## Wound-QoL-14 questionnaire on quality of life with chronic wounds

With the following questions, we aim to find out how your chronic wound(s) affect(s) your quality of life.

## Please tick one box per line!

In t	he <u>last seven days</u>	notatall	a little	moderately	quite a lot	very much
1	my wound hurt	0	0	0	0	0
2	my wound had a bad smell	0	0	0	0	0
3	there was a disturbing discharge from the wound	0	0	0	0	0
4	the wound has affected my sleep	0	0	0	0	0
5	the treatment of the wound has been a burden to me	0	0	0	0	0
6	the wound has made me unhappy	0	0	0	0	0
7	I have felt frustrated because the wound is taking so long to heal	0	0	0	0	О
8	I have worried about my wound	0	0	0	0	0
9	I have been afraid of the wound getting worse or of new wounds appearing	0	0	0	0	0
10	I have had trouble moving about because of the wound	0	0	0	0	0
11	I have had trouble with day-to-day activities because of the wound	0	0	0	0	0
12	the wound has limited my leisure activities	0	0	0	0	0
13	the wound has forced me to limit my activities with others	0	0	0	0	0
14	I have felt dependent on help from others because of the wound	0	0	0	0	О