Variable	Description
Pre-operative assisted	Is anyone helping you fill in this
	questionnaire?
	1 = Yes
	2 = No
Pre-operative previous surgery	Indicates whether the patient
	has had previous surgery of the
	type they are going to undergo.
	1 = Yes
	2 = No
	Which statement best describes
	your living arrangements?
	1 = I live with
Pre-operative living arrangements	partner/spouse/family/friends
	2 = I live alone
	3 = I live in a nursing home,
	hospital or other long-term care
	home
	4 = Other
Pre-operative disability	Do you consider yourself to
	have a disability?
	1 = Yes
	2 = No
Heart disease	Have you been told by a doctor
	that you have heart disease?
	1 = Yes
	9 = No
	Have you been told by a doctor
Hisb blood agreemen	that you have high blood pressure?
High blood-pressure	1 = Yes
	9 = No
	Have you been told by a doctor
Stroke	that you have problems caused
	by a stroke?
	1 = Yes
	9 = No
Circulation	Have you been told by a doctor
	that you have leg pain when
	walking due to poor circulation?
	1 = Yes
	9 = No
Lung disease	Have you been told by a doctor
	that you have lung disease?
	1 = Yes
	9 = No

	Have you been told by a doctor
Diabetes	that you have diabetes?
	1 = Yes
	9 = No
Kidney disease	Have you been told by a doctor
	that you have kidney disease?
	1 = Yes
	9 = No
Nervous system	Have you been told by a doctor
	that you have diseases of the
	nervous system?
	1 = Yes
	9 = No
	Have you been told by a doctor
	that you have liver disease?
Liver disease	1 = Yes
	9 = No
Cancer	Have you been told by a doctor
	that you have cancer?
	1 = Yes
	9 = No
Depression	Have you been told by a doctor
	that you have depression?
	1 = Yes
	9 = No
	Have you been told by a doctor
Authuitia	that you have arthritis?
Arthritis	1 = Yes
	9 = No
Pre-operative EQ5D-3L dimension: MOBILITY	Rates the patient's self-
	perceived mobility
	1 = I have no problems in
	walking about
	2 = I have some problems in
	walking about
	3 = I am confined to bed
	Rates the patient's self-
	perceived ability to care for
	themselves
Pre-operative EQ5D-3L dimension: SELF-CARE	1 = I have no problems with self-
	care
	2 = I have some problems
	washing or dressing myself
	3 = I am unable to wash or dress
	myself

Pre-operative EQ5D-3L dimension: ACTIVITY	Rates the patient's self- perceived ability to perform usual activities 1 = I have no problems with performing my usual activities 2 = I have some problems with performing my usual activities 3 = I am unable to perform my usual activities
Pre-operative EQ5D-3L dimension: PAIN/DISCOMFORT	Rates the patient's self- perceived pain/discomfort 1 = I have no pain or discomfort 2 = I have moderate pain or discomfort 3 = I have extreme pain or discomfort
Pre-operative EQ5D-3L dimension: ANXIETY/DEPRESSION	Rates the patient's self- perceived level of anxiety/depression 1 = I am not anxious or depressed 2 = I am moderately anxious or depressed 3 = I am extremely anxious or depressed