Measuring patient satisfaction with anaesthesia: perioperative questionnaire versus standardised face-to-face interview

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Background: Patient satisfaction represents an essential part of quality management. Measuring the degree of patient satisfaction can be achieved with a variety of tools such as postoperative visits and patient questionnaires. The primary aim of this study was to quantify the degree of patient satisfaction with anaesthesia. A secondary aim was to compare the questionnaire technique with standardised face-to-face interviewing.

Methods: The authors prospectively studied 700 patients on the second postoperative day. Patients were randomised and allocated to complete either a written questionnaire or to answer the same questions during a standardised face-to-face interview. The questionnaire was subdivided into a set of questions on anaesthesia-related discomfort and another set on satisfaction with anaesthesia care in general. The questions on discomfort were assessed on a 3-point scale, and those on patient satisfaction on a 4-point scale.

Results: Response rate was 84% (589 of 700 patients). Internal consistency, as measured by Cronbach’s $\alpha$, was 0.84. When evaluating the questions on anaesthesia-related discomfort, the most frequent sensations were “drowsiness” (>75%), “pain at the surgical site” (>55%), and “thirst” (>50%). The data on patient satisfaction showed a high degree of satisfaction (>90%). The responses to questions on anaesthesia-related discomfort revealed only minor differences between the questionnaire and the face-to-face interview. The questions on satisfaction with anaesthesia, however, were answered consistently in a more critical manner during the interview ($P<0.0001$).

Conclusions: The standardised interview may be more suited to determine patient satisfaction than a questionnaire. Quality improvements are possible for emergence from anaesthesia, postoperative pain therapy, and the treatment of postoperative nausea and vomiting.

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Key words: Anesthesia; outcome; patient satisfaction; discomfort; measurement techniques; questionnaire; interview.

Measuring patient satisfaction with anaesthesia has become important: it ensures the quality of anaesthesia care (1), improves and intensifies the anaesthesiologist-to-patient relationship (2, 3), and can also be seen as a marketing tool in terms of customer orientation (4).

Measuring patient satisfaction can prove to be a difficult task (5–7). Patients frequently have problems analysing and assessing the quality of anaesthesia care independently from the overall care during treatment (8). Furthermore, the asymmetry of the physician-to-patient relationship (9) and the subjective feeling of gratefulness after a successful operation (10) often prevent an objective and valid evaluation by the patient. In addition to these factors, the methods used to measure patient satisfaction involve specific problems. With regard to the questionnaire, the “trend towards the centre” is a well-known phenomenon (11), while the interviewer–patient interaction tends to reduce the relevance of the evaluation in the interviewing technique (12).

The primary aim of this study was to quantify the degree of patient satisfaction with anaesthesia and therefore to allow a comparison with future quality control studies. A secondary aim was to compare the questionnaire technique with standardised face-to-face interviewing.

Material and methods

Patients

Following institutional approval and informed consent, adult patients undergoing elective surgery and requiring hospitalisation were included prospectively. Patients were excluded when a postoperative stay in
the intensive care unit was expected, when there were pronounced cognitive and/or speech barriers, and when repeat anaesthesia was performed during the same hospital stay. The calculation of the number of patients to be included in the study was related to the numbers of elective surgeries in our hospital. As we have twice more general surgery patients evaluated than patients of the other clinics, out of a total of 700 included patients 219 were general, 96 vascular, 85 trauma, 102 urological, 101 ear, nose and throat (ENT), and 97 gynaecological surgery patients.

Questionnaire and interview
Patients were randomly allocated to the questionnaire or the interview group using the registration numbers of the anaesthesia protocols. Patients with odd numbers were assigned to the questionnaire group, while patients with even numbers were interviewed. These numbers also allowed for a subsequent correlation of the study results with events recorded on the intra- and postoperative patient protocols.

