

* 1. What is your subspecialty in ENT and what is your grade?

	Consultant	SAS	ST(3-8)
Otology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head and Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laryngology/Benign head and neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 2. How often do you use animals/humans-derived products in your practice per month?

- ☐ less than once/month
- ☐ one to 4 times/month
- ☐ more than 4 times/month
- ☐ I don't use animal/human derived products

* 3. How many years of experience do you have in using animal/human derived products in your surgery?

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ More than 10 years
- ☐ I don't use animal/human derived products

* 4. Are you aware of the animal/human contents of the products listed below and that you routinely or occasionally use or you are aware of?

	I don't use this product	Human	Porcine	Bovine	I don't know
Tisseel®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gelfoam®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spongostan®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floseal®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artiss®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demineralised Bone Matrix (DBM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dCELL Human Dermis®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permacol®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evicel®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibrin Glue®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zyplast®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zyderm®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artefill®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermalogen®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cymetra®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 5. Do you explain to your patients your intention to use any of these products (please tick which product you would discuss with patient), please indicate the reason.

	Yes	No	Dietary (Vegetarian, Vegan)	Religious (Halal/Koscher/Hinduism/Jahovah witness)	Cultural
Tisseel® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gelfoam® (Porcine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spongostan® (Porcine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floseal®(Bovine and Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artiss®(Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demineralised Bone Matrix (DBM) (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dCELL Human Dermis® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permacol® (Porcine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evicel® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibrin Glue® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zyplast® (Bovine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zyderm® (Bovine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artefill® (Bovine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermalogen® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cymetra® (Human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 6. Would you be guided by a patient appearance, dress, ethnic or cultural background, or documented religion with regards to discussing with them your intention to use any of the aforementioned products?

	Yes	No	In certain circumstances (please use the box below to specify)
Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documented religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify:

* 7. Would you consider changing your surgical plans based on what materials you can or can't use (as indicated by patient)?

- ☐ Yes
- ☐ No

* 8. Would you restrict the use of certain products because of: the religion you follow, the culture you are from, or a diet that you adhere to?

	Yes	No
Religion	<input type="radio"/>	<input type="radio"/>
Culture	<input type="radio"/>	<input type="radio"/>
Diet	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 9. Would you avoid certain materials in your patients based on your own religious/cultural/dietary beliefs?

- ☐ Yes
- ☐ No

* 10. After answering this questionnaire, would you mention certain materials in your consenting process?

- ☐ Yes
- ☐ No

11. Please use the text box below to add any comments/suggestions.