

S1 Appendix: Datasheet with modified QoR-40

Name: _____ UR#: _____ Age: _____ Gender: _____

Procedure: _____

Propofol use hour 1 _____ Demands Hour 1 _____

Propofol use hour 2 _____ Demands Hour 2 _____

Propofol use hour 3 _____ Demands Hour 3 _____

Total Propofol use _____ Total Demands _____

Other sedatives used _____

Obstruction/Apnoea during case Y/N

	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		