Supplementary Appendix 1

Patient Questionnaire: Knowledge, Preferences, and Attitudes Toward Anesthesia

This questionnaire is intended for adult patients scheduled for elective surgery. Please answer each question by selecting the most appropriate response. All responses will be kept confidential and used only for research purposes.

Section A. Participant Characteristics

Age (years) _____

Sex: ☐ Female ☐ Male

Marital Status: ☐ Married ☐ Single

Do you have children? ☐ Yes ☐ No

Highest Level of Education: ☐ No formal education ☐ Primary school ☐ High school ☐ University

Occupation _____

Planned Surgical Procedure _____

ASA Physical Status: ☐ I ☐ II ☐ III ☐ IV ☐ V

Do you have any chronic medical conditions? ☐ No ☐ Yes If yes: _____

Previous Surgical History: ☐ No ☐ Yes

Previous Anesthesia Experience: ☐ None ☐ General anesthesia ☐ Regional anesthesia ☐ Sedation

Previous Peripheral Nerve Block: ☐ No ☐ Yes If yes, specify: _____

Section B. Knowledge of Anesthesia

1. Which anesthesia techniques are you familiar with? (Select all that apply)

☐ General anesthesia

☐ Regional anesthesia

☐ Local anesthesia

☐ I am not familiar with any of these techniques

2. Where did you obtain information about anesthesia? (Select all that apply)

☐ Previous personal experience

☐ Family or friends

☐ Healthcare professionals

☐ Internet

☐ Television/Newspapers

☐ Other: _____

Section C. Preferences Regarding Anesthesia

1. Which anesthesia technique would you prefer if you had a choice?

☐ General anesthesia

☐ Spinal anesthesia

☐ Epidural anesthesia

☐ Peripheral nerve block

☐ No preference

2. Would your anesthesiologist's recommendation influence your decision?

☐ Yes

☐ No

3. Would comments from family or friends influence your decision?

☐ Yes

☐ No

Section D. Anxiety and Concerns

1. Did you experience anxiety before anesthesia?

☐ Yes

☐ No

2. If yes, what were your concerns? (Select all that apply)

☐ Not waking up after anesthesia

☐ Waking up during surgery

☐ Pain during surgery

☐ Postoperative nausea and vomiting

☐ Postoperative sore throat

☐ Fear of death

☐ Saying inappropriate things while recovering

☐ No concerns after receiving adequate information

Section E. Previous Experience

1. If you previously underwent general anesthesia, were you satisfied?

☐ Satisfied

☐ Not satisfied

If not satisfied, indicate the reason(s):

☐ Sore throat

☐ Postoperative pain

☐ Awareness during surgery

☐ Nausea

☐ Respiratory problems

☐ Inadequate preoperative information

2. If you previously underwent regional anesthesia, were you satisfied?

☐ Satisfied

☐ Not satisfied

If not satisfied, indicate the reason(s):

☐ Fear of paralysis

☐ Headache

☐ Operating room noise/discomfort

☐ Temporary immobility

☐ Insufficient block duration

☐ Inadequate preoperative information

Section F. Peripheral Nerve Blocks

1. Were you aware that peripheral nerve blocks can be be used for postoperative pain management?

☐ Yes

☐ No

2. Would you accept a peripheral nerve block if recommended?

☐ Yes

☐ No

3. What concerns do you have regarding peripheral nerve blocks? (Select all that apply)

☐ Permanent nerve injury

☐ Remaining awake during surgery

☐ Serious complications

☐ Pain during the procedure

☐ No concerns

☐ I do not know enough to answer