

Baseline

Record ID

Age

Sex

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Type of procedure

- ☐ Angiogram or PCI
- ☐ CIED
- ☐ EPS
- ☐ Structural heart intervention
- ☐ Vascular angiography or intervention
- ☐ Other radiology procedure
- ☐ Other

Specify other type of procedure

Last food

Last clear fluids

How easy was it for you to understand the instructions you received about fasting before your procedure ?

- ☐ Extremely easy
- ☐ Very Easy
- ☐ Easy
- ☐ Difficult
- ☐ Very Difficult
- ☐ Extremely difficult

Can you please briefly describe what instructions you received about when to stop eating and drinking before your procedure?

Perioperative Thirst Discomfort Scale

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

- ☐ Extremely uncomfortable
- ☐ Very comfortable
- ☐ Moderately comfortable
- ☐ Comfortable
- ☐ Moderately comfortable
- ☐ Very comfortable
- ☐ Extremely comfortable