Supplementary Material 2.

QUESTIONNAIRE FORM

Name-Surname: ..... **Protocol No.:** ..... **Date::** .....

1. Age: .....

2. Height: Weight.....

3. Comorbid disease and smoking status.....

4. ASA score.....

5. Gravida.....

6. Parity.....

7. Gestational age.....

8. Previous mode of delivery.....

9. Previous anesthesia technique.....

10. Occupation

□ Employed

□ Housewife

11. Education status

□ No schooling

□ Primary education

□ High school

□ University

12. Have you previously received detailed information about delivery and anesthesia methods?

□ Yes

□ No

13. If yes, from whom was the information received?

□ Obstetrician

□ Anesthesiologist

□ Social environment

□ Internet, newspaper, television, etc.

14. What is your anesthesia preference?

□ Spinal anesthesia

□ General anesthesia

15. What are your reasons for not preferring general anesthesia?

□ Previous anesthesia experience (because of satisfaction or dissatisfaction)

□ Fear of not waking up again after general anesthesia

□ Fear of receiving too much anesthesia

□ Desire to see the baby immediately after birth

□ Desire for earlier breastfeeding

□ Recommendation of the obstetrician

□ Information obtained from the internet, television, or newspapers

□ Other:

16. What are your reasons for not preferring spinal anesthesia?

□ Things heard from others about spinal anesthesia

□ Fear of paralysis after spinal anesthesia

□ Fear of back pain after spinal anesthesia

□ Fear of headache after spinal anesthesia

□ Not wanting to feel anything or experience pain

□ Not wanting to see or remember anything

□ Other:

17. What is your anesthesia preference after counseling?

□ Spinal anesthesia

□ General anesthesia

18. Were you satisfied with the anesthesia method you received?

□ Yes

□ No

19. If the answer is no, what is the reason for dissatisfaction?

□ Nausea

□ Headache

□ Pain during surgery

□ Pain after surgery

□ Discomfort from being awake

□ Other:

20. If you underwent surgery again, would your anesthesia preference be the same?

□ Yes

□ No