

Thank you for your interest in the Iowa Satisfaction with Anesthesia Scale (ISAS).

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<https://www.franklindexter.net/Contracts/ContractHourly.docx>

Copy and paste the following two paragraphs of text into the Scope of Services portion of that Microsoft Office Word form.

We acknowledge that the copyright in the Iowa Satisfaction with Anesthesia Scale (ISAS) remains the property of Franklin Dexter and the University of Iowa Research Foundation (“owners”). The owners make no warranties, express or implied, concerning the fitness of the ISAS. The owners shall not be liable for any direct, consequential, or other damages suffered by me or any others as a result of this study. We agree that should any patient suffer adverse effects from the administration of the ISAS we agree to hold harmless the owners from and against direct loss, damage, cost and expense of claims and suits seeking damage alleged to have been caused by or attributed to him in the use or misuse of the ISAS including the cost and expenses of handling said claims and defending said suits. This agreement shall be governed and construed in accordance with the laws of the State of Iowa.

Use of the ISAS is subject to a fee payable to the University of Iowa of **\$1500** per study. This fee includes 2 hr of consultation time with Dr. Dexter by e-mail or web conference on appropriate use of the instrument. For appropriately sized trials, this fee ranges from \$5 to \$10 per patient use. Each year after the starting date of the agreement, the charge is \$250 for continued use of the ISAS for the same study for the year.

[Click here](#) for financial disclosure. Email the completed Word form to:

Franklin-Dexter@Ulowa.edu.

After review, you will receive a PDF file to print, sign, and return by email or FAX. Fees are waved whenever the University of Iowa is involved scientifically in a study. However, the above copyright agreement will need to be signed by each participating center.

Iowa Satisfaction with Anesthesia Scale

Instructions

Each statement in the survey describes a feeling that you may have had **during** your anesthetic. For each item please mark the answer that best shows how well the statement describes how you felt. If the feeling does not describe how you felt, mark a disagree answer. If the feeling does describe how you felt, mark an agree answer. There are no right or wrong answers. Mark one answer only for each item. Do this by putting an X next to the line that best gives your opinion about the item.

No one should help you fill out the survey. Only you should read the survey and mark the answers that seem to fit best.

Please take your time. We want your answers to be accurate.

Iowa Satisfaction with Anesthesia Scale

I threw up or felt like throwing up

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I would want to have the same anesthetic again

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I itched

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I felt relaxed

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I felt pain

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I felt safe

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I was too cold or hot

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I was satisfied with my anesthetic care

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I felt pain during surgery

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I felt good

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much

I hurt

- _____ Disagree very much
- _____ Disagree moderately
- _____ Disagree slightly
- _____ Agree slightly
- _____ Agree moderately
- _____ Agree very much