

QoR-15 Patient Survey

Date: __/__/__

Name: _____

Study #: _____

Preoperative ☐

Postoperative ☐

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])

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|---|------------------|---|---|---|---|---|---|---|---|---|---|----|-----------------|
| 1. Able to breathe easily | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 2. Been able to enjoy food | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 3. Feeling rested | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 4. Have had a good sleep | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 5. Able to look after personal toilet and hygiene unaided | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 6. Able to communicate with family or friends | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 7. Getting support from hospital doctors and nurses | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 8. Able to return to work or usual home activities | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 9. Feeling comfortable and in control | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of the time |
| 10. Having a feeling of general well-being | None of the time | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | All of 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 the time | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | All of the time |
| 12. Severe pain | None of the time | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | All of the time |
| 13. Nausea or vomiting | None of the time | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | All of the time |
| 14. Feeling worried or anxious | None of the time | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | All of the time |
| 15. Feeling sad or depressed | None of the time | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | All of the time |

Thank you for your assistance.

Please check that all questions have been answered.

If you have any questions, please contact: Siping Hu 137-3820-6677.