## Information request about Prehabilitation Services

Q1)a)	Do you currently offer any prehabilitation services to patients undergoing surgery within your trust?				
	Yes ⊠	No □			

		Smoking cessation	$\boxtimes$				
		Alcohol intake review	$\boxtimes$				
		Other (please state)					
Physic	al Exercise						
	Offered?	Yes ⊠ No □					
	Provided in	Hospital face to face	$\boxtimes$				
		Hospital remote					
		Community					
	Role of Healt	hcare professional providi	ng exercise program? (eg. Physio, Nurse, Doctor)				
	Exercise professionals using the onsite leisure centre						
Frequency of contact with health care professional?							
	Daily, 2-3 times a week,						
			weeks depending on patient/time to treatment				
		e every 2-3 weeks, e a month,					
	Less than once a month						
		Please describe type	of exercise prescribed.				
Nutriti	onal Support						
	Offered? Yes ⊠ No □						
	Provided in	Hospital face to face	$\boxtimes$				
		Hospital remote					
		Community					
	Role of Healthcare professional providing exercise program? (e.g. Dietitian, Nurse, Doctor)  Exercise professionals giving general healthy diet advice, referral to Dietitian in case of malnutrition risk  Frequency of contact with health care professional?						
	Daily		p. 5. 555.51.61.				
	2-3 times a week						

Once a week,