



Pt study ID:

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Pt initials:

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## Day 1 Report Form – Participant

Please complete this questionnaire the day after you were first seen about your cellulitis

Date Completed	D	D	/	M	M	M	/	Y	Y	Y	Y	e.g. 01-JAN-2022
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### Symptoms

1. How bad has your pain from cellulitis been *at its worst* over the past 24 hours, from 0 (no pain at all) to 10 (worst pain imaginable).

Please circle a number below:

0      1      2      3      4      5      6      7      8      9      10  
None Worst pain imaginable

2. How has your cellulitis made you feel over the past 24 hours?

Please select one answer:

- Extremely unwell
- Very unwell
- Moderately unwell
- Slightly unwell
- Not at all unwell
- Don't know/Can't remember

### Use of initial antibiotic course/study medication

1. How many times did you take your antibiotic study medication YESTERDAY?  
*(This includes both the initial course of flucloxacillin antibiotics prescribed when you entered the study and the two days of medication sent to you to take afterwards.)*

- 4 times
- 3 times
- 2 times
- Once
- None taken
- Other
- Don't know/Can't remember

- 1.1. If not taken 4 times, please briefly explain why

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### Use of additional antibiotics

1. Did you take any OTHER antibiotics yesterday (NOT the initial flucloxacillin antibiotic prescribed at the time you entered the study or the study medication sent to you for the final two days of your course)?

- Yes  
 No

2. If 'Yes', were these antibiotics taken for treating your cellulitis?

- Yes  
 No

### Use of pain killers

1. Did you take any pain killers YESTERDAY?

- Yes  
 No  
 Don't know/Can't remember

If 'No', please skip to the next section: Quality of Life questions

2. Which pain killers did you take YESTERDAY (tick all that apply)?

- Paracetamol  
 Ibuprofen, Naproxen or other anti-inflammatory medicines  
 Co-codamol, Co-dydramol, Codeine, Tramadol or other opioid pain killers  
 Don't know/can't remember the name of the pain killers  
 Other (please provide name below)

2.1. If 'Other', please specify the name of other pain killer:

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3. How much pain killer medication did you use YESTERDAY?

- The same, or less than I usually take (none if you usually take none)  
 A little more than usual (a little if you usually take none)\*  
 Moderately more than usual (a moderate amount if you usually take none)\*  
 A lot more than usual (a lot if you usually take none)\*  
 Don't know/Can't remember

\*Did you have to use pain killers (or more pain killers than usual) YESTERDAY because of pain from your cellulitis or for another reason?

- Due to pain from cellulitis  
 For another reason  
 Don't Know



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**EQ-5D-5L (Quality of Life questions)**

Under each heading, please tick the ONE box that best describes your health TODAY.

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

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**Thank you for completing today's COAT survey!**

**Please complete a new questionnaire every day for the next two weeks**