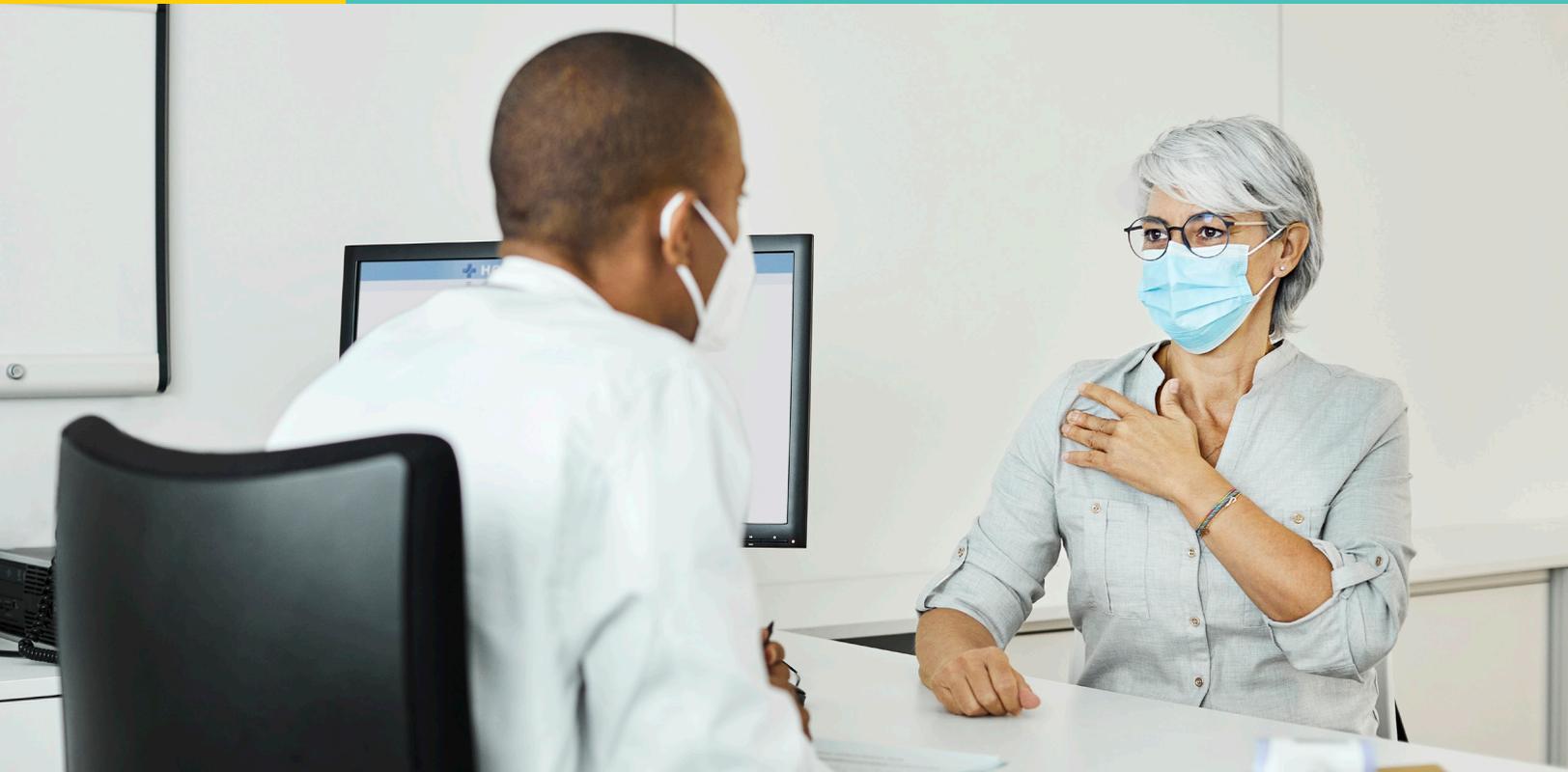


Decision-Making About Elective Surgery

March 2022

www.healthyagingpoll.org



Elective surgery is a surgical procedure that is scheduled in advance and is not done for an immediately life-threatening health problem.

