

***Surgical Risk Tolerance Questionnaire***

**Death**

*Loss of my life now or in the near future would have a profound impact on others*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*For me death is the worst possible outcome*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I would describe myself as religious*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I have an end-of-life plan*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I would rather die because of an operation than die because I refused an operation*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Pain**

*I handle pain well*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Acute pain and chronic pain are very different things*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*A life of chronic pain would not be worth living*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I am currently in pain most or every day*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Pain would stop me doing the things I enjoy*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Loss of physical function**

*Movement and physical activity are central to my happiness*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*The loss of use of a limb terrifies me*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I cannot imagine any joy if I were in a wheelchair*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I could not do my job without full use of my hands*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I could not do my job without full use of my legs*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Loss of cognitive function**

*Even a small reduction in my ability to think or remember would have a major impact on my life*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I value my thinking skills over my physical skills*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Developing dementia is a great fear of mine*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I would describe myself as intelligent*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*If I lost my ability to think, there are others around who could support me*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Need for repeat medical interventions**

*I dislike hospital appointments*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Regular trips to hospital for treatment or consultation would be difficult for me to fit into my life*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I would rather have a shorter life without medical interaction than a longer life with regular clinics and treatment*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I struggle to remember and take regular medications*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I rarely think about my health*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Social disability**

*Physical deformity would take away my quality of life*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*I am a social person*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Incontinence would destroy my self-confidence*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*Being unable to talk properly would destroy my quality of life*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

*An active sexual life is essential for my happiness*

0 1 2 3 4 5 6 7 8 9 10

Strongly disagree Strongly agree

**Final Question**

*Please rank the five senses in order of priority to you as an individual with the most important first (1) and the least important last (5) (sight, hearing, smell, taste, touch).*

*1)*

*2)*

*3)*

*4)*

*5)*

***Post-Questionnaire Feedback***

*Do you think that filling in a questionnaire such as this prior to surgery would help your surgeon understand you and your circumstances?*

*Do you feel that filling in a questionnaire as this prior to surgery and discussing the results would help you feel that the process of consent was more personalised?*

*Do you feel that a focussed discussion with your surgeon about your answers on this questionnaire would help to allow your fears and anxieties to be recognised?*

*Would you be happy if a questionnaire like this was used to help surgeons learn more about you as an individual person prior to surgery to help improve the consent process?*