

Patient Questionnaire Booklet

Instructions

For patients

Thank you for participating in VITAL and PQIP. Please complete these questions in this booklet. Please ask your doctors or nurses if you have any questions.

For the local research team

Please ensure that the answers are transferred to the PQIP webtool and store the booklet in the secure PQIP/VITAL file at your hospital.

4AT Questionnaire (page 15): do not allow the patient to complete this themselves. This must be administered by an appropriate member of the trial team to the participant.

Contents

Page	Timing	Description
2 - 7	Before Surgery	Core questions
8 - 9	Before Surgery	EQ5D questionnaire
10	Before Surgery	WHODAS 2.0 questionnaire
11 - 12	Day 1 after Surgery	Bauer Patient Satisfaction Score questionnaire
13	Day 3 after Surgery	Post-operative QOR15 questionnaire
14	Day 3 after Surgery	Brice questionnaire
15	Day 3 after Surgery	4AT Questionnaire – To be administered by trial staff
15 - 16	Day of Discharge	EQ5D questionnaire

Patient Details

Surname

.....

First name(s)

.....

Date of Birth

.....

To be completed by the hospital:

Hospital

.....

NHS Number

.....

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 2

Please complete before surgery

Core Questions

What is your current occupation?

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

Retired	<input type="checkbox"/>
Parent or Carer	<input type="checkbox"/>
Unemployed for health reasons	<input type="checkbox"/>
Unemployed for other reasons	<input type="checkbox"/>
Corporate managers, science and tech/ health/teaching & research/business, public service professionals	<input type="checkbox"/>
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	<input type="checkbox"/>
Administrative/secretarial/caring/leisure/sales/customer service occupations, process/plant/machinery/transport/mobile machine operatives	<input type="checkbox"/>
Elementary trade/plant & storage related/administration & service Occupations	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over the past two weeks have you felt worried or low in mood because of this pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 3

Please complete before surgery

Core Questions

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	<input type="checkbox"/>
Not asked to attend clinic	<input type="checkbox"/>
Asked to go to a one-off clinic – didn't attend	<input type="checkbox"/>
Asked to go to a one-off clinic – did attend	<input type="checkbox"/>
Asked to go to an intensive programme – didn't attend	<input type="checkbox"/>
Asked to go to an intensive programme – did attend	<input type="checkbox"/>

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	<input type="checkbox"/>
None, but I manage all the above activities myself	<input type="checkbox"/>
Less than 10 minutes	<input type="checkbox"/>
10 – 20 minutes	<input type="checkbox"/>
20 – 30 minutes	<input type="checkbox"/>
More than 30 minutes	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 4

Please complete before surgery

Core Questions

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	<input type="checkbox"/>
None, but I manage all the above activities myself	<input type="checkbox"/>
Less than 10 minutes	<input type="checkbox"/>
10 – 20 minutes	<input type="checkbox"/>
20 – 30 minutes	<input type="checkbox"/>
More than 30 minutes	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 5

Please complete before surgery

Core Questions

What is your highest educational qualification?

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

NVQ5	<input type="checkbox"/>
NVQ4	<input type="checkbox"/>
Degree or equivalent	<input type="checkbox"/>
Higher education below degree	<input type="checkbox"/>
NVQ3	<input type="checkbox"/>
GCE A Level equivalent	<input type="checkbox"/>
NVQ2	<input type="checkbox"/>
GCE O Level or GCSE equivalent	<input type="checkbox"/>
NVQ1	<input type="checkbox"/>
GSE other grade equivalent	<input type="checkbox"/>
No qualification	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Not known	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 6

Please complete before surgery

Core Questions

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	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>
Mixed/Multiple ethnic groups:	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed/Multiple ethnic background	<input type="checkbox"/>
Asian/ Asian British:	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
Black/African/Caribbean/Black British:	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background	<input type="checkbox"/>
Other ethnic group:	
Arab	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 7

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	<input type="checkbox"/>
Own it with help of a mortgage or loan	<input type="checkbox"/>
Pay part rent and part mortgage (shared ownership)	<input type="checkbox"/>
Rent	<input type="checkbox"/>
Live there rent free (including rent free in a relative or friend's property (excluding squatting))	<input type="checkbox"/>
Squat	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Care Home	<input type="checkbox"/>
Not known	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 8

