



The
Bone & Joint
Journal

Over 70 years of orthopaedic excellence

Supplementary Material

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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.

MOBILITY

- I have no problems walking about
- I have some problems walking about
- I am confined to bed

SELF CARE

- I have no problems with self care
- I have some problems with self care
- I am unable to wash or dress myself

USUAL ACTIVITIES

- I have no problems performing my usual activities
- I have some problems performing my usual activities
- I am unable to perform my usual activities

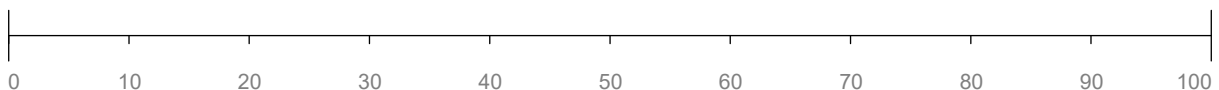
PAIN/DISCOMFORT

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

ANXIETY/DEPRESSION

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Please indicate, by marking a line, on this scale how good or bad your health is today with 0 being the **worst** health imaginable and 100 being the **best** health.



Please indicate, by marking a line, on this scale how much pain you have today with 0 being **no pain** and 100 being **the worst pain imaginable**.



Your views on our current situation

Q 1 Do you feel that your quality of life has deteriorated while waiting for your surgery?

Yes **No** If 'Yes' why?

Q 2 Would you be willing to undergo your proposed surgery in view of the COVID-19 pandemic?

Yes **No**

Q 3 If you decide to go ahead with surgery, which sort of consultation would you prefer?

Telephone only **Video** **Face to face**

Q 4 Do you think a full discussion on risk could be left until immediately before surgery?

Yes **No** If 'Yes' why?

Q 5 All waiting times being equal, would you be happy for a different surgeon to carry out your surgery?

Yes **No** If 'Yes' why?

Q 6 All waiting times being equal, would you be happy to have your operation in a different hospital?

Yes **No** If 'Yes' why?

Not going ahead with surgery

If you DO NOT want to go forward with surgery, at the moment, please answer the following:

Q 7 Was this because of health concerns for?:

Yourself **Other family member** **Both**

Q 8 Have you had the opportunity to discuss your concerns around surgery with a health professional?

Yes **No** If 'Yes' who have you discussed your concerns with?

Q 9 Are you worried that having surgery in hospital will increase your chance of catching COVID-19?

Yes **No** If 'Yes' why?



Q 10 Are you concerned that if you catch COVID-19 your chance of survival is less because of the proposed surgery?

Yes **No** If 'Yes' why?

Q 11 Did you decline surgery because you were unable to self-isolate for 14 days?

Yes **No** If 'Yes' why?

Q 12 Did you decline surgery because of concerns over the hospital's ability to care for you during your admission because of the COVID-19 pandemic?

Yes **No** If 'Yes' why?

Q 13 Did you decline surgery because of the lack of visiting rights in hospital for your friends and family?

Yes **No**

Is there anything else you would like to tell us about how you feel about your surgery and the current situation?

Level of satisfaction with the service you have received

Q 14 How satisfied are you with the service you have received from our waiting list service?

Very satisfied **Satisfied** **Neither** **Dissatisfied** **Very dissatisfied**

What is the reason for your answer?

Consent

Consent to Participation: I consent to my personal details being **YES** **NO** recorded on the Edinburgh Orthopaedic Research Database

Signature

Date of Consent

/ /

THANK YOU FOR YOUR HELP

