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### General data questionnaire for Who Operates When II

Hospital name

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This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either printed capitals or a bold cross.

For example

2	3	4	5	6
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or

X	
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y n

If you make a mistake, please "black-out" the box and re-enter the correct information.

■	X
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y n

### The hospital

- 1. How many surgical beds are there in this hospital? (all surgical specialties) <sup>1</sup>
- 2. What was the number of elective admissions for the year 2000/2001? <sup>2</sup>
- 3. What was the number of emergency admissions for the year 2000/2001? <sup>3</sup>

### Theatres

- 4. How many surgical theatres are there in the hospital? <sup>4</sup>
- 5. Are there daytime trauma theatre sessions i.e. where a theatre is staffed and set aside exclusively for emergency or urgent orthopaedic or trauma operations?  <sup>5</sup>  
y n  
*(if no go to Q6)*
- 5a. If yes, how many trauma sessions are there each week? <sup>5a</sup>
- 6. Are there daytime emergency theatre sessions i.e. where a theatre is staffed and set aside exclusively for emergency or urgent operations (excluding the dedicated trauma lists above)?  <sup>6</sup>  
y n  
*(if no go to Q7)*
- 6a. If yes, how many emergency sessions are there each week? <sup>6a</sup>
- 7. Are emergency out-of-hours operations undertaken in the main theatre complex?  <sup>7</sup>  
y n

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