

Pre-operative fasting questionnaire

Thank you for completing this anonymous survey regarding the information you were given about eating and drinking before your surgery. You are under no obligation to take part and it will not affect your care in any way.

1. **How many hours has it been since you had anything to eat, or drank a cup of tea/coffee?**

.....

2. **How many hours has it been since you had a drink of water or dilute squash?**

.....

3. **I have received clear information about when I am allowed to eat and drink prior to this operation.**

Disagree

Neutral

Agree

4. **How thirsty do you feel?**

Not at all

Very/extremely

1 2 3 4 5 6 7 8 9 10

5. **How well do you feel?**

Very unwell

Very well

1 2 3 4 5 6 7 8 9 10

Thank you for completing the survey

For the medical team:

IV fluids whilst fasted? Y N

Procedure, Date & Time:

Type of anaesthetic: