**Supplementary Questionnaire 1**

Survey sent to HQHVSN clinics and animal shelters

Name of Clinic/Shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian filling out form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shelter, HQHVSN clinic or both? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you service:

□shelter animals only □ owned animals only □both shelter animals and owned animals

Annual number of spay/neuter surgeries performed by your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of veterinarians performing surgery that use the same suture cassettes: \_\_\_\_\_\_\_\_\_

Approximate number of hours the suture cassettes are open each day: \_\_\_\_\_\_\_\_\_\_

How often are the cassettes replaced (days, weeks or months)?: \_\_\_\_\_\_\_\_\_\_\_

Are suture cassettes replaced only when they are empty? Or on a set time schedule? \_\_\_\_\_\_\_\_\_\_

Please answer the following questions regarding your technique of “tipping”1 your suture before use. There will then be an open ended question where we ask you to describe your “tipping” technique. Please be thorough in your answer.

1 “Tipping” = Pulling exposed suture out of the cassette and removing the portion of the suture that was left out of the cassette overnight. The purpose of “tipping” the suture is to ensure that the suture being used was within the cassette overnight and had not become contaminated.

Do you “tip” your suture before use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long before you begin surgery do you “tip” your suture? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you personally “tip” your suture or does an assistant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your suture cassettes routinely get closed overnight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consistently “tip” your suture every day before beginning surgery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the physical technique you use to “tip” suture:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you learn to use suture cassettes and how to “tip” suture? Please select whichever applies.

□ ASPCA Spay/Neuter Alliance (previously known as Humane Alliance)

□ HQHVSN training clinic (Name of clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ Veterinary school (Name of veterinary school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ On the job – another veterinarian taught you how to use suture cassettes

□ On the job – you taught yourself how to use suture cassettes

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out the information below in regards to the samples you provided of suture. Please write N/A for any suture sample you did not submit.**

Suture sample 1

Number written on tube of enrichment broth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand of suture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of suture (e.g., PDS vs monocryl): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size of suture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date of suture cassette: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suture sample 2

Number on tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suture sample 3

Number on tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suture sample 4

Number on tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suture sample 5

Number on tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.: \_\_\_\_\_\_\_\_\_\_