

Q1

I WAS SATISFIED WITH MY OVERALL ANESTHESIA EXPERIENCE. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q2

BEFORE ANESTHESIA, I WAS ABLE TO ASK THE ANESTHESIA PRACTITIONER THE QUESTIONS I WANTED. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q3

THE INFORMATION GIVEN TO ME BY THE ANESTHESIA PRACTITIONERS WAS UNDERSTANDABLE. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q4

AFTER ANESTHESIA, I WAS SATISFIED WITH MY PAIN MANAGEMENT. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q5

AFTER ANESTHESIA, I WOULD RATE MY NAUSEA AND VOMITING AS WELL CONTROLLED. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q6

THE ANESTHESIA DISCHARGE INSTRUCTIONS PROVIDED TO ME WERE EASY TO UNDERSTAND AND FOLLOW. (1-5)

- Disagree very much (1)
- Disagree slightly (2)
- Neutral (3)
- Agree slightly (4)
- Agree very much (5)

Q7

WERE YOU TRANSFERRED TO A DIFFERENT FACILITY AFTER DISCHARGE?

- Yes
- No