

## Appendix – Telephonic Follow-up (English)

<b>Redcap ID</b>	
<b>Investigator name</b> <i>Please enter name of the person conducting telephonic follow-up</i>	
<b>Surgical procedure</b>	
<b>Date of surgery</b>	DD-MM-YYYY
<b>Postoperative day</b>	a. 3 <sup>rd</sup> day b. 15 <sup>th</sup> day c. 30 <sup>th</sup> day
<b>Date of completion of questionnaire</b>	DD-MM-YYYY

Assalam u Alaikum, this is <name>. I am calling from the <institution>. Am I speaking to Mr. /Mrs. /Ms. <patient name>?

### *Scenario 1 – If someone other than the patient picks up the call:*

I am calling regarding a study being conducted by <institutional supervising consultant>. We are conducting this study to check what factors can increase the risk of infections at the site of surgery and to check how it can be prevented in Pakistan. We wanted to ask the patient some questions regarding his/her health after undergoing surgery at our hospital. Can I please speak to Mr./ Mrs. /Ms. <patient name>?

### *Scenario 1.1 – If the patient is not available:*

Sorry for calling at an inconvenient time. Can we call you back at another time?

- *If yes, determine a better date and time to call back to discuss the study.*
- *If they are not interested, thank them for their time.*

### *Scenario 1.2 – If the patient has passed away:*

I am extremely sorry for your loss. Thank you for your time.

*Scenario 2 – If the patient picks up the phone directly or the respondent hands over phone to the patient:*

I am calling regarding a study being conducted by <institutional supervising consultant>. We are conducting this study to check what factors can increase the risk of infections at the site of surgery and to check how it can be prevented in Pakistan. We wanted to ask you some questions regarding your health after undergoing surgery at our hospital. Do I have your permission to ask a few questions?

- *If no:*  
Sorry for calling at an inconvenient time. Can we call you back at another time?
  - *If yes, determine a better date and time to call back to discuss the study.*
  - *If they are not interested, thank them for their time.*
  
- *If yes, continue below.*

**1. Since you were discharged from hospital after your operation have you noticed any of the following symptoms?**

**1.1. Was there any discharge or leakage of fluid from any part of the wound?**

- a. Yes
- b. No

**1.1.1. If yes, was it either:**

- a. Clear or blood stained
- b. Yellow/green (pus)
- c. Other, please specify: \_\_\_\_\_

**1.2. Were any of the following additional symptoms applied to your wound:**

**1.2.1. Pain or soreness in addition to the discomfort experienced following the operation.**

- a. Yes
- b. No

**1.2.2. Redness or inflammation spreading from the edges of the wound.**

- a. Yes
- b. No

**1.2.3. The area around the wound felt warmer/hotter than the surrounding skin.**

- a. Yes
- b. No

**1.2.4. The area around the wound became swollen.**

- a. Yes
- b. No

**1.2.5. The edges of any part of the wound separated or gaped open.**

- a. Yes
- b. No

**2. Did any health care worker take a sample from your wound to send to the laboratory?**

- a. Yes
- b. No

**3. If you saw a healthcare worker because of these symptoms, please indicate who you saw from:**

- a. General physician
- b. Doctor or nurse at the hospital

- c. Other, please specify: \_\_\_\_\_
- d. Did not consult any healthcare worker for wound

**4. Please tell us the date you noticed these symptoms. If you cannot remember the exact date, please give an approximate date.**

\_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

**5. Have you been prescribed antibiotics for an infection in the wound?**

- a. Yes, who prescribed them? \_\_\_\_\_
- b. No

**6. Have you been re-admitted to hospital with an infection of the surgical wound?**

- a. Yes, to the hospital at which the operation was carried out
- b. Yes, to another hospital
- c. No

**For official use only (To be completed by interviewer conducting telephonic follow-up)**

**1. Patient reported SSI meets definition**

- a. Yes
- b. No

**1.1. If yes, enter criteria for SSI:**

- a. Criteria 1: Discharge pus + antibiotics prescribed
- b. Criteria 2: Clinical signs\* + dehiscence
- c. Criteria 3: Clinical signs\* + antibiotics prescribed

\*Clinical signs: at least 2 of pain, heat, redness, or swelling

**Note:** Do not report stitch abscesses (discharge confined to points of suture penetration, minimal inflammation).