## PBI-W - Patient Benefit Index, wound version

## **Importance of Treatment Goals**

Please help us understand the importance of your goals in the **current treatment** of your wound/wounds by filling out the following survey.

For each of the following statements, please mark **how important** this treatment goal is to you. If a statement does not apply to you (for example, because you do not have pain), please mark "does not apply to me". Please mark only one answer choice per statement.

As a result of therapy, how important is it for you to	not at all	somewhat	moderately	quite	very	does not apply to me
1be free from pain	0	0	0	0	0	0
2have no drainage from the wound(s)	0	0	0	0	0	0
3not have an unpleasant smell from the wound(s)	0	0	0	0	0	0
4be healed from the wound(s)	0	0	0	0	0	0
5be able to sleep better	0	0	0	0	0	0
6feel less depressed	0	0	0	0	0	0
7experience greater enjoyment of life	0	0	0	0	0	0
8not be afraid that the problem(s) will get worse	0	0	0	0	0	0
9be able to lead a normal life	0	0	0	0	0	0
10be more productive in everyday life	0	0	0	0	0	0
11not be a burden to friends and family	0	0	0	0	0	0
12be able to enjoy your spare time like a normal person	0	0	0	0	0	0
13be able to lead a normal working life	0	0	0	0	0	0
14be able to have more contact with other people	0	0	0	0	0	0
15be more comfortable being out in public	0	0	0	0	0	0
16not have the relationship with your partner affected by the wound	0	0	0	0	0	0
17not have to rely on doctor visits	0	0	0	0	0	0
18not spend so much time taking care of these problems	0	0	0	0	0	0
19not have to spend so much of your own money on treatment	0	0	0	0	0	0
20have fewer side effects	0	0	0	0	0	0
21feel certain about the diagnosis and therapy	0	0	0	0	0	0
22feel certain that the treatment will work	0	Ο	Ο	0	Ο	0

Please review your answers to make sure you have marked each statement with an "x."

Our sincerest thanks for your cooperation!

## PBI-W - Patient Benefit Index, wound version

## **Treatment benefits**

At the start of treatment, you indicated in a questionnaire how important various goals were in the treatment of your wound/wounds.

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Please mark each of the following statements according to the extent that these treatment goals **were achieved**, thereby indicating if the treatment has benefitted you. If a statement did not apply to you (for example, because you had no pain), please mark "did not apply to me". Please mark only one answer choice per statement.

The	e current treatment has helped me to	not at all	somewhat	moderately	quite	very	did not apply to me
1	be free from pain	0	0	0	0	0	0
2	have no drainage from the wound(s)	0	0	0	0	0	0
3	not have an unpleasant smell from the wound(s)	0	0	0	0	0	0
4	be healed from the wound(s)	0	0	0	0	0	0
5	be able to sleep better	0	0	0	0	0	0
6	feel less depressed	0	0	0	0	0	0
7	experience greater enjoyment of life	0	0	0	0	0	0
8	not be afraid that the problem(s) will get worse	0	0	0	0	0	0
9	be able to lead a normal life	0	0	0	0	0	0
10	be more productive in everyday life	0	0	0	0	0	0
11	not be a burden to friends and family	0	0	0	0	0	0
12	be able to enjoy my spare time like a normal person	0	0	0	0	0	0
13	be able to lead a normal working life	0	0	0	0	0	0
14	be able to have more contact with other people	0	0	0	0	0	0
15	be more comfortable being out in public	0	0	0	0	0	0
16	not have the relationship with my partner affected by the wound	0	0	0	0	0	0
17	not have to rely on doctor visits	0	0	0	0	0	0
18	not spend so much time taking care of these problems	0	0	0	0	0	0
19	not have to spend so much of my own money on treatment	0	0	0	0	0	0
20	have fewer side effects	0	0	0	0	0	0
21	feel certain about the diagnosis and therapy	0	0	0	0	0	0
22	feel certain that the treatment will work	0	0	0	0	0	0

Please review your answers to make sure you have marked each statement with an "x."

Our sincerest thanks for your cooperation!