**Patient Feedback Form**

Study number: Recruitment site:

Name: NRIC: Date:

**The aim of this questionnaire is to collect your feedback towards the wet wrap garment you used in the past 2 weeks.**

**For each statement below, please indicate your extent of agreement:**

1. Overall, the garment is **uncomfortable** to wear.

0 1 2 3 4 5 6 7 8 9 10

strongly **agree**

neutral

strongly **disagree**

1. My **movement** **is limited** by the garment wearing.

0 1 2 3 4 5 6 7 8 9 10

strongly **agree**

neutral

strongly **disagree**

1. I feel **stuffy**/ **hot** when wearing the garment.

0 1 2 3 4 5 6 7 8 9 10

strongly **agree**

neutral

strongly **disagree**

4. The garment is **difficult/ tedious** to wear.

0 1 2 3 4 5 6 7 8 9 10

strongly **agree**

neutral

strongly **disagree**

5. In the first one week of treatment, how many days did you not wear the garment? \_\_\_\_\_\_

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the second week of treatment, how many days did you not wear the garment? \_\_\_\_\_\_

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any other feedback about the garment?

**Thank you very much for your feedback! ☺**