PATIENT ANESTHESIA SATISFACTION FORM

1. Date of Satisfaction Form Completed: MM-DD-YYYY

2. Which of the following did the patient remember about their anesthetic experience?
   (Check all that apply)
   - Pain during procedure (after anesthetic was given)
   - Discharge instructions
   - None of the above

3. If patient received deep or general anesthesia, was put to sleep or received other medications to relax them during the procedure, which of the following did they remember about their anesthetic experience?
   - Being awake and ABLE to communicate during procedure
   - Being awake but UNABLE to communicate during procedure
   - Did not remember anything about the procedure
   - N/A: Local anesthetic alone or minimum sedation used

4. How satisfied was the patient with their anesthetic experience.
   - Extremely satisfied
   - Moderately satisfied
   - Moderately dissatisfied
   - Extremely dissatisfied

5. Would they recommend the same kind of anesthetic to a loved one?
   - No
   - Yes

6. How anxious would the patient be if he/she were to have the same kind of anesthesia in the future?
   - Not anxious
   - Somewhat anxious
   - Moderately anxious
   - Extremely anxious
   - Panic stricken