Please complete before surgery

EQ5D – Part 1

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 4 more times 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

UK (English) © 2009 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

VITAL PQIP Questionnaires 4.0 18Jul2023

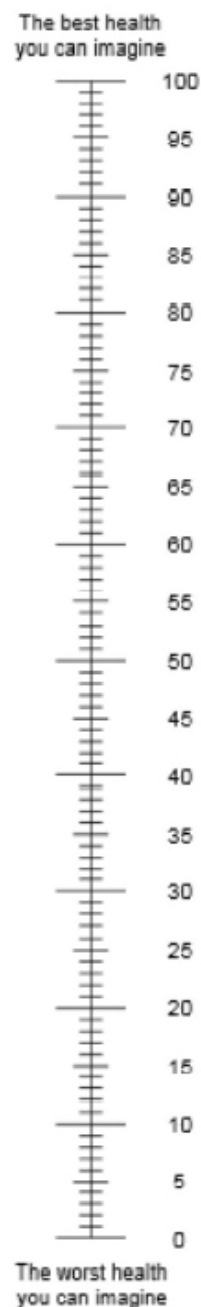
VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 9
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 =



UK (English) © 2009 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 10

Please complete before surgery

WHODAS 2.0

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	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S2	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S3	<u>Learning a new task</u> , 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 <u>joining in community activities</u> in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
S5	How much have <u>you</u> been <u>emotionally affected</u> by your health problem?	None	Mild	Moderate	Severe	Extreme or cannot do
S6	<u>Concentrating</u> on doing something for ten minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
S7	<u>Walking a long distance</u> such as a kilometre (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do
S8	<u>Washing your whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S9	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S10	<u>Dealing with people you do not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S11	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S12	Your day-to-day <u>work</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?					Number of days -----
H2	In the past 30 days, for how many days were you <u>totally unable</u> 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 <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?					Number of days -----

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 11

Please complete on the 1st day after surgery

Bauer Patient Satisfaction Score – Part 1

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Pain at site of surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Feeling cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Pain at the site of the anaesthetic injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Shivering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 12

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?			
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied
12.	How satisfied were you waking up from anaesthesia?			
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied
13.	How satisfied have you been with pain therapy after surgery?			
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied
14.	How satisfied were you with treatment of nausea and vomiting after the operation?			
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied
15.	How satisfied were you with the care provided by the department of anaesthesia in general?			
	<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied
16.	Would you recommend this anaesthetic service to friends and family?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

FOR RESEARCH TEAM

If it was not possible for the patient to complete these questions, complete the questions on page 11

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 13

Please complete on the 3rd day after surgery

QOR15: Quality of Recovery after Surgery

We are surveying how well our patients are recovering from their surgery, from a patient's perspective. We believe that this will improve the quality of our service, and your experiences in the future.

Part A

How have you been feeling since the operation?

(0-10, 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

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 14

Please complete on the 3rd day after surgery

Brice questionnaire

We are surveying any awareness patients experience during their surgery. We believe that this will improve the quality of our service, and your experiences in the future.

1. What is the last thing you remember before going to sleep (please tick one box)?

- | | | | |
|--------------------------------------|--------------------------|------------------------------|--------------------------|
| - Being in the pre-op area | <input type="checkbox"/> | - Seeing the operating room | <input type="checkbox"/> |
| - Being with family | <input type="checkbox"/> | - Hearing voices | <input type="checkbox"/> |
| - Feeling mask on face | <input type="checkbox"/> | - Smell of gas | <input type="checkbox"/> |
| - Burning or stinging in the IV line | <input type="checkbox"/> | -Other [Please write below]: | |

2. What is the first thing you remember after waking up (please tick one box)?

- | | | | |
|-----------------------------|--------------------------|------------------------------|--------------------------|
| - Hearing voices | <input type="checkbox"/> | - Feeling breathing tube | <input type="checkbox"/> |
| - Feeling mask on face | <input type="checkbox"/> | - Feeling pain | <input type="checkbox"/> |
| - Seeing the operating room | <input type="checkbox"/> | - Being in the recovery room | <input type="checkbox"/> |
| - Being with family | <input type="checkbox"/> | - Being in ICU | <input type="checkbox"/> |
| - Nothing | <input type="checkbox"/> | -Other [Please write below]: | |

