



VOLATILE VS TOTAL INTRAVENOUS ANAESTHESIA
FOR MAJOR NON-CARDIAC SURGERY

VITAL Participant 30 Day Follow Up Script

Before you start the interview

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

- **Introduce yourself & confirm you are speaking to the patient.**
- **Let the participant know that the call will take roughly 10 mins.**
- **Remind participant of their surgery and their involvement in PQIP & VITAL.**
- **Explain that VITAL is a clinical trial comparing 2 types of anaesthetic, you were randomly allocated an anaesthetic type for your procedure with the aim of determine which is the most effective.**
- **Remind the participant that the information which they provide in this interview is confidential and will be used only for research.**

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Mark in the relevant section of the PQIP webtool that the patient has withdrawn and complete a Withdrawal case report form and send this to the VITAL team (VITAL@warwick.ac.uk) ASAP.

PATIENT IDENTIFICATION

Please confirm the below details with the patient before beginning:

First name	
Surname	
Date of birth	
Postcode	

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 VITAL team.	Y/N

OVERVIEW QUESTIONS

These first questions are to provide a general overview of your circumstances 30 days after you underwent your procedure.

- Have you been readmitted to hospital since your discharge?

- No
- Yes

- If yes, in total, how many additional days did you spend as an in-patient in hospital since your original discharge?

BRICE QUESTIONNAIRE

These questions are to provide an understanding of your experience of anaesthesia during your surgery and whether they have changed since your time in hospital.

- What is the last thing you remember before going to sleep (please pick one option)?

- Being in the pre-op area
- Being with family
- Feeling mask on face
- Burning or stinging in the IV line
- Seeing the operating room
- Hearing voices
- Smell of gas
- Other [Please write below]

- If 'Other', what?

- What is the first thing you remember after waking up (please pick one option)?

- Hearing voices
- Feeling mask on face
- Seeing the operating room
- Being with family
- Nothing
- Feeling breathing tube
- Feeling pain
- Being in the recovery room
- Being in ICU
- Other [Please write below]

- If 'Other', what?

- Do you remember anything between going to sleep and waking up?

- No
- Yes

- If 'Yes', (please pick one option)?

- Hearing voices
- Unable to move or breathe
- Feeling pain
- Feeling surgery without pain
- Hearing events of the surgery
- Anxiety, stress
- Sensation of breathing tube
- Other [Please write below]

- Did you dream during your procedure?

- No
- Yes

- If 'Yes', what about?

- Were your dreams disturbing to you?

- No
- Yes

- What was the worst thing about your operation (please pick one option)?

- Anxiety
- Recovery process
- Awareness
- Pain
- Unable to carry out usual activities
- Other [Please write below]

- If 'Other', what?

INTRODUCTION TO EQ-5D

With the next few questions, we are trying to find out what you think about your health. I will ask you some simple questions about your health TODAY. I will then ask you to rate your health on a sliding scale. I will explain what to do as I go along but please interrupt me if you do not understand something or if things are not clear. Please also remember that there are no right or wrong answers. We are interested only in your personal views.

I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your health TODAY. Please only choose one answer per question.

(Note to interviewer: it may be necessary to remind the respondent regularly that the timeframe is TODAY. It may also be necessary to repeat the questions verbatim)

EQ-5D DESCRIPTIVE SYSTEM

MOBILITY

First I'd like to ask you about mobility. Would you say that:

1. You have no problems in walking about?
 2. You have slight problems in walking about?
 3. You have moderate problems in walking about?
 4. You have severe problems in walking about?
 5. You are unable to walk about?
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SELF-CARE

Next I'd like to ask you about self-care. Would you say that:

1. You have no problems washing or dressing yourself?
2. You have slight problems washing or dressing yourself?
3. You have moderate problems washing or dressing yourself?
4. You have severe problems washing or dressing yourself?
5. You are unable to wash or dress yourself?

USUAL ACTIVITIES

Next I'd like to ask you about usual activities, for example work, study, housework, family or leisure activities. Would you say that:

1. You have no problems doing your usual activities?
 2. You have slight problems doing your usual activities?
 3. You have moderate problems doing your usual activities?
 4. You have severe problems doing your usual activities?
 5. You are unable to do your usual activities?
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PAIN / DISCOMFORT

Next I'd like to ask you about pain or discomfort. Would you say that:

1. You have no pain or discomfort?
 2. You have slight pain or discomfort?
 3. You have moderate pain or discomfort?
 4. You have severe pain or discomfort?
 5. You have extreme pain or discomfort?
-

ANXIETY / DEPRESSION

Next I'd like to ask you about anxiety or depression. Would you say that:

1. You are not anxious or depressed?
2. You are slightly anxious or depressed?
3. You are moderately anxious or depressed?
4. You are severely anxious or depressed?
5. You are extremely anxious or depressed?

EQ VAS

Please read aloud:

Now, I would like to ask you to rate how good or bad your health is TODAY.

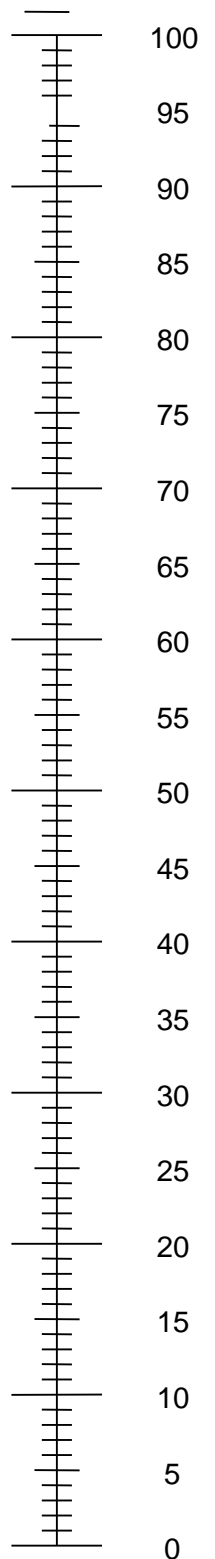
I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. The best health you can imagine is marked 100 (one hundred) at the top of the scale and the worst health you can imagine is marked 0 (zero) at the bottom.

Can you tell me the point on this scale where you would put your health today?

(Note to interviewer: mark the scale at the point indicating the respondent's 'health today'.
Now, please write the number you marked on the scale in the box)

THE RESPONDENT'S HEALTH TODAY

The best health
you can imagine



The worst health
you can imagine

CONCLUSION

- Thank the participant
- Remind the participant of the next follow up at 6 months
- Remind the participant to use the health resource diary to help record any visits e.g. GP appointments
- Give your contact details for any questions