PRE-OPERATIVE QUESTIONNAIRE

1. **MRD. No.** : ……
2. **Name** : ……
3. **Gender** : Male ☐ Female ☐ Others ☐
4. **Age** : ……
5. **Marital Status** : ……
6. **Residence** : City ☐ Village ☐ Town ☐
7. **Education Level**

- Post Graduate/ Professional Degree ☐
- Graduate ☐
- Higher Sec School (passed Class 12) ☐
- High School (Passed Class 10) ☐
- Middle School (Passed Class 8) ☐
- Literate, less than middle school (< Class 8 pass) ☐
- Illiterate ☐

8. **Occupation**

- Professional (Doctor, Advocate, Engineer, Professor, College principles) ☐
- Semi Professional (High School teachers, College Lecturers, Junior medical practitioner) ☐
- Arithmatic skill jobs (Clerk, Accountant, Typist, Elementary school teacher) ☐
- Skilled Worker (Driver, Mason, Carpentor, Mechanic) ☐
- Semi Skilled worker (Factory labourer, car cleaner, small shopkeeper) ☐
- Unskilled (Domestic Servant, Peon, Watchman) ☐
- Unemployed ☐

9. **Past Medical History:** ……
10. **Past Surgical History**: ……
12. **Current Surgery**: ……
13. **Smoking history :** …….
14. **Alcohol history:** ……..
15. **Drug history:** …….

16. Does any of the following is currently bothering you?

1. Fear of Feeling pain during surgery ☐
2. Fear of results of surgery ☐
3. Fear of feeling pain after surgery ☐
4. Waking up during surgery ☐
5. Fear of complications ☐
6. Concern about family ☐
7. Financial burden ☐
8. Fear of unknown ☐
9. Others ☐
10. None ☐

POST-OPERATIVE QUESTIONNAIRE

MRD No.:…… **Time since operation**……

1. Do you think you were given adequate information about anesthesia?

Yes ☐ No ☐

2. Do you think if you were more information about anesthesia, it would have made you more released?

Yes ☐ No ☐

3. Do you think you were given adequate information about surgery?

Yes ☐ No ☐

4. Do you think if you were given more information about surgery, it would have made you more relaxed?

Yes ☐ No ☐