

SUPPLEMENTARY SECTION

SCS waiting list survey

1. Age:
2. Sex:
3. Diagnosis awaiting SCS:
4. COVID-19 risk:
 - a. Very High Risk. Defined as:
 - i. Have had an organ transplant.
 - ii. Are having chemotherapy or antibody treatment for cancer, including immunotherapy.
 - iii. Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer.
 - iv. Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors).
 - v. Have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma).
 - vi. Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine.
 - vii. Have been told by a doctor that you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD).
 - viii. Have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell).
 - ix. Are taking medicine that makes you much more likely to get infections (such as high doses of steroids).
 - x. Have a serious heart condition and you're pregnant.
 - xi. If you're at very high risk from coronavirus, you should have received a letter from the NHS.
 - b. High Risk. Defined as:
 - i. Are 70 or older.
 - ii. Are pregnant.
 - iii. Have a learning disability, a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis), heart disease (such as heart failure), high blood pressure (hypertension), diabetes, chronic kidney disease and/or liver disease (such as hepatitis).
 - iv. Have a condition affecting your brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy).
 - v. Have a problem with your spleen or have had your spleen removed.
 - vi. Have a condition that means you have a high risk of getting infections (such as HIV, lupus or scleroderma).
 - vii. Are taking medicine that can affect your immune system (such as low doses of steroids),
 - viii. Are very obese (a BMI of 40 or above).
 - c. Low Risk
5. How do you rate your pain in the last week?
 - a. No pain
 - b. Mild pain
 - c. Moderate pain
 - d. Severe pain
6. Has the severity of your pain changed during the COVID-19 crisis?
 - a. Yes
 - b. No

7. To what extent has your pain changed?
 - a. Very much improved
 - b. Much improved
 - c. Minimally improved
 - d. No change
 - e. Minimally worse
 - f. Much worse
 - g. Very much worse
8. Has your mental health been impacted due to your pain symptoms during the COVID-19 crisis?
 - a. Yes
 - b. No
9. To what extent has your mental health changed?
 - a. Very much improved
 - b. Much improved
 - c. Minimally improved
 - d. No change
 - e. Minimally worse
 - f. Much worse
 - g. Very much worse
10. Has your consumption of pain medication changed during the COVID-19 lockdown period?
 - a. Reduced
 - b. Stayed the same
 - c. Increased
11. Has your reliance on a formal carer network or family increased during the lockdown due to increased pain severity?
 - a. Yes
 - b. No
12. Has the lockdown adversely affected your ability to manage your pain symptoms?
 - a. Yes
 - b. No
13. If we can schedule your procedure within the next 4 weeks (In the current COVID-19 situation, this is impossible to predict as it can take months) would you be happy to:
 - a. Attend for COVID swabs 2-3 days before your procedure?
 - i. Yes
 - ii. No
 - b. Self-isolate after the swab until procedure and after the procedure?
 - i. Yes
 - ii. No
 - c. Attend for surgery on the day of your procedure?
 - i. Yes
 - ii. No

If the answer is NO, reason:

14. The procedure will be done predominantly under local anaesthetic. You might be given some strong pain killers, but not heavy sedation. Are you willing to undergo the procedure?
 - a. Yes
 - b. No
15. If possible and safe (your procedure will be done in the Non-COVID part of the hospital), would you prefer your procedure and sent home the same day?
 - a. Yes

- b. No

If the answer is NO, Reason:

16. If you are willing to wait for surgery, how long would you prefer to wait for your surgery?

17. Have you had any signs and symptoms of COVID-19?

- a. Yes

- b. No

18. Have you had a COVID-19 test?

- a. Not tested

- b. Tested Positive

- c. Tested Negative