

**Patient Information:**

**Gender:**      Male     Female

**Age:**

- younger than 5     35 - 44  
 5 - 14                 45 - 54  
 15 - 24                55 - 64  
 25 - 34                65 - or over

**This questionnaire is being completed by:**

- Self (Patient)     Caregiver/Parent

Physician's Name:

**Marking Instructions**

Please indicate your answer by filling in the bubbles *like this*, ● **not like** ⊗ or ✓. Thank you!

**Interpretation of the Rating Scale**

Indicate how much you agree with the statements on the left side of the page using the following scale:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	UNABLE TO ASSESS
	1	2	3	4	5	UA
1. Showed interest in my anesthetic concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Asked appropriate details about my personal health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Answered my questions well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Talked with me about anesthetic options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Offered me an opportunity to participate in the decision about the type of anesthetic I would receive, if an option was available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Gave appropriate consideration to my need for privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Provided appropriate follow-up information pertaining to my anesthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Overall Satisfaction</b>						
9. Overall I was satisfied with my anesthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would be happy to have the same Anesthesiologist again for a future operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would be happy to have the same anesthetic again for a future operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>