**Patient Questionnaire**

Thank you for completing this questionnaire on the use of medical cocaine during nasal/sinus surgery. We are interested in finding out more about public opinion on the use of cocaine solution in surgery.

We use several different medications during sinus (or FESS) surgery to make the operation easier. One of these types include cocaine solution. This questionnaire has no effect on your treatment.

|  |  |
| --- | --- |
| 1.  | Which age group is most appropriate to you?   |
|   | * 18-29 years
* 30-39 years
* 40-49 years
* 50-59 years
* 60-69 years
* 70 years or above
 |
| 2.  | What is your sex? * Male
* Female
* Other/prefer not to say
 |
| 3.  | Which of these best describes your ethnic group?  * White
* Mixed
* Asian or Asian British
* Black, African, Caribbean or Black British
* Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 4.  | Do you have any of these underlying medical conditions?  * Glaucoma
* Epilepsy
* High blood pressure (“Hypertension”)
* Hyperactive thyroid (“Hyperthyroidism” / “Thyrotoxicosis”)
* Problems with heart and blood vessels (“Cardiovascular disease”)
 |
| 5.  | Have you ever had experience with any illicit drug use?  * Yes
* No
* Prefer not to say
 |
| 6.  | Are you aware that cocaine solution is sometimes used in nasal/sinus surgery as a local anaesthetic and to help reduce swelling and bleeding in the nose?  * Yes
* No
 |
| If you answered ‘Yes’, where did you find this out?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 7.  | If you were to undergo nasal/sinus surgery, would you want your surgeon to discuss with you before the operation about the use of cocaine?  * Yes
* No (go to Q9)
 |
| If you answered ‘Yes’, can you state why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| 8.  | At what point in time would you prefer to have this discussion about the use of cocaine solution?  * In outpatient clinic when discussing option of surgery
* On the day of the operation
* Don’t mind
 |
| 9.  | Would you prefer if an alternative to cocaine was used during your operation? * Yes
* No
 |
| If you answered ‘Yes’, can you state why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| 10.  | Would your answer to **Question 9** change if you needed emergency surgery?  * Yes
* No
 |
| 11.  | If you found out that cocaine solution may have been used during your nasal/sinus operation and you were not aware of this beforehand, how would you feel about this?  * Very unhappy
* Unhappy
* Neither happy or unhappy
* Happy
* Very happy
 |
| 12.  | If you feel uneasy about having cocaine solution in your nose, what is the reason for this?  * It is known as an illicit drug
* Career
* Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 13.   | If you are happy to be contacted for feedback and/or involvement in a study group for this questionnaire, please leave your name and contact details below:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |