

## Supplemental Digital Content 1

Preoperative questionnaire for the Lundbeck Foundation Centre for Fast-track Hip and Knee Replacement Database

Date of surgery

Social security number

Joint (knee/hip)

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

Hemoglobin level \_\_\_\_\_ mmol/l

(Taken no more than 1 week previously)

Patient's blood type?

Living conditions (alone, with spouse/others, in institution (nursing home etc.))

Smoking (yes/no)

Alcohol >2 units a day (yes/no)

Do you use walking aids prior to admission?

Are you feeling well rested in the morning?

Do you snore loudly?

Do you use compressive stockings regularly?

Do you receive treatment for high cholesterol (yes/no)

Do you receive treatment for high blood pressure (yes/no)

Do you have Type 1 diabetes (yes/no)

Do you have Type 2 diabetes (yes/no)

Have you had a previous cerebral attack?

Have you had a previous venous thromboembolic event?

Do you receive medication for any type of heart disease?

Do you receive medication for any type of pulmonary disease?

Do you receive medication for any type of psychiatric disease?

Do you have a family member who has had a deep venous thrombosis or pulmonary embolus?

Do you have a contraindication for antithrombotic medication?

Do you use antithrombotic medication regularly (warfarin, acetyl salicylic acid etc)?