

Table 1. Correlation between the patient-rated change in postoperative recovery health status (global score) for each quality of recovery scale between postoperative visits.

Visit	QoR Score	QoR-15	QoR-40
Visit 3, since visit 2 (n=24)	0.19 (P=0.37)	0.49 (P=0.016)	0.44 (P=0.032)

Quality of Recovery (QoR) questionnaires

QoR Score

The 9-item Quality of Recovery Score

We would like to know how well you feel you have recovered from your anaesthetic and operation. Please circle the most appropriate responses.

Since your operation, have you:

	Not at all	Some of the time	Most of the time
1. Had a feeling of general well-being	0	1	2
2. Had support from others (especially doctors & nurses)	0	1	2
3. Been able to understand instructions and advice. Not being confused.	0	1	2
4. Been able to look after personal toilet and hygiene unaided.	0	1	2
5. Been able to pass urine ("waterworks") and having no trouble with bowel function.	0	1	2
6. Been able to breathe easily.	0	1	2
7. Been free from headache, backache or muscle pains.	0	1	2
8. Been free from nausea, dry-retching or vomiting.	0	1	2
9. Been free from experiencing severe pain, or constant moderate pain.	0	1	2

Summary Score:

QoR-15 Patient Survey

PART A

How have you been feeling in the last 24 hours?

(0 to 10, where: 0 = none of the time [poor] and 10 = all of the time [excellent])

- | | |
|---|--|
| 1. Able to breathe easily | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 2. Been able to enjoy food | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 3. Feeling rested | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 4. Have had a good sleep | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 5. Able to look after personal toilet and hygiene unaided | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 6. Able to communicate with family or friends | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 7. Getting support from hospital doctors and nurses | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 8. Able to return to work or usual home activities | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 9. Feeling comfortable and in control | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |
| 10. Having a feeling of general well-being | None of _____ All of
the time 0 1 2 3 4 5 6 7 8 9 10 the time |

PART B

Have you had any of the following in the last 24 hours?

(10 to 0, where: 10 = none of the time [excellent] and 0 = all of the time [poor])

- | | |
|--------------------------------|--|
| 11. Moderate pain | None of _____ All of
the time 10 9 8 7 6 5 4 3 2 1 0 the time |
| 12. Severe pain | None of _____ All of
the time 10 9 8 7 6 5 4 3 2 1 0 the time |
| 13. Nausea or vomiting | None of _____ All of
the time 10 9 8 7 6 5 4 3 2 1 0 the time |
| 14. Feeling worried or anxious | None of _____ All of
the time 10 9 8 7 6 5 4 3 2 1 0 the time |
| 15. Feeling sad or depressed | None of _____ All of
the time 10 9 8 7 6 5 4 3 2 1 0 the time |

Patient Survey (QoR-40)

PART A

How have you been feeling in the last 24 hours?

(1 to 5, where : 1 = None of the time and 5 = All of the time)

For example: If you have been able to breathe easily all of the time, you should indicate this by circling the response 5 = ***all of the time*** as shown below:

	None of the time	Some of the time	Usually	Most of the time	All of the time
Able to breathe easily	1	2	3	4	5

How have you been feeling in the last 24 hours?

(1 to 5, where : 1 = very poor and 5 = excellent)

	None of the time	Some of the time	Usually	Most of the time	All of the time
Comfort					
Able to breathe easily	1	2	3	4	5
Able to sleep good	1	2	3	4	5
Able to enjoy food	1	2	3	4	5
Feeling rested	1	2	3	4	5
Emotions					
Have a feeling of general well-being	1	2	3	4	5
Feeling in control	1	2	3	4	5
Feeling comfortable	1	2	3	4	5

	None of the time	Some of the time	Usually	Most of the time	All of the time
Physical Independence					
Having normal speech	1	2	3	4	5
Able to bath, brush teeth or shave	1	2	3	4	5
Able to take care of own appearance	1	2	3	4	5
Able to write	1	2	3	4	5
Able to return to work or usual home activities	1	2	3	4	5
Patient Support					
Able to communicate with hospital staff (when in hospital)	1	2	3	4	5
Able to communicate with family or friends	1	2	3	4	5
Getting support from hospital doctors (when in hospital)	1	2	3	4	5
Getting support from hospital nurses (when in hospital)	1	2	3	4	5
Having support from family or friends	1	2	3	4	5
Able to understand instructions and advice	1	2	3	4	5

PART B

Have you had any of the following in the last 24 hours?

(5 to 1, where : 5 = None of the time and 1 = All of the time)

	None of the time	Some of the time	Usually	Most of the time	All of the time
Comfort					
Nausea	5	4	3	2	1
Vomiting	5	4	3	2	1
Dry-retching	5	4	3	2	1
Feeling restless	5	4	3	2	1
Shaking or twitching	5	4	3	2	1
Shivering	5	4	3	2	1
Feeling too cold	5	4	3	2	1
Feeling dizzy	5	4	3	2	1
Emotions					
Having bad dreams	5	4	3	2	1
Feeling anxious	5	4	3	2	1
Feeling angry	5	4	3	2	1
Feeling depressed	5	4	3	2	1
Feeling alone	5	4	3	2	1
Difficulty falling asleep	5	4	3	2	1
Patient Support					
Feeling confused	5	4	3	2	1

Have you had any of the following in the last 24 hours?

(5 to 1, where : 5 = excellent and 1 = very poor)

	None of the time	Some of the time	Usually	Most of the time	All of the time
Pain					
Moderate pain	5	4	3	2	1
Severe pain	5	4	3	2	1
Headache	5	4	3	2	1
Muscle pains	5	4	3	2	1
Backache	5	4	3	2	1
Sore throat	5	4	3	2	1
Sore mouth	5	4	3	2	1

Examples of Extent of Surgery Classification

1. **Minor surgery:** day stay procedures, lumpectomy, hernia repair, arthroscopy.
2. **Intermediate surgery:** cholecystectomy, appendectomy, mastectomy, transurethral resection of prostate, cesarean section.
3. **Major surgery :** any laparotomy , bowel resection, cholecystectomy with choledochotomy, peripheral vascular procedure or major amputation, any aortic procedure, pancreatic or liver resection, esophagectomy, cardiac surgery.