



SWHSI-2 Blinded Outcome Assessment CRF

Participant ID:

Date of Blinded Assessment: / /
day month year

Assessment completed by: LW AO NS Other, please specify

Please complete both Questions 1 and 2 when reviewing SWHSI-2 Photographs.

1. Do the photographs taken for this participant confirm reference wound healing?
(Please select one option)

Yes

No If 'No', please provide information regarding why you suggest this wound is not healed:

Unsure If 'Unsure', please indicate reasons for uncertainty:

Photograph is blurred or out of focus

Wound is not fully visible in photograph

Photograph taken too far away from wound

Photograph is too dark

Other, please specify:

Other, please specify:

Do you have any notes or comments, including other reasons for uncertainty?

Yes No

If 'Yes', please provided these below:

2. Do you think that you know what treatment the participant received?

Yes **No**

If 'Yes', please indicate the treatment you believe the participant received:

Intervention – Negative Pressure Wound Therapy

Usual Care – Wound Dressings