3. Do you remember anything between going to sleep and waking up (please tick one box)?

- | | | | |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| - No | <input type="checkbox"/> | | |
| - Yes: - Hearing voice | <input type="checkbox"/> | - Hearing events of the surgery | <input type="checkbox"/> |
| - Unable to move or breathe | <input type="checkbox"/> | - Anxiety/stress | <input type="checkbox"/> |
| - Feeling pain | <input type="checkbox"/> | - Sensation of breathing tube | <input type="checkbox"/> |
| - Feeling surgery without pain | <input type="checkbox"/> | - Other [Please write below]: | |

4. Did you dream during your procedure (please tick one box)?

- | | | | |
|------------------------------------|--------------------------|--------|--------------------------|
| - No | <input type="checkbox"/> | - Yes: | <input type="checkbox"/> |
| - What about [Please write below]: | | | |

5. Were your dreams disturbing to you (please tick one box)?

- | | | | |
|------|--------------------------|--------|--------------------------|
| - No | <input type="checkbox"/> | - Yes: | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

6. What was the worst thing about your operation (please tick one box)?

- | | | | |
|--------------------|--------------------------|--|--------------------------|
| - Anxiety | <input type="checkbox"/> | - Pain | <input type="checkbox"/> |
| - Recovery process | <input type="checkbox"/> | - Unable to carry out usual activities | <input type="checkbox"/> |
| - Awareness | <input type="checkbox"/> | -Other [Please write below]: | |

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 15

Please complete on the 3rd day after surgery

4AT questionnaire – Part 1

THIS QUESTIONNAIRE IS TO BE ADMINISTERED BY TRIAL STAFF TO THE PATIENT

Were you able to complete the 4AT questions with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please document why it was not possible to complete 4AT:	<input type="checkbox"/> Patient unable to answer <input type="checkbox"/> Patient declined <input type="checkbox"/> Patient withdrawn <input type="checkbox"/> Patient Died <input type="checkbox"/> Other (specify)
Other (specify)	

		CIRCLE
[1] ALERTNESS		
<p><i>This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder.</i></p> <p><i>Ask the patient to state their name and address to assist rating.</i></p>		
	Normal (fully alert, but not agitated, throughout assessment)	0
	Mild sleepiness for <10 seconds after waking, then normal	0
	Clearly abnormal	4

[2] AMT4		
<p><i>Age, date of birth, place (name of the hospital or building), current year.</i></p>		
	No mistakes	0
	1 mistake	1
	2 or more mistakes/untestable	2

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

Patient Booklet – Page 16

Please complete on the 3rd day after surgery

4AT questionnaire – Part 2

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards:	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

	No	0
	Yes	4
<u>4AT SCORE:</u>		

Patient Booklet – Page 17

Please complete on day of discharge

EQ5D – Part 1

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 3 more times 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

UK (English) © 2009 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk

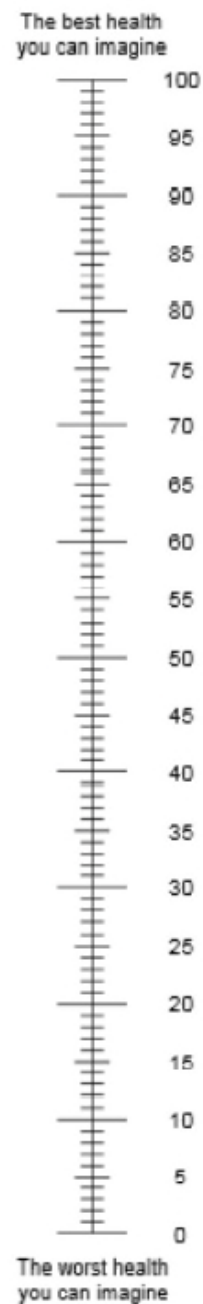
Patient Booklet – Page 18

Please complete on day of discharge

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 =



UK (English) © 2009 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

VITAL PQIP Questionnaires 4.0 18Jul2023

VITAL | Warwick Clinical Trials Unit | VITAL@warwick.ac.uk

PQIP | Royal College of Anaesthetists | pqip@rcoa.ac.uk