**PATIENT SURVERY**

**(TO BE COMPLETED JUST BEFORE THE PATIENT IS SENT FOR)**

**1)**     **What advice were you given about what time you needed to stop eating and drinking before your operation?**

EATING:     DRINKING:

**2)**     **Do you know why you need stop eating and drinking before an operation?**

YES     NO

**3)**     **What time did you last eat and drink something?**

EAT:      DRINK (Clear Fluids ONLY):

**4)**     **What time did you arrive at the hospital today?**

**5)**     **Were you told, after you arrived in hospital, what time your operation will be today?**

Yes     NO

**6)**     **How long did you think you’d have to wait before your operation started today?**

Less than 2hrs    2-6hrs    More than 6hrs

**7)**     **If you have had to wait more than 2 hours for your operation, have you been allowed to drink anything?**

YES

NO

NOT HAD TO WAIT MORE THAN 2 HOURS

**8)**     **If you have had to wait more than 6 hours for your operation, have you been allowed to eat anything?**

YES

NO

NOT HAD TO WAIT MORE THAN 6 HOURS

**9)**     **On the scale below please tick how hungry and thirsty you feel now**

**Hungry**:    **Thirsty**:

Not at all          Not at all

Mild Hunger       Mild Thirst

Moderate Hunger        Moderate Thirst

Severe Hunger         Severe Thirst

**10)**     **On the following scale please rate you overall satisfaction with today**

Excellent

Good

Average

Poor

**11)**     **In the space below please write down any comments you’d like to express with regards to your experience today (use the other side of this sheet if necessary).**