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.

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Patient Details

(Patient ID sticker can be affixed)

Surname

_____

First name(s)

_____

Date of Birth

_____

To be completed by the hospital

Hospital

_____

NHS number

_____

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

Please complete before surgery

Core Questions

Perioperative Quality Improvement Programme

If you are a smoker:
Were you asked to attend a clinic to help you quit smoking or reduce how much you smoke?

(please tick **one** box from the options below)

Not a smoker	☐
Not asked to attend clinic	☐
asked to go to a one-off clinic – didn't attend	☐
asked to go to a one-off clinic – did attend	☐
asked to go to an intensive programme– didn't attend	☐
asked to go to an intensive programme– did attend	☐

On average over the past year, how many minutes of moderate intensity physical activity have you done each day (e.g. brisk walking, cycling, dancing or swimming, which increases your heart rate and makes you feel slightly out of breath)?

(please tick **one** box from the options below)

None, and I need help with some of these activities: washing, dressing, eating, getting around the house, going to the toilet	☐
None, but I can manage all the above activities myself	☐
Less than 10 minutes	☐
10 – 20 minutes	☐
20- 30 minutes	☐
More than 30 minutes	☐

Please complete before surgery

Core Questions

Perioperative Quality Improvement Programme

On average over the past two weeks, how many minutes of moderate intensity physical activity have you done each day?

(please tick **one** box from the options below)

None, and I need help with some of these activities: washing, dressing, eating, getting around the house, going to the toilet	☐
None, but I can manage all the above activities myself	☐
Less than 10 minutes	☐
10 – 20 minutes	☐
20 – 30 minutes	☐
More than 30 minutes	☐

Please complete before surgery

Core Questions

Perioperative Quality Improvement Programme

What is your highest educational qualification?

(please tick the **box or boxes** which are relevant to you from the options below)

NVQ4	☐
NVQ5	☐
Degree or equivalent	☐
Higher education below degree	☐
NVQ3	☐
GCE A Level equivalent	☐
NVQ2	☐
GCE O Level or GCSE equivalent	☐
NVQ1	☐
CSE other grade equivalent	☐
No qualification	☐
Prefer not to say	☐
Don't know	☐

Please complete before surgery

Core Questions

Perioperative Quality Improvement Programme

What is your ethnicity?
(please tick the **box or boxes** which are relevant to you from the options below)

White:	
English/Welsh/Scottish/Northern Irish/British	☐
Irish	☐
Gypsy or Irish Traveler	☐
Any other White background	☐
Mixed/Multiple ethnic groups:	
White and Black Caribbean	☐
White and Black African	☐
White and Asian	☐
Any other Mixed/Multiple ethnic background	☐
Asian/Asian British:	
Indian	☐
Pakistani	☐
Bangladeshi	☐
Chinese	☐
Any other Asian background	☐
Black/ African/Caribbean/Black British:	
African	☐
Caribbean	☐
Any other Black/African/Caribbean background	☐
Other ethnic group:	
Arab	☐
Any other ethnic group	☐

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Please complete before surgery

Address details

Please tell us about your living status. Do you…

(please tick the **box or boxes** which are relevant to you from the options below)

Own your home outright	☐
Own it with help of a mortgage or loan	☐
Pay part rent and part mortgage (shared ownership)	☐
Rent	☐
Live there rent free (including rent free in a relative or friend's property (excluding squatting)	☐
Squat	☐
Care Home	☐
Prefer not to say	☐
Don't know	☐

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Please complete before surgery

EQ5D – Part 1

Perioperative Quality Improvement Programme

These questions help us understand how well you are. We would like to ask you to complete this questionnaire before your operation and we will repeat this at 6 months and one year after your operation for comparison. Please tick one box from each of the 5 sections below.

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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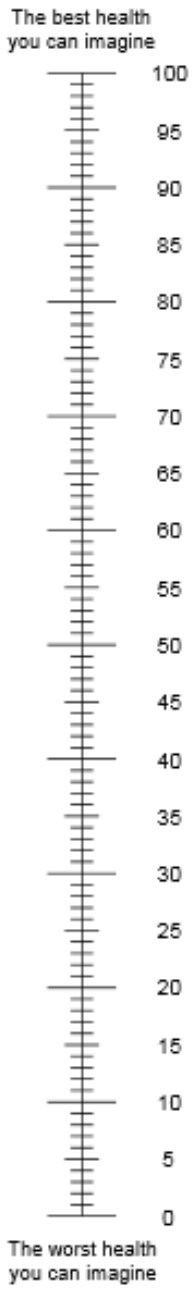
Please complete before surgery

EQ5D – Part 2

Perioperative Quality Improvement Programme

- 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 = ☐



Many thanks for answering these questions – we will contact you to answer them again 6 months after your operation.

Please complete before surgery

WHODAS 2.0

PQIP
Perioperative Quality Improvement Programme

This questionnaire asks about difficulties due to health conditions.
We would like to ask you to complete this questionnaire before your operation and we will repeat this at 6 months and one year after your operation for comparison.

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 _____

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, mild	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	☐	☐	☐	☐

Please complete on the 1st day after surgery

Bauer Patient Satisfaction Score – Part 2

Perioperative Quality Improvement Programme

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 11