

Perioperative Thirst Discomfort Scale V1

Record ID _____

My mouth is dry

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

My lips are dry

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

My tongue is thick

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

My saliva is thick

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

My throat is dry

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

I have a bad taste in my mouth

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

I want to drink water

- ☐ Not bothered
☐ Slightly bothered
☐ Very bothered

Please rate your current level of thirst discomfort

- ☐ 1- Extremely uncomfortable
☐ 2- Very uncomfortable
☐ 3- Mildly uncomfortable
☐ 4- Comfortable
☐ 5- Very comfortable
☐ 6- Extremely comfortable

Please rate the intensity of your thirst on a scale of 0 to 10

- ☐ 0- No thirst
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10- Most intense thirst

Please rate your pain on a scale of 0-10

- ☐ 0- No pain
- ☐ 1- Very mild
- ☐ 2- Discomforting
- ☐ 3- Tolerable
- ☐ 4- Distressing
- ☐ 5- Very distressing
- ☐ 6- Intense
- ☐ 7- Very intense
- ☐ 8- Utterly horrible
- ☐ 9- Excrutiating/ unbearable
- ☐ 10- Unimaginable/ unspeakable

Are you on oxygen therapy?

- ☐ Yes
- ☐ No