

Pitt-Hopkins Syndrome Anesthetic Survey 2018: Parent Perspectives

Date: _____

Name of Parent/Caregiver: _____ Phone Number: _____

Email: _____

Patient Gender: M F Patient Age: _____

Mutation Subtype: _____

Functional status (ability to talk, engage, ambulate, etc.): _____

Would it be possible to contact you about obtaining access to medical records? Y N

Anesthetic Experiences

In general, what is your perception of your child's experiences with anesthesia?

Date of Procedure	Type of procedure/surgery	Preop Temperament	Experience during wake-up/postop	Medication /type of medication given	Overall good or bad reaction

Any additional comments/concerns: