

Supplementary Material

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Arthroplasty waiting: your views on the effect of Covid-19

Dear Patient,

The main aim of this review is to check on your quality of life at this moment in time. We are also keen to seek your views on the current Covid-19 situation and whether you would wish to proceed with, or delay, surgery at the current time.

The questionnaire begins with a general health survey followed by questions regarding decision-making regarding your surgery and COVID-19. Finally, we ask you to sign the form giving us consent to record your answers.

Your details and answers will not be shared with any other parties. All the data generated will be held on a secure NHS approved server. If you have any questions or concerns or need further information regarding this survey or your rights under the General Data Protection Regulation (GDPR) please contact our team on 0131 242 6462.

All information gathered in this survey will be treated in the strictest confidence

| You | r d | etai | ls | | | | | | | | | | | | | | | | |
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| Gend | | [| F | ema | le | | | Joir | nt Hip | |]Kn | ee | | 0 | pera]Prii | tion mary | , [| Re | evision |



EQ-5D Quality of Life

Please answer every question by marking the answer with a cross or a tick. If you are unsure how to answer a question please give the best answer you can.

| MOI | BILITY | | | | | | | | | | | |
|---------------------|---|------------|------------|------------|-------------|------------------|--|-------------|-----------|-------|--|--|
| | have no p | roblems | walking a | about | | | | | | | | |
| $\overline{\sqcap}$ | have som | e problei | ms walkir | ng about | | | | | | | | |
| = | am confin | - | | J | | | | | | | | |
| | | | | | | | | | | | | |
| _ | F CARE | | | | | | | | | | | |
| | have no p | roblems | with self | care | | | | | | | | |
| | have som | e problei | ms with s | elf care | | | | | | | | |
| | am unable | e to wash | n or dress | myself | | | | | | | | |
| USL | IAL ACTIV | ITIES | | | | | | | | | | |
| | have no p | | performi | ng my usi | ual activit | ies | | | | | | |
| = | ☐ I have some problems performing my usual activities | | | | | | | | | | | |
| = | am unable | • | • | • | | | | | | | | |
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| PAII | N/DISCOM | FORT | | | | | | | | | | |
| | have no p | ain or dis | scomfort | | | | | | | | | |
| | have mod | erate pa | in or disc | omfort | | | | | | | | |
| | have extre | eme pain | or disco | mfort | | | | | | | | |
| ANIX | (IETY/DEP | DESSIO | N | | | | | | | | | |
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| | am extren | nely anxı | ous or de | epressed | | | | | | | | |
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| | se indicate | | | | | | | r health is | s today w | ith 0 | | |
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| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | | |



Your views on our current situation Q 1Do you feel that your quality of life has deteriorated while waiting for your surgery? Yes No If 'Yes' why? Q 2Would you be willing to undergo your proposed surgery in view of the COVID-19 pandemic? Yes No Q 3If you decide to go ahead with surgery, which sort of consultation would you prefer? Telephone only Video Face to face Q 4Do you think a full discussion on risk could be left until immediately before surgery? Yes No If 'Yes' why? Q 5All waiting times being equal, would you be happy for a different surgeon to carry out your surgery? Yes No If 'Yes' why? Q 6All waiting times being equal, would you be happy to have your operation in a different hospital? If 'Yes' why? Yes No Not going ahead with surgery If you DO NOT want to go forward with surgery, at the moment, please answer the following: Q 7Was this because of health concerns for?: Yourself Other family member **Both** Q 8Have you had the opportunity to discuss your concerns around surgery with a health professional? If 'Yes' who have you discussed your concerns with? Yes No Q 9Are you worried that having surgery in hospital will increase your chance of catching COVD-19?



If 'Yes' why?

No

Yes

| | oncerned that posed surgery | | OVD-19 your chance of su | vivai is less because | | | | | |
|--|--------------------------------|-------------------|---------------------------------|-------------------------|--|--|--|--|--|
| Yes | ☐ No | If 'Yes' why? | | | | | | | |
| | | | | | | | | | |
| Q 11Did you de | ecline surgery | because you v | vere unable to self-isolate | for 14 days? | | | | | |
| Yes | ☐ No | If 'Yes' why? | | | | | | | |
| | | | | | | | | | |
| | | | ncerns over the hospital's a | ability to care for you | | | | | |
| Yes Yes | ☐ No | If 'Yes' why? | | | | | | | |
| | | | | | | | | | |
| Q 13Did you de friends an | | because of the | e lack of visiting rights in ho | ospital for your | | | | | |
| Yes | ☐ No | | | | | | | | |
| the current situ | Jation? | | | | | | | | |
| Level of satisfaction with the service you have received | | | | | | | | | |
| O 14How satis | fied are you w | ith the service | you have received from ou | r waiting list service? | | | | | |
| Very | | | | Very | | | | | |
| satisfied | Satisfie | ed Neitl | ner Dissatisfied | dissatisfied | | | | | |
| | | What is the rea | ason for your answer? | | | | | | |
| | | VVIIat is the rea | | | | | | | |
| | | What is the rea | | | | | | | |
| | | What is the rea | | | | | | | |
| Consent | | What is the lea | , | | | | | | |
| Consent to | | ı: I consent to r | ny personal details being | YES NO | | | | | |
| Consent to | | ı: I consent to r | | YES NO | | | | | |

THANK YOU FOR YOUR HELP

