# 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 |   |   |