

Presurgical Anesthesia Questionnaire

Our anesthesia team at FASC strives to make your surgical experience as positive and stress free as possible. In order to help us achieve this, and to tailor your care specifically for you, I ask for a moment of your time to fill out the following survey regarding your concerns about your surgery and anesthesia.

To what degree are you concerned about the following:

0 --not concerned

5--extremely concerned

- | | | | | | |
|--|---|---|---|---|---|
| 1. The idea of general anesthesia (being "put to sleep") | 1 | 2 | 3 | 4 | 5 |
| 2. The idea of regional anesthesia (having an arm or leg numbed) | 1 | 2 | 3 | 4 | 5 |
| 3. The skill of my Anesthesiologist | 1 | 2 | 3 | 4 | 5 |
| 4. The skill of my Surgeon | 1 | 2 | 3 | 4 | 5 |
| 5. The compassion of my Anesthesiologist | 1 | 2 | 3 | 4 | 5 |
| 6. The compassion of my Surgeon | 1 | 2 | 3 | 4 | 5 |
| 7. The compassion of the nursing staff | 1 | 2 | 3 | 4 | 5 |
| 8. Not being able to eat or drink prior to surgery | 1 | 2 | 3 | 4 | 5 |
| 9. Pain after surgery | 1 | 2 | 3 | 4 | 5 |
| 10. Nausea after surgery | 1 | 2 | 3 | 4 | 5 |
| 11. Being "aware" during my surgery | 1 | 2 | 3 | 4 | 5 |
| 12. The comfort of my surroundings | 1 | 2 | 3 | 4 | 5 |
| 13. Being cold/hot after surgery | 1 | 2 | 3 | 4 | 5 |
| 14. Being separated from my family/child | 1 | 2 | 3 | 4 | 5 |
| 15. Going home after surgery | 1 | 2 | 3 | 4 | 5 |

Please list any other concerns not mentioned above:

Thank you for taking the time to complete this survey. We will make sure to address your specific concerns. Remember also that an anesthesiologist is available at all times at FASC to see you and answer any questions that you may have either before or after surgery.

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