Without exception, all patients were seen on the morning of the second postoperative day by the same investigator, who was not a member of the anaesthesia team. This investigator introduced herself to both patient groups and explained the aim of this study to the individual patient. The “questionnaire group” was then asked to complete the questionnaire and this was then collected one hour later. In the “interview group”, great emphasis was placed on not influencing the patient in any way, and to avoid this, only clarification of the questions was permitted, and an open conversation with the patient was deliberately avoided.

Initial set of questions
A questionnaire was developed for use in both study groups. We collected a pool of questions dealing with criteria to determine the quality of anaesthesia and patient satisfaction with anaesthesia care and then selected the questions on the basis of anaesthesia-related discomfort and on the patients’ subjective evaluation of anaesthesia. During the selection process the question pool was then reduced from more than 50 questions to a total of 25; out of these, 15 questions were intended to provide data on anaesthesia-related discomfort, while 10 dealt with the subjective evaluation of satisfaction with anaesthesia care. The questions on anaesthesia-related discomfort were posed in a semi-dichotomous scale (no/yes, moderate/yes, severe); the questions on satisfaction with anaesthesia care were given on a 4-item scale (very satisfied/satisfied/dissatisfied/very dissatisfied).

Pre-testing and final set of questions
In a pre-test including 40 general surgery patients, these 25 questions were evaluated in order to find out whether they are suitable to detect quality problems. Twenty patients completed the questionnaire, while the others participated in a standardised interview which was conducted on the basis of this questionnaire. This pre-test phase concluded that the study design was feasible. In addition, the questionnaire was accepted by the target group, it was completed within a short period of time, and the patients understood the meaning of the questions. As we gained experience during the pre-test phase, the number of questions was reduced even further so that the final questionnaire included 15 questions: 10 dealt with anaesthesia-related discomfort and 5 with subjective patient satisfaction with anaesthesia care.

Reliability, internal consistency, and validity
Reliability reflects the extent to which a questionnaire produces consistent results if repeated measurements are made (8). To assess reliability, we asked 20 pre-test patients to complete an identical questionnaire at least 3 days after the original questionnaire. This showed no significant difference when using the McNemar test. Thus, the questionnaire designed for this study proved to have test–retest reliability.

In addition, we used Cronbach’s $\alpha$ as an index of internal consistency (13–15) to establish whether all items measured different aspects of one attribute (e.g. patient satisfaction) and not different attributes. When responses to questions are not correlated, Cronbach’s $\alpha$ equals zero. The maximum value for Cronbach’s $\alpha$ is 1. In this study, Cronbach’s $\alpha$ was 0.84 (n=589). Because the value for Cronbach’s $\alpha$ well exceeded the lowest acceptable values (0.6–0.7) (8), responses to each question in our questionnaire were correlated in their assessment of patient satisfaction with anaesthesia care.

Content validity refers to capacity of a study to measure all the dimensions of the phenomenon under investigation or the degree to which an empirical measurement reflects and includes the specific areas of the problem being studied. In order for the questionnaire to have content validity, the questions must be representative of patient satisfaction with anaesthesia. We therefore collected the initial set of questions using the experience of other anaesthesiologists, postanaesthesia care unit (PACU) nurses and experts in the development of patient satisfaction questionnaires. Moreover, a search of the medical literature (search line: PubMed, National Library of Medicine)
Measuring patient satisfaction

Table 1

<table>
<thead>
<tr>
<th>Surgical specialty</th>
<th>Patients included</th>
<th>Patients evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgery</td>
<td>219 (116/103)</td>
<td>191 (104/87)</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>96 (44/52)</td>
<td>76 (36/40)</td>
</tr>
<tr>
<td>Trauma surgery</td>
<td>85 (43/42)</td>
<td>64 (32/32)</td>
</tr>
<tr>
<td>Urological surgery</td>
<td>102 (49/53)</td>
<td>91 (46/45)</td>
</tr>
<tr>
<td>ENT surgery</td>
<td>101 (49/52)</td>
<td>88 (42/46)</td>
</tr>
<tr>
<td>Gynaecological surgery</td>
<td>97 (51/46)</td>
<td>79 (42/37)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>700 (352/348)</td>
<td>589 (302/287)</td>
</tr>
</tbody>
</table>

" Total, † Questionnaire, ‡ Interview.

was performed to find validated material. Thus, we believe that the questionnaire has content validity.

