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**PQIP Patient Follow Up Questionnaires: Guide Script for Local Team**

**Before you start the interview**

It is recommended that the interviewer has the PQIP webtool open and enters the responses directly into the relevant sections as they are given.

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.

**If the respondent indicates that they would rather enter their answers online…**

They can do this. Please direct the respondent to the website [**https://mypqip.org.uk**](https://mypqip.org.uk). Here they will find instructions on how to login and enter their questionnaire answers. The respondent will need to be provided with the Case ID of their record on the PQIP webtool.

**INTRODUCTION**

**Please read aloud:**

**Good Morning/Afternoon, I’m calling to speak to** \_\_(patient name)\_\_\_.

**Hello, my name is** \_\_\_(name)\_\_\_ **and I am calling from** \_\_(hospital)\_\_\_**. Please don’t worry, there’s nothing wrong, I’m just calling regarding follow up data for a research study you have participated in. Can I check if this is a good time for you to talk? The call will take roughly 10-15 minutes and I’ll be asking you questions about your general health.**

**On** \_\_(date of surgery)\_\_\_ **you underwent a procedure** \_\_(type of procedure)\_\_\_ **at** \_\_(hospital)\_\_ **and in the lead up to this surgery you consented to participate in the Perioperative Quality Improvement Programme Patient Study, known as PQIP for short. PQIP is an observational study, meaning there was no change to the treatment you received, but we hope the information you give us will help improve patient care in the future.**

**As part of the study, we are following up with patients at intervals of 6 and 12 months after their surgery with some questions on their general health. This is so we can find out how patients have recovered after their surgery. You may remember filling out questionnaires shortly before and after your surgery; the questions which I’ll be asking you will be very similar to those. The information which you provide in this interview is confidential and will be used only for research. You are free to choose not to answer these questions if you would rather not. Are you happy to continue?**

**If the respondent is happy to continue:**

**Thank you. Even if you are healthy and have no difficulties, I need to ask all of the questions so that the survey is complete.**

**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 webtool that the patient has withdrawn.

**PATIENT IDENTIFICATION**

**Please confirm the below details with the patient before beginning:**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Postcode**  |  |

**For staff to complete:**

|  |  |
| --- | --- |
| **Local Patient ID** |  |
| **PQIP Case ID**  |  |
| **Date of surgery****(DD/MM/YYY)** |  |
| **Date of interview****(DD/MM/YYY)** |  |
| **Follow up time point: 6/12 months** |  |

**OVERVIEW QUESTIONS**

**Please read aloud:**

**These first questions are to provide a general overview of your circumstances 12 months after you underwent your procedure.**

**20.1. Over the past two weeks has pain been bad enough to interfere with your day to day activities?**

* **Yes**
* **No**

**20.2. Over the past two weeks have you felt worried or low in mood because of this pain?**

* **Yes**
* **No**

**INTRODUCTION TO EQ-5D**

**Please read aloud:**

**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?**

(Note to interviewer: mark the appropriate answer on the PQIP webtool)

**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?**

(Note to interviewer: mark the appropriate answer on the PQIP webtool)

**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?**

(Note to interviewer: mark the appropriate answer on the PQIP webtool)

**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?**

(Note to interviewer: mark the appropriate answer on the PQIP webtool)

**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?**

(Note to interviewer: mark the appropriate answer on the PQIP webtool)

**EQ VAS**

**Please read aloud:**

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

The best health you can imagine

**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.**

10

0

20

30

40

50

60

80

70

90

100

5

15

25

35

45

55

75

65

85

95

**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 worst health you can imagine

**WHODAS 2.0** WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0

**INTRODUCTION TO WHODAS**

**Please read aloud:**

**The second part of this interview is about difficulties you may have because of health conditions. Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about...**

**• Increased effort**

**• Discomfort or pain**

**• Slowness**

**• Changes in the way you do the activity.**

**When answering, I’d like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.**

**When responding, please use this scale:**

* **None**
* **Mild**
* **Moderate**
* **Severe**
* **Extreme or cannot do**

**SECTION 4 CORE QUESTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 30 days, how much difficulty have you had in:** | **None** | **Mild** | **Moderate** | **Severe** | **Extreme or cannot do** |
| **Standing for long periods such as 30 minutes?** | 1 | 2 | 3 | 4 | 5 |
| **Taking care of your household responsibilities?** | 1 | 2 | 3 | 4 | 5 |
| **Learning a new task, for example, learning how to get to a new place or cooking a new recipe?** | 1 | 2 | 3 | 4 | 5 |
| **How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?** | 1 | 2 | 3 | 4 | 5 |
| **How much have you been emotionally affected by your health problems?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 30 days, how much difficulty have you had in:** | **None** | **Mild** | **Moderate** | **Severe** | **Extreme or cannot do** |
| **Concentrating on doing something for ten minutes?** | 1 | 2 | 3 | 4 | 5 |
| **Walking a long distance such as a kilometre [or equivalent]?** | 1 | 2 | 3 | 4 | 5 |
| **Washing your whole body?** | 1 | 2 | 3 | 4 | 5 |
| **Getting dressed?** | 1 | 2 | 3 | 4 | 5 |
| **Dealing with people you do not know?** | 1 | 2 | 3 | 4 | 5 |
| **Maintaining a friendship?** | 1 | 2 | 3 | 4 | 5 |
| **Your day-to-day work/studying?** | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| **Overall, in the past 30 days, how many days were these difficulties present?** | Record number of days: |
| **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?** | Record number of days: |
| **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?** | Record number of days: |
| **If someone of the same age and health as you were to have** **the operation you had, would you recommend it?**Record additional comments below: | * **Yes**
* **No**
* **Don’t know**
 |

**Please read aloud:**

**Thank you for taking the time to answer these questions.**

**If you would like more information on PQIP or have any queries please feel free to contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You can also read some information on the website:** [**www.mypqip.org.uk**](http://www.mypqip.org.uk)