

Post-Surgery Surgeon Survey

Instructions for the survey: Please select the response you feel best describes the statement based on this subject's surgical procedure.

Surgery Group Type (please select one): Cataract Retina Cornea Glaucoma

Type of Local Anesthesia (please select one): Topical Subconjunctival Subtenon's Retrobulbar or peribulbar

1. I was satisfied with the anesthesia administered during surgery
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
2. The patient's pain level well controlled
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
3. The patient's anxiety level was well controlled
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
4. There was no undesired movement
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
5. The patient was cooperative
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
6. If a complication occurred, do you feel it was related to the patient's anesthesia?
Disagree very much Disagree Disagree a little Agree a little Agree Agree very much
 - a. Type of complication that occurred: _____
7. Did you need to request additional pain medications from the anesthesiologist?
 - a. Yes
 - b. No

<p>Research Staff Use Only:</p> <p>Study ID#: _____</p> <p>Date of surgery: _____</p> <p>Ophthalmology surgeon: _____</p> <p>Date of survey completion: _____</p> <p>Name of survey administrator: _____</p>
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Post-Surgery Anesthesiologist/CRNA Survey

Instructions for the survey: Please select the response you feel best describes the statement based on this subject's surgical procedure.

1. The patient's pain level was well controlled

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

2. The patient's anxiety level was well controlled

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

3. Intravenous (IV) medication was required for breakthrough pain during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

4. There was no undesired movement

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

5. The patient was cooperative

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

6. If a complication occurred, do you feel it was related to the patient's anesthesia?

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

a. Type of complication: _____

<p>Research Staff Use Only:</p> <p>Study ID#: _____</p> <p>Date of surgery: _____</p> <p>Ophthalmology surgeon: _____</p> <p>Date of survey completion: _____</p> <p>Name of survey administrator: _____</p>
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Post-Surgery Patient Survey

Title of Project: A randomized, double-blind, clinical trial to compare oral sedation to intravenous sedation for ocular procedures

IRB Number: H-36590

Principal Investigator: Manju Subramanian, MD

Instructions for the survey: Please complete this survey independently without the help of your family members or friends. We want to know about your personal experience.

When answering each question below, check the box next to the response you feel best describes the statement. There is no right or wrong answer.

1. I hurt during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

2. I felt good during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

3. I felt pain during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

4. I was satisfied with the anesthesia care (relaxing medication) during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

5. I itched during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

6. I felt relaxed during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

7. I felt safe during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

Post-Surgery Patient Survey

Title of Project: A randomized, double-blind, clinical trial to compare oral sedation to intravenous sedation for ocular procedures

IRB Number: H-36590

Principal Investigator: Manju Subramanian, MD

8. I threw up after surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

9. I felt like throwing up after surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

10. I would have the same anesthetic (relaxing medication) again

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

11. I was too hot or cold during surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

12. My pain level was as expected and well controlled during the surgery

Disagree very much Disagree Disagree a little Agree a little Agree Agree very much

13. During your operation, your anesthesiologist gave you a medication to make you feel more calm, relaxed and/or sleepy. If you were to have this type of surgery again, would you prefer:

More medicine Same medicine Less medicine No medicine

Research Staff Use Only:

Study ID#: _____

Date of surgery: _____

Ophthalmology surgeon: _____

Date of survey completion: _____

Name of survey administrator: _____