Statistical analysis

All questionnaire and interview responses were entered into a database on the same day as they were collected. In addition, the patient-related data, i.e. age, sex, marital status, anaesthetic technique, duration of anaesthesia, type and quantity of perioperative antiemetic measures, and postoperative analgesic therapy in the PACU, were entered into the database. Data were grouped by category and analysed by χ² analysis with Yates correction. For assessing agreement between the two methods of measurement, the algorithm recommended by Bland and Altman was used (16). Significance was assigned when P was <0.05.

Results

Patient population and response rate

The patient population included in the study consisted of 700 adult surgical patients (see Table 1). A total of 111 of these 700 patients (corresponding to 15.9%) were not available for evaluation. These patients had either been discharged from hospital on the second postoperative day or had refused to participate in the study. Thus, 589 patients were finally evaluated, which corresponds to a response rate of 84.1%. The questionnaire group consisted of 302 patients, while the standardised interview on the basis of the questionnaire was performed in 287 patients.

Both groups were comparable with regard to age, sex, marital status, anaesthetic technique, duration of anaesthesia, type and quantity of perioperative antiemetic measures, and postoperative analgesic therapy in the PACU.

Table 2

Response to the questions on anaesthesia-related discomfort (%).

<table>
<thead>
<tr>
<th>Question</th>
<th>No (%)</th>
<th>Yes, moderate (%)</th>
<th>Yes, severe (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowsiness**</td>
<td>21.1 (25.0/17.2)</td>
<td>42.8 (50.7/35.1)</td>
<td>36.1 (24.3/47.8)</td>
</tr>
<tr>
<td>Pain at the site of surgery*</td>
<td>43.5 (40.6/46.4)</td>
<td>36.8 (42.0/31.6)</td>
<td>19.7 (17.4/22.0)</td>
</tr>
<tr>
<td>Thirst*</td>
<td>46.8 (42.4/51.2)</td>
<td>36.4 (41.3/31.6)</td>
<td>16.8 (16.3/17.2)</td>
</tr>
<tr>
<td>Hoarseness</td>
<td>66.7 (71.9/61.5)</td>
<td>25.0 (21.2/28.9)</td>
<td>8.3 (6.9/9.6)</td>
</tr>
<tr>
<td>Sore throat</td>
<td>67.7 (69.1/66.3)</td>
<td>25.7 (25.0/26.5)</td>
<td>6.6 (5.9/7.2)</td>
</tr>
<tr>
<td>PONV</td>
<td>75.6 (74.7/76.6)</td>
<td>15.7 (16.3/15.1)</td>
<td>8.6 (9.0/8.2)</td>
</tr>
<tr>
<td>Feeling of cold</td>
<td>76.5 (73.3/79.7)</td>
<td>14.7 (15.3/14.1)</td>
<td>8.8 (11.5/6.2)</td>
</tr>
<tr>
<td>Cognitive deficits</td>
<td>79.1 (75.3/82.8)</td>
<td>17.6 (20.8/14.4)</td>
<td>3.3 (3.8/2.7)</td>
</tr>
<tr>
<td>Pain at the site of injection</td>
<td>84.1 (81.9/86.3)</td>
<td>13.6 (15.3/12.0)</td>
<td>2.2 (2.8/1.7)</td>
</tr>
<tr>
<td>Shivering</td>
<td>85.1 (81.9/88.3)</td>
<td>8.8 (10.4/7.2)</td>
<td>6.0 (7.6/4.5)</td>
</tr>
</tbody>
</table>

" Total, † Questionnaire, ‡ Interview.

** P<0.0001, * P<0.05. Significant difference between questionnaire and interview.
How satisfied were you with the information you were given by the anaesthesiologist before the operation?

Fig. 1. Response to the question on satisfaction with the preoperative visit (n=589, ** P<0.0001).

