**SUPPLEMENTAL DIGITAL CONTENT 1: Interview guides**

***Patient interview guide***

1. Have you ever had surgery before? If so, when and for what condition(s)?
   1. What was your experience with anesthesia during your previous surgery/surgeries?
   2. Did you talk about anesthesia before any of these surgeries? What do you remember about the nature of that discussion?
2. What medical providers have you talked to about your upcoming surgery? (Surgeon, PCP, nurses)
   1. What did you talk about during these conversations?
   2. Did you talk about anesthesia in any of these previous conversations?
3. Have you talked to anyone outside of medicine about your surgery? (Family, friends)
   1. What did you talk about during these conversations?
   2. Do you know anyone who has had knee replacement surgery?
   3. Did you talk about anesthesia in any of these previous conversations?
4. What other sources of information about your surgery have you accessed? (Internet, informational pamphlets)
   1. Have you seen anything in the media (TV, news, etc.) about surgery or anesthesia?
5. Do you have any particular concerns about undergoing anesthesia for your surgery? ([If no] Why not? [If yes] Why is this a concern?)
   1. What is your level of comfort with being conscious during surgery? Why?
   2. What is your level of concern about experiencing pain during or after surgery? Why?
6. Do you expect to talk with your anesthesiologist prior to surgery today?
   1. [If yes] What do you expect to talk about in that discussion?

***Anesthesiologist interview guide***

1. Before we get started with my questions about anesthesia decision making, I have a few survey questions for you...
   1. How old are you?
   2. Have you completed any subspecialty training? If so, in which field(s)?
   3. How long have you been in independent practice?
   4. Which faculty track are you on?
2. Entering the preoperative consultation with a primary knee replacement patient, what are your main concerns?
   1. Do you have a general preference for regional/spinal or general anesthesia for primary knee replacement procedures?
      1. How did you develop this preference? Training, experience, research, folklore, etc.?
   2. How much information do you typically know about the patient prior to the preop consult? What do you consider to be indications and contraindications for regional/spinal or general anesthesia?
   3. Are there conditions in which you would always or never use one technique? Would you think it would ever be unethical or negligent to do or not do a particular type of anesthesia in those situations? Why?
3. You begin the preop consultation. What are you aiming to achieve overall in your conversation with the patient?
   1. Is there any specific information that you’re looking to get from the patient during the consult that may affect your recommendation?
   2. What patient characteristics influence your preference for regional/spinal or general anesthesia? (Do you consider the patient’s medical characteristics or the patient’s preferences to be more influential in your decision-making?)
4. Do you have a strategy or set routine for how to bring up the anesthetic options, what order you present them, or how you talk about each one?
   1. To what extent do you offer a 50/50 (purely elective) choice to the patient as opposed to recommending that they pursue a particular technique? Does it vary depending on the case?
   2. Are there particular circumstances that cause you to advise the patient more strongly rather than presenting a choice for the patient to make?
5. How often do patients come in predisposed or certain that they need a particular type of anesthesia for knee replacements (or other surgeries)?
   1. How do they communicate their predisposition for regional/spinal or general anesthesia? What reasons do they typically give for their preference?
   2. How do you handle situations in which the patient is strongly predisposed to go with an anesthetic approach that you don’t believe is the right one, or disagrees outright with your recommendation?
6. Are there times when you think the patient’s understanding of regional and/or general anesthesia is inaccurate?
   1. [If yes] How do you respond to these situations?
7. Where do you think your patients are getting their ideas about regional and general anesthesia? (PCP, surgeon, nurses, informational flyers, internet, friends, family, etc.)
   1. Which of these resources do you think has the most impact on your patients’ understanding of anesthesia?
   2. Which of these resources do you think are the most accurate and which of these resources do you think are the most inaccurate?
   3. How do you think the identity of the surgeon influences patient understanding of anesthesia?