



VOLATILE VS TOTAL INTRAVENOUS ANAESTHESIA
FOR MAJOR NON-CARDIAC SURGERY

VITAL Participant 6 Month Follow Up Script

Please complete the PQIP 6 month follow up first then move onto this script.

If the respondent asks for clarification, the interviewer can help by re-reading the question verbatim. The interviewer should not try to offer his or her own explanation but suggest that the respondent uses his or her own interpretation.

If the respondent has difficulty regarding which box to mark, the interviewer should repeat the question verbatim and ask the respondent to answer in a way that most closely resembles his or her thoughts about his or her health today.

If the respondent has any medical concerns, do encourage them to contact their GP or hospital team.

Sections in **blue** are a guide to what should be said to the respondent. Sections in black are guidance for the interviewer.

INTRODUCTION

- **Remind the participant that when they agreed to PQIP they also signed up for VITAL.**
- **Remind the participant that VITAL is a trial comparing 2 types of giving anaesthetic with the aim of determine which is the most effective.**
- **Explain that the following questions are for the VITAL trial.**

If the respondent declines and would like to withdraw from the study:

Thank the patient for consenting to participate in the study to date.

Mark in the relevant section of the PQIP webtool that the patient has withdrawn, complete a Withdrawal case report form and send this to the trial team (VITAL@warwick.ac.uk) ASAP.

For staff to complete:

PQIP Case ID	
Date of surgery (DD/MM/YYYY)	
Date of interview (DD/MM/YYYY)	
Were you able to successfully speak to the participant?	Y/N
If no, date data obtained from records	
Has the patient died since last follow up? If deceased, please complete a Notification of Death Form and send to CTU team.	

HEALTH SERVICES QUESTIONS

These first questions are to provide a general overview of your use of health services. Please refer to the diary provided to you by VITAL.

Since being discharged from hospital following your surgery, have you been admitted to hospital again?

- No
- Yes

- If 'Yes', what ward/clinical department/area?

- If 'Yes', date admitted?

- If 'Yes', date discharged?

- If 'Yes', reason for admission?

The following questions apply to the last six months since your surgery.

Have you visited an outpatient or Accident and Emergency (A&E) department?

- No
- Yes

- If 'Yes', name of hospital?

- If 'Yes', how many visits to the outpatient or A&E department in this hospital?

Have you had any GP visits in surgery?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had any GP home visits?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had GP telephone contacts?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had any GP online consultations (eg. Filling in an online form to request advice, treatment, sick notes, GP letters or recent test results)?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had Practice nurse contacts?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had District nurse contacts?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you seen a Counsellor?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you seen a Speech and language therapist?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had Community physiotherapy contacts?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had Calls to NHS 111?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had Calls for ambulance or paramedic?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you used Mental health services?

- No
- Yes

- If 'Yes', how many visits/contacts?

SOCIAL SERVICES QUESTIONS

These questions are to provide a general overview of your use of social services. Please refer to the diary provided to you by VITAL.

Again, the following questions apply to the last six months since your surgery.

Have you used Food at home service (meals on wheels)?

- Yes
- No

- If 'Yes', how many visits/contacts?

Have you used a Laundry service?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had any Social worker contacts?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you had any Care worker contacts including help at home?

- No
- Yes

- If 'Yes', how many visits/contacts?

Had you been to any Family or patient support or self-help groups?

- No
- Yes

- If 'Yes', how many visits/contacts?

Have you used a Sifting service?

- No
- Yes

- If 'Yes', how many visits/contacts?

EMPLOYMENT QUESTIONS

These final questions are to provide a general overview of your employment. Please refer to the diary provided to you by VITAL.

Have you returned to work either in a paid or unpaid role e.g. as a carer?

- No
- Yes

- If 'Yes', what date did you return to work?

How many days have you had off work since your surgery or in the last 6 months?

CONCLUSION

- Thank the participant for you for their time and for participating in VITAL.
- Give your contact details for any questions they may have.