

Supplementary data

Precautions after hip replacement: A service evaluation project. Questionnaire v 1.6



Precautions After hip Replacement: A service evaluation project.

Dear Sir/Madam,

In order to improve our service your team at Southmead hospital are seeking patient views of the experience and usefulness of the hip precautions lesson you attended prior to your hip replacement. We are doing this through a questionnaire which we are inviting you to complete. Please note this is voluntary and anonymous - that is no one will know who said what.

Once completed, please return this questionnaire in the prepaid envelope included.

Thank you in anticipation of your help.

Yours Faithfully,

ADD Name and Title

Questionnaire

Section 1: Effectiveness of the teaching

The section is designed to assess how effectively you were taught the hip precautions. We ask that you complete this section first. Please mark the box most appropriate.

1. How useful was the hip precaution lesson?

Very useful	Quite useful	Slightly useful	Not useful

If 'slightly useful' or 'not useful', please tell us more .

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What can you recall of the hip precautions?

Almost none	A little	Some	Most	All of them

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2. Can you still recall the hip precautions well enough to follow them?

Yes I can follow all of them	No I cannot follow any of them

Section 2 – Following the precautions and advice

This section regards the advice you were given prior to your surgery, and how well you have been able to follow it.

1. How soon after surgery were you able to put on your shoes without help or the use of a shoe horn?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still require help/aids to put shoes on

2. How soon were you able to put on underwear without an aid or help?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still have help/aids to put them on

3. How soon were you able to put your own socks on without help or aids?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still have help/aids to put them on

4. How soon were you able to get into/out of a bath?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still do not use a bath

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5. When did you start sleeping on your side?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still sleep on my back	Sleep on my operated side	Sleep on my unoperated side

6. When did you start using a normal height toilet seat?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still use the recommended height

7. Have you removed the height adjustments from your bed if it needed them? If so when

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still have aids/bed was already high enough

8. How many weeks before you started walking without a stick/crutch?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still use a stick or walking aid

9. When did you start driving?

Less than 1 week after surgery	2-3 weeks after surgery	4-5 weeks after surgery	More than 6 weeks after surgery	Still do not drive

10. Are you able to get into bed as instructed?

Yes	No	Can't remember the instruction

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11. Overall, how often do you feel you were able to follow the hip precautions?

Almost always	Often	Sometimes	Once in while	Almost never	Never

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Section 3 – Perceptions

This section is to assess your opinions on the precautions and advice you were given. The answers you give will not be seen by any of your treating clinicians so please answer as honestly as possible as this will best allow us to improve the care pathway for future. Please mark the most appropriate box

1. Did the hip lesson make you anxious before your surgery?

Very anxious	Quite anxious	Moderately anxious	Slightly anxious	Did not make me anxious

2. Did the hip precautions stop you doing what you wanted to do after your hip replacement?

Yes they stopped me	No they did not stop me

3. Did the hip precautions affect your sleep?

Every <u>night</u>	Most nights	Some nights	Occasional nights	Never

4. How often did you avoid leaving the house because of the precautions?

Almost always	Often	Sometimes	Almost never	Never

5. How much exercise would you have done without the precautions?

A great deal less	Some Less	No more	Some more	A great deal more

Thank you for completing this questionnaire.

This questionnaire does not change the current guidelines that you have been given about your hip replacement and we recommend you still follow the hip precautions you were given around the time of your surgery. Additional information can be found in the hip replacement, ‘**A guide for patients**’ booklet or at:

<http://www.nhs.uk/Conditions/Hip-replacement/Pages/Recovery.aspx>