SNAP-1
Sprint National Anaesthesia Project

HSRC
Health Services Research Centre
NIAA National Institute of Academic Anaesthesia

The Royal College of Anaesthetists

Modified Brice Questionnaire

Were you expecting to be completely asleep for this operation (please circle)? YES / NO

1. What is the last thing you remember before going to sleep (please tick one box)?

-Being in the pre-op area	☐	-Seeing the operating room	☐
-Being with family	☐	-Hearing voices	☐
-Feeling mask on face	☐	-Smell of gas	☐
-Burning or stinging in the IV line	☐	-Other [Please write below]:	

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2. What is the first thing you remember after waking up (please tick one box)?

-Hearing voices	☐	-Feeling breathing tube	☐
-Feeling mask on face	☐	-Feeling pain	☐
-Seeing the operating room	☐	-Being in the recovery room	☐
-Being with family	☐	-Being in ICU	☐
-Nothing	☐	-Other [Please write below]:	

_____

3. Do you remember anything between going to sleep and waking up (please tick box)?

-No ☐

-Yes: -Hearing voices	☐	-Hearing events of the surgery	☐
-Unable to move or breathe	☐	-Anxiety/stress	☐
-Feeling pain	☐	-Sensation of breathing tube	☐
-Feeling surgery without pain	☐	-Other [Please write below]	

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4. Did you dream during your procedure (please tick box)?

-No ☐ -Yes ☐

-What about [Please write below]:

_____

5. Were your dreams disturbing to you (please tick box)?

-No ☐ -Yes ☐

6. What was the worst thing about your operation (please tick box)?

-Anxiety	☐	-Pain	☐
-Recovery process	☐	-Unable to carry out usual activities	☐
-Awareness	☐	-Other [Please write below]:	

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