Q1. In the last 5 years, did you consider having an elective surgery?

1. Yes
2. No

If Q1 = 1

Q2. Think back to the most recent time you considered having an elective surgery. Did you talk with a doctor about having this surgery?

1. Yes
2. No

If Q1 = 1

Q3. When was the most recent time you considered having an elective surgery?

1. Within the last year
2. 1 to 3 years ago
3. 4 to 5 years ago
4. Unsure

If Q1 = 1

Q4. What was the most recent type of surgery you considered having?

1. Abdominal surgery (e.g., hernia repair, gall bladder removal, hysterectomy)
2. Joint surgery (e.g., hip or knee replacement)
3. Heart surgery (e.g., valve replacement)
4. Eye surgery (e.g., cataract surgery)
5. Head or neck surgery (e.g., nose or sinus surgery)
6. Breast surgery (e.g., lumpectomy or mastectomy)
7. Arm or shoulder surgery (e.g., shoulder arthroscopy)
8. Foot or leg surgery (e.g., an amputation)
9. Back surgery (e.g., laminectomy or fusion)
10. Cosmetic surgery (e.g., face lift, abdominoplasty)
11. Other

If Q1 = 1

Q5. Did you have the surgery?

1. Yes
2. No, but plan to within the next year
3. No, but plan to in more than a year
4. No, and I am not planning to

If Q1 = 1

Q6. Think back to the most recent time you considered having an elective surgery. The next questions ask about your decisions on whether to have this surgery and when to have this surgery.

In your decision about whether to have this surgery, how concerned were you about the following?

| | Very concerned | Somewhat concerned | Not concerned | Not applicable |
|--|----------------|--------------------|---------------|----------------|
| Difficulty of recovery | | | | |
| Pain/Discomfort | | | | |
| Your out-of-pocket costs | | | | |
| Exposure to COVID-19 | | | | |
| Time needed to be off work | | | | |
| Having someone care for you after surgery | | | | |
| Inability to care for someone else after surgery | | | | |
| Transportation for surgery and follow-up care | | | | |

If Q1 = 1

Q7. In deciding whether to have this surgery, what sources of information did you use?

Please select all that apply.

1. Surgeon
2. Primary care provider
3. Other health care providers
4. Family members/friends
5. Internet
6. Other sources

If Q1 = 1

Q8. Please rate how much you agree or disagree that you understood the following things when deciding whether to have this surgery.

| | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|----------------|----------------|-------------------|-------------------|
| Benefits of the surgery | | | | |
| Risks of the surgery | | | | |
| Health risks of delaying the surgery | | | | |
| What the recovery process would be like | | | | |
| What your out-of-pocket costs would be | | | | |

If Q5 = 1

Q9. How satisfied or dissatisfied were you overall with the outcome of your surgery?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied



If Q1 = 2 or Q5 = 4

Q10. If you needed an elective surgery in the future, how important would the following factors be in making a decision about whether to have the surgery?

| | Very Important | Somewhat important | Not important |
|---|----------------|--------------------|---------------|
| Ratings/reviews of the hospital | | | |
| Ratings/reviews of the surgeon | | | |
| Recommendations from your primary care provider | | | |
| Recommendations from family or friends | | | |
| Travel distance to the hospital/facility | | | |
| Having the surgery in the same health system as your primary provider | | | |
| Health insurance coverage for the surgery | | | |
| Understanding your out-of-pocket medical costs for the surgery | | | |
| Being able to get a second opinion before the surgery | | | |

If Q1 = 2

Q11. If you needed elective surgery in the future, would you be concerned about any of the following?

Please select all that apply.

- | | |
|-------------------------------|---|
| 1. Difficulty of recovery | 6. Having someone care for you after surgery |
| 2. Pain/discomfort | 7. Inability to care for someone else after surgery |
| 3. Your out-of-pocket costs | 8. Transportation for surgery and follow-up care |
| 4. Exposure to COVID-19 | 9. Waiting until retirement to have the surgery |
| 5. Time needed to be off work | |

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