Survey about postponement/cancellation of planned surgery

Thank you for agreeing to participate in this study.

Please, answer each question by placing one checkmark next to the option that best applies to you. If you are unsure how to respond, please provide the best answer you can.

When we refer to "cancellation," we encompass both "postponement" and "cancellation".

Please press the "submit" button after completing the questionnaire to submit your answers.

Cancellation	
How were you informed about the cancellation of your surgery?	By e-mailBy phone callAt the hospital
What was the reason for the cancellation?	 Lack of operation theatre facilities due to critical patients Busyness Lack of health professionals Other reasons Do not know
Who informed you that your surgery was cancelled? (you are allowed to place more than one checkmark)	 The surgeon / another doctor A nurse A secretary Do not know
May we have permission to review your medical record for other information related to the study? (cancellation date, waiting period etc.)	YesNo
Waiting following surgery cancellation	
Have you experienced a worsening in your physical health during the waiting period following the cancellation, as a result of the disease for which you need surgery?	 Not at all A little Somewhat Quite a bit Very much
If yes, pleas describe how	•
Have you experienced increased emotional strain during the waiting period following the cancellation, compared to before the cancellation?	 Not at all A little Somewhat Quite a bit Very much
If yes, pleas describe how	
Has the cancellation caused that you in the waiting period afterwards have	ave:
- felt frustrated?	 Not at all A little Somewhat Quite a bit Very much
- been angry?	 Not at all A little Somewhat Quite a bit Very much
- been disappointed?	 Not at all A little Somewhat Quite a bit Very much

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- been sad?	• Not at all
	• A little
	Somewhat
	• Quite a bit
	Very much
- felt lonely?	• Not at all
	• A little
	Somewhat
	• Quite a bit
	Very much
- been sad in a way that made you cry?	Not at all
	• A little
	• Somewhat
	• Quite a bit
	Very much
- been more stressed than before the cancellation?	Not at all
	• A little
	• Somewhat
	• Quite a bit
	Very much
- found it difficult to sleep (as a new-onset of symptom) ?	Not at all
1 (A little
	Somewhat
	• Quite a bit
	Very much
- experienced a need for sedatives or sleeping pills due to insomnia?	Yes
- experienced a need for sedatives of sleeping pins due to insomina.	• No
	Do not know
- experienced having rapid heartbeat (as a new-onset of symptom)?	
- experienced having rapid heartbeat (as a new-onset of symptom)?	
	• A little
	• Somewhat
	• Quite a bit
	Very much
- experienced having stomach problems (as a new-onset of symptom)?	• Not at all
	• A little
	Somewhat
	• Quite a bit
	Very much
- found it difficult to see other people, for instance visit friends, relatives	• Not at all
(as a new-onset of symptom)?	• A little
	• Somewhat
	• Quite a bit
	Very much
- feared deterioration of the disease for which you need surgery?	• Not at all
	• A little
	Somewhat
	• Quite a bit
	Very much
- been anxious to die from the disease for which you need surgery?	• Not at all
	• A little
	• Somewhat
	• Quite a bit
	Very much
- feared another surgery cancellation?	Not at all
	• A little
	Somewhat
	• Quite a bit
	Very much

To what extent do the following statements apply to you in the waiting period following the cancellation	
I have been able to continue my studies/working life	 Not at all A little Somewhat Quite a bit Very much
I have been able to continue my daily activities	 Not at all A little Somewhat Quite a bit Very much
I have experienced financial loss due to the cancellation	 Not at all A little Somewhat Quite a bit Very much
I have experienced eroded trust in the healthcare system	 Not at all A little Somewhat Quite a bit Very much
I have been in contact with my general practitioner about the disease for which I need surgery	YesNo
- If yes, how many times	 1 time 2 times 3 times or more
I have been in contact with the department at the hospital in the new waiting period	YesNo
- If yes, how many times	 1 time 2 times 3 times or more
I have experienced a need of a stronger or higher dose of analgesics in the extended waiting period	YesNo
The cancellation has caused other consequences for me and my family	YesNo
- If yes, please describe which	
Suggestions for improvement	
What would have been helpful for you when your surgery was cancelled, as well as during the subsequent waiting period? Please, write your suggestions:	