# Perioperative period patient experience (anaesthesia practice) - survey

<table>
<thead>
<tr>
<th>Date of surgery: <strong><strong>/</strong></strong>/____</th>
<th>Today's date: <strong><strong>/</strong></strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of anaesthetist:</td>
<td></td>
</tr>
<tr>
<td>Please tell us your gender:</td>
<td>M [ ] F [ ]</td>
</tr>
<tr>
<td>Age</td>
<td>[ ] 18-24 [ ] 25-34 [ ] 35-44 [ ] 45-54 [ ] 55-64 [ ] 65-74 [ ] 75 or older [ ]</td>
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</tbody>
</table>

For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:

1 is poor   5 is excellent

Please rate your anaesthetist for the following behaviours:

1. Did you have pain before surgery?  
   Yes / No (circle)

2. Was your anaesthetist involved in managing your pain before surgery?  
   Yes / No (circle)  
   If yes, how well do you think we managed your pain?  
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]  
   Are there any comments you would like to make?

3. Did you feel like you had time to ask your anaesthetist questions before your surgery?  
   Yes / No (circle)  
   If yes, how well were those questions answered?  
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]  
   Are there any comments you would like to make?

4. Did you understand the information about your anaesthetic that was given to you before your surgery?  
   Yes / No (circle)  
   If yes, how useful did you find the information?  
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]  
   Are there any comments you would like to make?
5. Did you feel like your anaesthetist listened to you?  
   Are there any comments you would like to make?  
   Yes / No (circle)  

6. Did you feel rushed?  
   Are there any comments you would like to make?  
   Yes / No (circle)  

7. Did you feel scared or anxious before your surgery?  
   If yes, how well did your anesthetist manage your fear and anxiety?  
   YES / NO (circle)  
   Comments  

8. Did your anesthetist explain to you how you might feel after the surgery?  
   Comments  
   Yes / No (circle)  

9. Did you feel nauseated and/or vomit immediately after the surgery?  
   If yes, how well was it treated?  
   Comments  
   Yes / No (circle)
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>10. Were you in pain after the operation?</td>
<td>Yes / No (circle)</td>
</tr>
<tr>
<td>If yes, how effective was your pain treatment?</td>
<td>1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>11. Were you cold or shivering after the surgery?</td>
<td>Yes / No (circle)</td>
</tr>
<tr>
<td>If yes, how well was it managed?</td>
<td>1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
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<tr>
<td>12. If you had a positive experience, please tell us about it.</td>
<td></td>
</tr>
<tr>
<td>13. If you had a negative experience, please tell us about it.</td>
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<tr>
<td>14. Do you have any suggestions about how your care could have been improved?</td>
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