

Age:

Gender

- Male
- Female
- Other (please specify)

Please indicate your current job role in the preoperative care pathway

Please note: this survey is specifically aimed at individuals currently employed in preoperative assessment. If you are not currently employed in preoperative assessment please tick this box and end the survey here.

- Healthcare Assistant
- Senior Healthcare Assistant
- Band 4 Nurse
- Band 5 Nurse
- Band 6 Nurse
- Band 7 Nurse
- Team Leader
- Manager
- Sister
- Senior Sister
- Matron
- Anaesthetist
- Consultant Anaesthetist
- Prefer not to say
- Other (please specify)

How long have you:

Years

Months

Held your current post?

Worked in pre-assessment?

In your department, approximately how long does a preoperative assessment appointment last for patients undergoing primary knee arthroplasty?

In your department, approximately how long does a preoperative assessment appointment last for patients undergoing primary hip arthroplasty?

As part of preoperative assessment for hip and knee arthroplasty are patients asked about their alcohol consumption?

- Yes as part of formal pre-operative assessment procedure
- Yes patients are asked but this is not part of formal preoperative assessment procedure
- No
- Don't Know
- Prefer not to say

How (in what form) are patients asked about their alcohol use? (please respond yes, no or don't know to each option)

	Yes	No	Don't know	Prefer not to say
A simple yes or no indication of alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are asked 'how much do you drink'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are asked 'how often do you drink'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are asked how many units/standard drinks they consume per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are asked 'how many units/standard drinks they consume per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of a screening tool or questionnaire (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide details of screening tools used or specify any other method of questioning not covered above

As part of preoperative assessment for hip and knee arthroplasty are patients provided with any information about alcohol use?

- Yes, this is part of formal pre-operative assessment procedure
- Yes patients are given information but this is not part of formal preoperative assessment procedure
- No
- Don't know
- Prefer not to say

What form does this information take? (please indicate yes, no or don't know for each option)

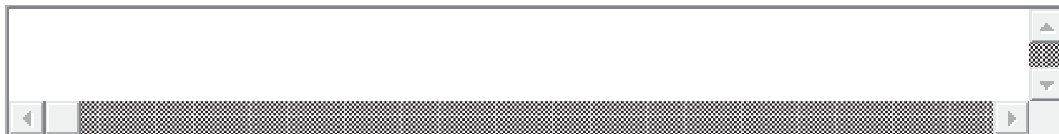
	Yes	No	Don't know	Prefer not to say
Information leaflet/booklet about alcohol in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information leaflet/booklet about alcohol use in relation to surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face information about alcohol in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face information about alcohol use in relation to surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Websites to access information online in their own time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact numbers for telephone information/support lines to use in their own time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is told to contact their GP surgery for information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Which patients are given this information about alcohol use? (please indicate yes, no or don't know for each option)

	Yes	No	Don't know	Prefer not to say
All patients (regardless of whether they drink alcohol) receive advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All patients who report drinking alcohol receive advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All patients who request information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who consume over a specified number of units/standard drinks receive information (please provide details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who state, when asked, that they would like to cut down their alcohol consumption receive information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients identified through liver function tests receive information (please give details below of who interprets liver function tests and follows up if abnormal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients identified through other blood test receive information (please give details below of who interprets blood tests and follows up if abnormal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details here



Are you able to refer patients for additional advice or support related to alcohol consumption?

- Yes, this is part of standard practice
- Yes, but this is not part of standard practice
- No
- Don't know
- Prefer not to say

To whom can patients be referred? (please indicate yes, no or don't know for each option)

	Yes	No	Don't know	Prefer not to say
Referral to consultant anaesthetist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to in-hospital alcohol liaison nurse or nurse specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to in-hospital addiction psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Alcoholics Anonymous (AA) groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to other external organisation (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give any details here:

Which patients are identified for referral? (please indicate yes, no or don't know for each option)

	Yes	No	Don't know	Prefer not to say
All patients are referred regardless of whether they report alcohol consumption or not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All patients who report drinking alcohol receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who consume over a specified number of units/standard drinks receive referral (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who state, when asked, that they would like to cut down their alcohol consumption receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients identified through liver function tests receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients identified through other blood test receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
patients who ask to be referred receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who show signs of alcohol dependence receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who are already identified as alcohol dependent receive referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details

As part of routine pre-operative assessment does your department currently provide interventions (term described above) for any of the following health behaviours? (please indicate yes, no or don't know for each option)

	Yes	No	Don't know	Prefer not to say
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details here

As part of routine pre-operative assessment do you personally currently provide interventions (term described above) for any of the following health behaviours? (please indicate yes, no or don't know for each option)

	Yes	No	Don't	Prefer not to say
Alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details

As part of routine pre-operative assessment have you personally ever provided interventions (term described above) for any of the following health behaviours? (please indicate yes, no or don't know for each option)

	Yes	No	Don't Know	Prefer not to say
Alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please give details below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details here