How satisfied have you been with pain therapy after surgery?

Fig. 3. Response to the question on satisfaction with treatment of pain (n=401 patients complained about postoperative pain, ** P<0.0001).

How satisfied were you with emergence from anaesthesia?

Fig. 2. Response to the question on satisfaction with emergence from anaesthesia (n=589, ** P<0.0001).

reported in 20% of cases. Of all patients, 3.3% viewed these deficits as severe. Pain at the injection site was experienced by 15% of patients, with 2% considering this severe.

When comparing the written questionnaire with the personal interview, there were no significant differences in the responses to hoarseness, sore throat, PONV, feeling of cold and shivering, cognitive function, and pain at the injection site. Moderate differences between the two forms of questioning (P<0.05) were seen for pain over the incision and for thirst. Only one item showed a highly significant difference between questionnaire and interview (P<0.0001): postoperative drowsiness, which was recorded by between 75% (questionnaire) and 82.8% (interview) of patients, was viewed in a more critical manner in the interview technique (24.3% severe drowsiness versus 47.8% [interview]).

Satisfaction with anaesthesia care
The second part of the questionnaire included questions on the patient’s satisfaction with the preoperative visit by the anaesthesiologist, with emergence from anaesthesia, with postoperative treatment of pain, with treatment of PONV, and with the department of anaesthesia in general.

Analysis of this second part of the questionnaire yielded highly significant differences between the two forms of questioning (P<0.0001). The responses during the interview proved to be far more critical than the written questionnaire. One example is that only 54% of interviewees were “very satisfied” with the information provided by the anaesthesiologist during the preoperative visit, while 77% of the questionnaire group chose “very satisfied” (Fig. 1). The question on satisfaction with emergence from anaesthesia was answered as “very satisfied” by only 30% of interviewees, 63% were “satisfied”, and 7% were “dissatisfied” or “very dissatisfied”. In the written questionnaire group, these numbers were 57%, 38%, and 5%, respectively (Fig. 2).

A total of 401 patients (57.3%) complained of postoperative pain and gave their opinion on satisfaction with postoperative pain therapy. In the questionnaire group, 60% were “very satisfied” with the treatment of pain, 35% were “satisfied”, and 5% were “dissatisfied”. Of patients interviewed, however, only 36% were “very satisfied” with treatment, 57% were “satisfied”, and 7% were “dissatisfied” (Fig. 3).

A total of 174 patients (almost 25%) complained about PONV. In the questionnaire group, 60% were “very satisfied” with treatment, 35% were “satisfied”, and 5% “dissatisfied”. In the interview group, however, only 25% were “very satisfied”, 55% “satisfied”, and 20% “dissatisfied” (Fig. 4).
How satisfied were you with treatment of nausea and vomiting after the operation?

![Graph showing response to the question on satisfaction with treatment of PONV (n=174 patients complained about PONV, **P<0.0001).](image)

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

![Graph showing response to the question on overall satisfaction with the department of anaesthesia (n=589, **P<0.0001).](image)

When asked about the overall satisfaction with the department of anaesthesia, the interview patients voiced significantly more criticism than those in the questionnaire group. Of the questionnaire patients, 74% were “very satisfied”, while 24% were “satisfied”. In the interview group, only 43% of patients were “very satisfied” and 55% were “satisfied” with the anaesthesia department (Fig. 5).

Discussion

Development of the questionnaire

We designed a questionnaire which enabled a consistent, reliable, and valid evaluation of patient satisfaction with anaesthesia care, and allowed the patient to complete the form quickly and on their own. This aim was achieved by restricting the questionnaire to only 15 questions. The questions were written in a manner that ensured clarity and a high response rate. Each question expressed only one concept and represented a statement designed to assess how satisfied patients were with anaesthesia care.

