

ProFHER TRIAL: One Month Treatment Confirmation Form

Participant identification number:

This form is for the **designated person** to complete at one month after trial entry.

1. Which treatment did the patient have?
(Please cross one box only) Surgery Not Surgery

2. If 'not surgery', please record the non-surgical treatment prescribed for this patient
 (e.g. sling immobilisation):

3. If the patient had surgery, please record
 date of surgery: / /
Day *Month* *Year*

Check for completion of surgical form and confirm this *(please cross one box only)*:

Completed surgical form: available not available*

4. Whether the patient was treated surgically or not, please record the following:

a. Was the patient admitted as an **inpatient**? Yes No
(please cross one box only)

If **Yes and patient has left hospital**, please check for completion of inpatient episode
 form or complete this *(please cross one box only)*

Completed inpatient episode form: available not available*

b. Please record date that patient started or
 is scheduled to start **physiotherapy**: / /
Day *Month* *Year*

If **no physiotherapy planned**, please give reason:

5. X-rays (at baseline)
 Copies of the X-rays used to determine patient eligibility for the trial should be or have
 been sent to the trial office. Please take agreed steps to organise this.

Please record if copies have been sent / are being sent to the trial office:
(please cross one box only) Yes No

If X-rays **not** available, please contact trial office to discuss.

Please record in the box below any other imaging investigations (e.g. CT scan) used by
 the orthopaedic surgeon to decide on the patient's eligibility for the trial.

* If a form is **not** available, please contact trial office to discuss.