SNAP-1
Sprint National Anaesthesia Project

HSRC
Health Services Research Centre
NIAA National Institute of Academic Anaesthesia

The Royal College of Anaesthetists

Website: http://www.niaa-hsrc.org.uk/SNAPs

Today's date:

At any stage after your operation have you had the following (please tick one box for each question 1-10):

	No	Yes, moderate	Yes, severe
1. Drowsiness	☐	☐	☐
2. Pain at the site of surgery	☐	☐	☐
3. Thirst	☐	☐	☐
4. Hoarseness	☐	☐	☐
5. Sore throat	☐	☐	☐
6. Nausea or vomiting	☐	☐	☐
7. Feeling cold	☐	☐	☐
8. Confusion or disorientation	☐	☐	☐
9. Pain at the site of the anaesthetic injection	☐	☐	☐
10. Shivering	☐	☐	☐

Satisfaction with anaesthesia care (please tick one box for each question 11-16):

11. How satisfied were you with the information you were given by the anaesthesist before the operation?

☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied** ☐ **Very dissatisfied**

12. How satisfied were you waking up from anaesthesia?

☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied** ☐ **Very dissatisfied**

13. How satisfied have you been with pain therapy after surgery?

☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied** ☐ **Very dissatisfied**

14. How satisfied were you with treatment of nausea and vomiting after the operation?

☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied** ☐ **Very dissatisfied**

15. How satisfied were you with the care provided by the department of anaesthesia in general?

☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied** ☐ **Very dissatisfied**

16. Would you recommend this anaesthetic service to friends and family? **YES**☐ **NO**☐

17. Were you expecting to have a general anaesthetic (be completely asleep) for this operation? No ☐ Yes ☐

18. What is the last thing you remember before going to sleep (please tick one box)?

-Being in the pre-operative area	☐	-Seeing the operating room	☐
-Being with family	☐	-Hearing voices	☐
-Feeling mask on face	☐	-Smell of gas	☐
-Burning or stinging in the IV line	☐	-Not applicable	☐

-Other [Please write below]:

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19. What is the first thing you remember after waking up (please tick one box)?

-Hearing voices	☐	-Feeling breathing tube	☐
-Feeling mask on face	☐	-Feeling pain	☐
-Seeing the operating room	☐	-Being in the recovery room	☐
-Being with family	☐	-Being in the intensive care unit	☐
-Nothing	☐	-Not applicable	☐

-Other [Please write below]:

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20. Do you remember anything between going to sleep and waking up (please tick box)?

-No ☐

-Yes: -Hearing voices	☐	-Hearing events of the surgery	☐
-Unable to move or breathe	☐	-Anxiety/stress	☐
-Feeling pain	☐	-Sensation of breathing tube	☐
-Feeling surgery without pain	☐	-Not applicable	☐

-Other [Please write below]

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21. Did you dream during your procedure (please tick box)?

-No ☐ -Yes ☐

-What about [Please write below]:

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22. Were your dreams disturbing to you (please tick box)?

-No ☐ -Yes ☐

23. What was the worst thing about your operation (please tick box)?

-Anxiety	☐	-Pain	☐
-Recovery process	☐	-Unable to carry out usual activities	☐
-Awareness	☐	-Other [Please write below]:	

Thank you for taking the time to complete this questionnaire!