Although awareness is a well-known problem in anaesthesia, we did not include a specific question about awareness. We think that, due to the low incidence and to the fact that none of the 40 pre-tested patients experienced awareness, the number of patients studied in this case makes it impossible to evaluate the problem of awareness during anaesthesia. Further studies with a larger number of patients are in preparation. Nevertheless, the patients included in our study were able to quote their degree of satisfaction with anaesthesia care (see appendix, question 15) and should awareness have occurred the patient would certainly have taken this opportunity to state this sort of traumatic experience.

In order to achieve a valid evaluation, we followed the recommendations for development of a questionnaire with content validity (8, 15). We therefore compiled the initial set of questions by using the experience of other anaesthesiologists, PACU nurses, and experts in the development of patient satisfaction questionnaires. In addition, a computer-aided search of the medical literature was performed (search line: PubMed, National Library of Medicine) to find validated relevant material. The initial set of questions was then verified on 40 general surgery patients, which resulted in a final set of questions. Several questions that did not yield a valid response were eliminated as they allowed no significant evaluation of patient satisfaction. Other questions proved to be superfluous and gave no additional information.

In order to assess test–retest reliability of the questionnaire, we asked 20 patients to complete the questionnaire again at least 3 days after the first completion. The results showed no significant change over time when analysed with the McNemar test. Thus, the questionnaire designed for this study proved to have test–retest reliability. We also calculated Cronbach’s α, which is the usual measure of internal consistency. In this study, Cronbach’s α equalled 0.84 (n=589), so that responses to each question were shown to correlate in their assessment of patient satisfaction with anaesthesia care.

The final questionnaire was subdivided into questions on discomfort (10 questions) and dissatisfaction (5 questions). A semi-dichotomous scale (no/yes, moderate yes, severe) was employed for the questions on discomfort. With regard to the questions on dissatisfaction, we chose a bipolar, symmetrical rating scale with four response alternatives based on psychometric studies (very satisfied/satisfied/dissatisfied/very dissatisfied). This scale enabled us to obtain an
exact opinion from the patient based on graded responses. Furthermore, it prevented the frequently observed tendency to answer in the centre of the range, when using a scale with an odd number of answers.

Clinical trial
In some cases, the patient’s ability to cooperate seemed to be limited on the first postoperative day, but unfortunately patients were not always available on the third postoperative day, because they had already been discharged from hospital. We therefore conducted our study on the morning of the second postoperative day. Patients were not questioned on consecutive days (e.g. on the first and second postoperative days), because Zvara and co-workers demonstrated that increasing the number of postoperative visits does not increase patient satisfaction with anaesthesia care (17). In our study, every suitable patient was included until the desired number of patients was reached, while in other studies researchers invited the patients to participate whenever an investigator did not have other patient care responsibilities (8). Our opinion is that this procedure is not suited to generate a representative patient population and thus valid data.

Patients in our study were included from several surgical subspecialities. Patients with odd registration numbers on the anaesthesia protocol were assigned to the questionnaire group, while patients with even numbers were interviewed. Labelling the questionnaire with this protocol number enabled us to correlate the study results with the demographic data of the patient and all other available perioperative information. Despite this numbering of the questionnaire form, the study still had an anonymous character.

Nevertheless, patient responses are usually biased in order to please the hospital staff and to avoid possible repercussions resulting from their negative care appraisal (5, 10). In order to decrease the chance that patients would try to please the provider with their responses, the investigator in our study was not recruited from the anaesthesia department. In addition to this bias, satisfaction ratings may be dominated by a sense of relief that the operative procedure was successful. As a result, patients who state that they are satisfied may be expressing their gratitude to their providers (5), which may lead to study errors. Theoretically, the questionnaire method is superior to the interview, because disruptive factors such as transference and counter transference do not occur (18). In our study, we attempted to minimise disruptive factors by conducting a standardised interview and by avoiding an open conversation with the patient.

Findings of the study
This study had the following objectives: the primary aim was to evaluate patient satisfaction with anaesthesia care. Therefore, the questions were divided into two groups. The first part refers to the assessment of patient discomfort, while the second part examines patient dissatisfaction. A secondary aim was to compare the questionnaire technique with standardised face-to-face interviewing.

