# Appendix 1: Modified QoR-40 survey

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|  | **Start** | **End** |
| **Comfort 1-5 (1 = never, 5 = all the time)** |  |  |
| Able to breathe easily |  |  |
| Have had a good sleep |  |  |
| Feel rested |  |  |
| **Emotions** |  |  |
| Feeling of general well-being |  |  |
| Feeling in control |  |  |
| Feeling comfortable |  |  |
| **Comfort/Symptoms** |  |  |
| Nausea |  |  |
| Vomiting |  |  |
| Dry-retching |  |  |
| Feeling restless |  |  |
| Shaking or twitching |  |  |
| Shivering |  |  |
| Feeling too cold |  |  |
| Feeling dizzy |  |  |
| **Emotions (B)** |  |  |
| Bad dreams |  |  |
| Anxious |  |  |
| Angry |  |  |
| Depressed |  |  |
| Alone |  |  |
| **Patient Support** |  |  |
| Confused |  |  |
| **Pain** |  |  |
| Moderate Pain |  |  |
| Severe Pain |  |  |
| Headache |  |  |
| Muscle Pain |  |  |
| Backache |  |  |
| Sore throat |  |  |
| Sore mouth |  |  |