

**Name of your NHS Trust / Local Health Board / Health and Social Care Trust:**

\_University Hospitals Bristol & Weston NHS Foundation Trust

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1. Does your organisation offer patients a prehabilitation programme?

- Yes (*go to question 2*)  
 No

Are you planning to set up a prehabilitation programme in the next 12 months in your organisation?

- Yes (*no further questions to complete*)  
 No (*no further questions to complete*)

Comments: \_\_\_\_\_

2. For how long has your prehabilitation programme been running?

- <1 year  
 1-3 years  
 >3 years

3. Please provide the name and contact details of your organisation's prehabilitation lead/s (enter more than one name, email address and telephone number if necessary):

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

4. The prehabilitation programme is being offered to patients undergoing:

*Please tick all that apply.*

- Orthopaedic surgery  
 Cardiac surgery  
 Thoracic surgery  
 Vascular surgery  
 Gastro-oesophageal surgery  
 Hepatobiliary surgery  
 Colorectal surgery  
 Urological surgery  
 Gynaecological surgery  
 Chemotherapy  
 Radiotherapy  
 Other (*please specify*) \_\_\_\_\_

5. For surgical specialties that involve **cancer** and **benign disease**, prehabilitation is offered to:  
Please tick all that apply.

- Cancer patients only
- Cancer and non-cancer patients
- Not applicable

Comments: \_\_\_\_\_

6. What does your prehabilitation programme include and where / how is it delivered?  
Please tick all that apply.

	In hospital	In community	Refer to GP	Phone or video sessions	Online live group sessions	Resources provided for self-delivery	Other mode of delivery (e.g. via an interactive App)	Not included in programme
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incentive spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol cessation advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical optimization of co-morbidity (e.g., diabetes, cardiovascular disease, anaemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (to improve patient knowledge, self-efficacy and resilience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other component or Other mode of delivery please specify:

\_\_\_\_\_

7. Has the delivery of your prehabilitation programme changed due to the COVID-19 pandemic?

- Yes
- No

If yes, please state how: \_\_\_\_\_

8. Which of the following clinical specialties are involved in delivering your prehabilitation programme?

*Please tick all that apply.*

- Anaesthetists
- Surgeons
- Clinical nurse specialists
- Dietitians
- Physiotherapists
- Exercise instructors
- Occupational therapists
- Rehabilitation/therapy support staff
- Clinical psychologists
- None of the above
- Other (*please specify*) \_\_\_\_\_

9. Which of the following risk factors are patients screened for before starting prehabilitation?

*Please tick all that apply.*

- Physical fitness (e.g., CPET testing / incremental shuttle walk test)
- Nutrition (e.g., weight loss, poor food intake, body mass index)
- Psychological risk factors (e.g., anxiety, depression)
- Co-morbidities
- Smoking/ alcohol intake
- None of the above
- Other (*please specify*) \_\_\_\_\_

10. At which point in the treatment pathway are patients referred to your prehabilitation programme?

*Please tick all that apply.*

- Pre-operative assessment
- Outpatient appointment following the MDT
- Other (*please specify*) \_\_\_\_\_

11. Do you collect any of the following as part of a service audit, quality assurance or improvement framework?

*Please tick all that apply.*

- Clinical outcome data (e.g., mortality, complications, length of hospital / intensive care stay, readmission to hospital, etc.)
- Patient-reported outcome data (e.g., patient satisfaction, quality of life, etc.)
- Adherence to the prehabilitation programme
- The service is not currently audited
- Other (*please specify*) \_\_\_\_\_

12. Do you use any of the following to assess patient adherence / engagement with the prehabilitation programme?

*Please tick all that apply.*

- Patient diaries
- Regular communication via email or telephone, or an app or video consultation
- Patient attends the hospital regularly during the programme
- We do not currently collect patient adherence data
- Other (*please describe*) \_\_\_\_\_

13. Who funds your organisation's prehabilitation service?

*Please tick all that apply.*

- Commissioned service
- Charity (e.g., Macmillan)
- Part of a research study
- The service is not funded as a prehabilitation service
- Other (*please describe*) \_\_\_\_\_

14. Thank you for completing this survey. Please leave any other comments below:

\_\_\_\_\_

\*\*\*\*\* **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REQUEST** \*\*\*\*\*