

Document 9 **swissnos+** SSI-module

Form for the phone interview within 1 month/1year

At least 5 attempts for calling	Date of interview :/...../.....
Name, first name of the patient:	
Information obtained by	<input type="checkbox"/> patient <input type="checkbox"/> family ou medical staff <input type="checkbox"/> do not wish or cannot answer <input type="checkbox"/> could not be reached
1.	Did your convalescence after the operation ofat the hospital of occur well? <input type="checkbox"/> very good <input type="checkbox"/> rather good <input type="checkbox"/> not very good or bad Comments :
2.	Were you rehospitalized meanwhile? <input type="checkbox"/> no (if no pass to question 3) <input type="checkbox"/> yes, precise : Where and when? : For a problem in relation with your operation?
3.	Have you seen your family practitioner or your surgeon, or have you consulted an emergency service or permanence since your exit of the hospital? <input type="checkbox"/> yes, precise : <input type="checkbox"/> no (if no pass to question 4) Who, where and when?

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For which reasons?

only to **remove the stitches when** it was time to do it

for **usual appointment(s)** of control

for some problem **in relation to my operation or the cicatrization**

for unusual problem, but **without relationship** to the operation or the cicatrization

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4. Did you feel or measure fever after your exit of the hospital?

<input type="checkbox"/> yes, precise how much :°C	<input type="checkbox"/> non (if no pass to question 5)
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it was not necessary to consult my doctor and probably without relationship to my operation

maybe in relationship to my operation (pain, redness, drainage), but I (still) did not consult my doctor

without relationship to my operation according to my doctor

in relationship to my operation according to my doctor

Comments :

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5. Did you note some fluid or purulent drainage from your surgical wound or did you notice a redness, a heat or pains on this area which seemed to you abnormal?

<input type="checkbox"/> yes, precise :		<input type="checkbox"/> no (if no pass to question 6)
<input type="checkbox"/> redness	<input type="checkbox"/> heat	
<input type="checkbox"/> tenderness	<input type="checkbox"/> fluid/drainage	

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6. Did you receive antibiotics from your exit of the hospital?

no, or do not know

yes, but for a disease without relationship to my operation

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	<input type="checkbox"/> yes , to look after a problem in relationship, or maybe in relationship to my operation		
	Comments :		
7.	Do you agree that we contact your doctor?	<input type="checkbox"/> yes	<input type="checkbox"/> no