Questions on anaesthesia-related complications
The most common complaint was postoperative drowsiness. Due to the fact that almost 80% of patients felt drowsy after anaesthesia, this question seems more to describe a common feeling after having anaesthesia than detecting an individual deficit in quality of care. Further investigation of this problem has to prove the presumption that postoperative drowsiness could be due to anaesthesia technique. The second most common discomfort (>55%) was pain due to surgery, with approximately 20% of patients indicating this discomfort as severe. This high percentage of surgical pain was confirmed by data from Langhorst and Bause, who detected an incidence of postoperative pain of 60–75% (11). That over half of our patients experienced postoperative pain means that the acute pain service in our hospital does not cover the majority of patients adequately. After optimisation of this postoperative discomfort aspect, a follow-up study should prove that quality improvements have been made.

Despite a liberal postoperative infusion regimen, “thirst” rated third among the discomfort aspects in our study, with an incidence of >50%. These data are confirmed by the results of Bothner and others who reported similar problems in their patient population (18). Further investigation into this problem will help to optimise postoperative fluid therapy. All other items (hoarseness, sore throat, PONV, feeling of cold, cognitive deficit, pain at the site of injection, shivering) occurred in 15–35% of patients, with 2–8% of patients ranking these problems as severe.

The comparison between the responses to the written questionnaire and the standardised interview revealed no differences in seven out of ten items. Only minor differences occurred in response to the questions on surgical pain and thirst, whereas drowsiness proved to show a highly significant difference between the two forms of questioning.

Questions on patient satisfaction
The second part of the questionnaire revealed a high degree of satisfaction, which amounted to more than
90%. While such a high level of satisfaction is a frequently described phenomenon in the literature (19–21), it also represents a major methodological problem of satisfaction analyses (5). Obtaining a high degree of dissatisfaction may be viewed as a prerequisite for a meaningful study result. Valuable insights, however, can also be gained from less satisfied patients. We achieved this aim by applying a 4-grade rating scale, which avoids the tendency towards the centre. In our study, we would assume that suboptimal care also occurred in patients who were “satisfied” but not “very satisfied”. Thus, the results of the second set of questions indicate that considerable improvements in quality are still possible, particularly for emergence from anaesthesia (“very satisfied”: approx. 40%), postoperative pain therapy (“very satisfied”: approx. 50%), and treatment of PONV (“very satisfied”: approx. 50%).

In contrast to the questions on discomfort, this second part dealing with dissatisfaction showed highly significant differences ($P<0.0001$) between the two forms of questioning. In the ‘discomfort’ part only postoperative drowsiness was viewed in a more critical way during the interview, whereas all questions in the ‘dissatisfaction’ part were answered more critically.

Due to the fact that the standardised interview identifies more patients who report lower degrees of satisfaction with anaesthesia, we conclude that interviewing is better suited for detecting quality problems with anaesthesia care than the written questionnaire.

In summary, we have developed a valid questionnaire that may be used either for written testing or for standardised interviewing. When evaluating patient discomfort, postoperative drowsiness, surgical pain, and thirst were the most common sensations. Nevertheless, there was a high degree of patient satisfaction with anaesthesia care, but quality improvements are possible for emergence from anaesthesia, pain therapy, and the treatment of PONV. The responses in the interview were given in a more critical manner, so that interviewing proves to be better suited for quality control than the questionnaire technique.

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**Appendix**

*Final set of questions*

<table>
<thead>
<tr>
<th>Anaesthesia-related discomfort</th>
<th>No</th>
<th>Yes, moderate</th>
<th>Yes, severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Drowsiness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>02. Pain at the site of surgery</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>03. Thirst</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>04. Hoarseness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>05. Sore throat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>06. PONV</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>07. Feeling of cold</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>08. Cognitive deficits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>09. Pain at the site of injection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Shivering</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**Satisfaction with anaesthesia care**

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

☐ very satisfied ☐ satisfied ☐ dissatisfied ☐ very dissatisfied

12. How satisfied were you with emergence 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
References


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