## Difficult airway questionnaire survey

1.	Emergency department		O Anesthesiology department		
2.	Intubation experience: How many independent intubation cases did you perform?				
	O <10	O 10-30	O 30-50	O >50	
3.	Patient's gender:				
	O Male	O Female			
4.	Patient's age				
5.	Was it an emergency				
	O Yes	O No			
6.	What open airway tec	•			
	O No	O Head tilt/chin lift	O Jaw thrust		
7.	Was an oropharyngeal airway inserted for airway maintenance?				
	O Yes	O No			
8.	Evaluate for difficult airway according to NNEL (N1: range of motion in neck; N2: narrow airway; E: 3-3-2 evaluation				
	including mouth opening 3 fingers, 3 fingers from chin to mandibular hyoid bone, 2 fingers from superior thyroid cartilage fossa to mandibular hyoid bone, L: Outlook)				
	ON	OM	ONA	O.F.	
	O No	O N1	O N2	O E	OL
9.	Was bag-valve mask used for ventilation after induction?				
	O Yes	O No			
10.	Was there any difficulty with mask ventilation?				
	O Yes	O No			
11.	What device did you choose to intubate patients?				
	O Direct laryngoscope		O Video laryngoscope		
	O Fiber bronchoscope		O Rigid tracheo	scope	
	O Others	*			

12. Laryngoscopic classification of difficult airway (Mahalanophora score)



- 13. How many times did you intubate successfully?
  - O 1
- O 2

O 3

O Others \_\_\_\_\_\*