PQIP
Perioperative Quality Improvement Programme

Patient Questionnaire Booklet

Instructions

For patients:

Thank you for participating in PQIP. Please complete these questions in EITHER this booklet OR online via our webtool (https://pqip.org.uk). Your doctors or nurses can show you how to log in to the online system. Please ask them if you have any questions.

For the local research team:

If participants choose to complete these questions in this booklet, please ensure that the answers are transferred to the webtool and store the booklet in the secure PQIP file at your hospital.

PQIP
Perioperative Quality Improvement Programme

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4 & 5	Before surgery	EQ5D questionnaire
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9	Day 3 after surgery	Post-operative QOR15 questionnaire

Patient Details

(Patient ID sticker can be affixed)

Surname

_____

First name(s)

_____

Date of Birth

_____

To be completed by the hospital

Hospital

_____

NHS number

_____

Patient Booklet – Page 2

Please complete before surgery

Core Questions

Perioperative Quality Improvement Programme

What is your current occupation?
(please tick one box from the options below)

Retired	☐
Parent or Carer	☐
Unemployed for health reasons	☐
Unemployed for other reasons	☐
Corporate managers, science and tech/ health/teaching & research/business, public service professionals	☐
Managers/owners in agricultural services, science & tech associated professionals, health & social welfare associated professionals, protective service professionals, culture/media/sports, business & public service associated professionals, skilled trades.	☐
Administrative/secretarial/caring/leisure/sales/customer service occupations, process/plant/machinery/transport/mobile machine operatives	☐
Elementary trade/plant & storage related/administration & service occupations	☐

Please tick one box for each of the questions below:

Over the past two weeks has pain been bad enough to interfere with your day to day activities?	☐ Yes	☐ No
Over the past two weeks have you felt worried or low in mood because of this pain?	☐ Yes	☐ No

Patient Booklet – Page 3

Please complete before surgery

QOR15: Quality of Recovery questionnaire

Perioperative Quality Improvement Programme

Part A

How have you been feeling at home in the weeks before your operation?

(0 to 10, where: 0 = none of the time [poor] and 10 = all of the time [excellent])

1. Able to breathe easily	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
2. Been able to enjoy food	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
3. Feeling rested	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
4. Have had a good sleep	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
5. Able to look after personal toilet and hygiene unaided	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
6. Able to communicate with family or friends	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
7. Getting support from hospital doctors and nurses	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
8. Able to return to work or usual home activities	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
9. Feeling comfortable and in control	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time
10. Having a feeling of general well-being	None of the time	0	1	2	3	4	5	6	7	8	9	10 All the time

Part B

Have you had any of these in the last 24 hours?

(10 to 0, where: 10 = none of the time [excellent] and 0 = all of the time [poor])

11. Moderate pain	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
12. Severe pain	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
13. Nausea or vomiting	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
14. Feeling worried or anxious	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
15. Feeling sad or depressed	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time

Patient Booklet – Page 4

Please complete before surgery

EQ5D – Part 1

Perioperative Quality Improvement Programme

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

1. 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 ☐

2. 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 ☐

3. 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 ☐

4. 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 ☐

5. 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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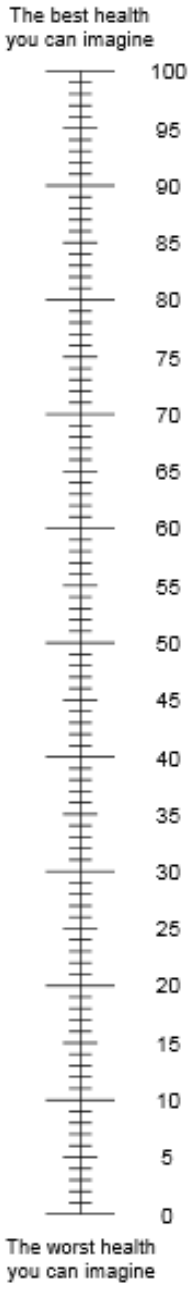
Please complete before surgery

EQ5D – Part 2

- We would like to know how good or bad your health is TODAY
- This scale is numbered from 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY = ☐



Patient Booklet – Page 6

Please complete before surgery

WHODAS 2.0

Perioperative Quality Improvement Programme

In the past 30 days, how much difficulty did you have in (please circle only one response):

