

Keele University Quality of Life Wound Checklist





Name	Date	
Date of birth	NHS number	
	it, injury, ulcer) is a break to the skin that may these questions about how you are coping w	_
	Can you walk as well as you did before you had your wound?	Yes Sometimes No
SHOPS DO DO DO DO	Can you go out as easily as before you had your wound?	Yes Sometimes No
	3. Do you eat well?	Yes Sometimes No
	4. Are you able to have a shower or bath?	Yes Sometimes No
	5. Are you able to wear clothes and shoes that you want to?	Yes Sometimes No

NameDate Date of birthNHS number
6. Do you get a good night's sleep? Yes Sometimes No
7. Please circle the picture to show if you sleep in a bed or in a chair.
8. Please circle a number to show how your pain has been recently. No Pain Worst Pain 1 2 3 4 5 6 7 8 9 10
9. What medication do you take for your pain?
10. Where do you get your support from? 10. Where do you get your support from? 40- 30- 20-
11. How do you rate your overall quality of life? Please circle the number to show your answer 0 =worst quality of life 100 = best quality of life

For information please contact Julie Green at j.green@keele.ac.uk© 2017 Keele University. All rights reserved. This checklist has been developed by Nurses, Service Users and other stakeholders for use with adults with wounds. Development has been supported by the RCN Foundation Funding. Review date: February 2021