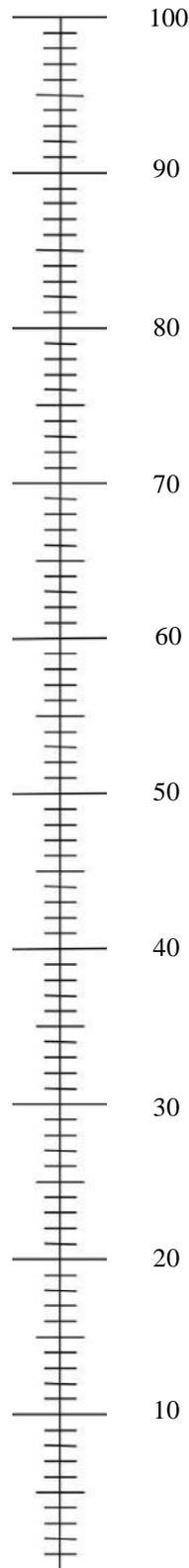
If you do not do an activity, please choose the answer you think would apply if you *DID*.

*Please answer the questions on both sides of the paper*

The best health you can imagine

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =



The worst health you can imagine

This section asks about you and your health in general.

**Under each heading, please tick the ONE box that best describes your health TODAY**

<b>Mobility</b>
<input type="checkbox"/> I have no problems in walking about
<input type="checkbox"/> I have some problems in walking about
<input type="checkbox"/> I am confined to bed
<b>Self-care (i.e. washing and dressing)</b>
<input type="checkbox"/> I have no problems with self-care
<input type="checkbox"/> I have some problems self-care
<input type="checkbox"/> I am unable to wash or dress myself
<b>Usual activities (i.e. work, study, housework, family or leisure activities)</b>
<input type="checkbox"/> I have no problems with performing my usual activities
<input type="checkbox"/> I have some problems with performing my usual activities
<input type="checkbox"/> I am unable to perform my usual activities
<b>Pain/Discomfort</b>
<input type="checkbox"/> I have no pain or discomfort
<input type="checkbox"/> I have moderate pain or discomfort
<input type="checkbox"/> I have extreme pain or discomfort
<b>Anxiety/Depression</b>
<input type="checkbox"/> I am not anxious or depressed
<input type="checkbox"/> I am moderately anxious or depressed
<input type="checkbox"/> I am extremely anxious or depressed

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***Thank you very much for completing this form.***

***Please take a moment to check you have answered all questions on both sides of the paper.***