Confidential

Thirst Discomfort Scale Page 1 of 1

## **Baseline V1**

Record ID	
Age	
Sex	<ul><li>○ Male</li><li>○ Female</li><li>○ Prefer not to say</li></ul>
Type of procedure	<ul> <li>Angiogram or PCI</li> <li>CIED</li> <li>EPS</li> <li>Structural heart intervention</li> <li>Vascular angiography or intervention</li> <li>Other radiology procedure</li> <li>Other</li> </ul>
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 ?	<ul> <li>Extremely easy</li> <li>Very Easy</li> <li>Easy</li> <li>Difficult</li> <li>Very Difficult</li> <li>Extremely difficult</li> </ul>
Can you please briefly describe what instructions you received about when to stop eating and drinking before your procedure?	