S1	Standing for long periods such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
S2	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do
S3	Learning a new task, for example learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
S4	How much of a problem did you have joining in community activities in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
S5	How much have you been emotionally affected by your health problem?	None	Mild	Moderate	Severe	Extreme or cannot do
S6	Concentrating on doing something for ten minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
S7	Walking a long distance such as a kilometre (or equivalent) ?	None	Mild	Moderate	Severe	Extreme or cannot do
S8	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do
S9	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do
S10	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do
S11	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do
S12	Your day-to-day work?	None	Mild	Moderate	Severe	Extreme or cannot do

H1	Overall, in the past 30 days, how many days were these difficulties present?	Number of days _____
H2	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	Number of days _____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?	Number of days _____

Patient Booklet – Page 7

Please complete on the 1st day after surgery

Bauer Patient Satisfaction Score – Part 1

Perioperative Quality Improvement Programme

At any stage after your operation have you had the following?
(please tick one box only for each question 1-10)

Anaesthesia-related discomfort

		No	Yes, moderate	Yes, severe
1.	Drowsiness	☐	☐	☐
2.	Pain at the site of surgery	☐	☐	☐
3.	Thirst	☐	☐	☐
4.	Hoarseness	☐	☐	☐
5.	Sore throat	☐	☐	☐
6.	Nausea or vomiting	☐	☐	☐
7.	Feeling cold	☐	☐	☐
8.	Confusion or disorientation	☐	☐	☐
9.	Pain at the site of the anaesthetic injection	☐	☐	☐
10.	Shivering	☐	☐	☐

Patient Booklet – Page 8

Please complete on the 1st day after surgery

Bauer Patient Satisfaction Score – Part 2

Please tick one box only for each question 11-16

Satisfaction with anaesthesia care

11.	How satisfied were you with the information you were given by the anaesthetist before the operation?			
	☐ Very satisfied	☐ Satisfied	☐ Dissatisfied	☐ Very dissatisfied
12.	How satisfied were you waking up from anaesthesia?			
	☐ Very satisfied	☐ Satisfied	☐ Dissatisfied	☐ Very dissatisfied
13.	How satisfied have you been with pain therapy after surgery?			
	☐ Very satisfied	☐ Satisfied	☐ Dissatisfied	☐ Very dissatisfied
14.	How satisfied were you with treatment of nausea and vomiting after the operation?			
	☐ Very satisfied	☐ Satisfied	☐ Dissatisfied	☐ Very dissatisfied
15.	How satisfied were you with the care provided by the department of anaesthesia in general?			
	☐ Very satisfied	☐ Satisfied	☐ Dissatisfied	☐ Very dissatisfied
16.	Would you recommend this anaesthetic service to friends and family?			
	☐ Yes	☐ No		

FOR RESEARCH TEAM

If it was not possible for the patient to complete these questions, complete the questions on page 10

Please complete on the 3rd day after surgery

QOR15: Quality of Recovery after Surgery

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Part A

How have you been feeling since the operation?

(0 to 10, where: 0 = none of the time [poor] and 10 = all of the time [excellent])

1. Able to breathe easily	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
2. Been able to enjoy food	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
3. Feeling rested	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
4. Have had a good sleep	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
5. Able to look after personal toilet and hygiene unaided	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
6. Able to communicate with family or friends	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
7. Getting support from hospital doctors and nurses	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
8. Able to return to work or usual home activities	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
9. Feeling comfortable and in control	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time
10. Having a feeling of general well-being	None of the time	0	1	2	3	4	5	6	7	8	9	10	All the time

Part B

Have you had any of these in the last 24 hours?

(10 to 0, where: 10 = none of the time [excellent] and 0 = all of the time [poor])

11. Moderate pain	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
12. Severe pain	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
13. Nausea or vomiting	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
14. Feeling worried or anxious	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time
15. Feeling sad or depressed	None of the time	10	9	8	7	6	5	4	3	2	1	0 All the time

Many thanks for answering these questions.

FOR RESEARCH TEAM
If it was not possible for the patient to complete these questions, complete the questions on page 10

Patient Booklet – Page 10

For research team to complete

Reasons for non-completion

FOR RESEARCH TEAM TO COMPLETE

If it was not possible for the patient to complete the Bauer questionnaire (on pages 7 & 8 of this booklet), please complete the questions below.

Not applicable	☐
Drowsy or asleep	☐
Language barrier	☐
Patient declined	☐
Patient not available	☐
Patient discharged	☐
Other (please specify)	

FOR RESEARCH TEAM TO COMPLETE

If it was not possible for the patient to complete the QOR15 questionnaire (on page 9 of this booklet), please complete the questions below.

Not applicable	☐
Drowsy or asleep	☐
Language barrier	☐
Patient declined	☐
Patient not available	☐
Patient discharged	☐
Other (please specify)	

Intentionally Blank