

APPENDIX II. Withdraw Questionnaire

Date of withdrawal: \_\_\_\_\_

Please check the reason for your withdrawal from the study:

- After having my first surgery I don't wish to have the other type of anesthesia
- I have decided not to have my second surgery
- I don't like having to complete the questionnaires
- Other

If you checked other, please list reason:

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What type of anesthesia do you prefer to have at the time of withdrawal from the study? (please circle one)

- a. Local anesthesia only
- b. Local anesthesia with sedation