Questionnaire: Quality of Recovery after day care surgery with app controlled Remote Monitoring

Study no.

Hospital no.

Randomisation no.

Date: - - / - - / - -

Before admission: ☐

After discharge: ☐

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.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

2. Been able to enjoy food.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

3. Feeling rested.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

4. Have had a good sleep.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

5. Able to look after personal toilet and hygiene unaided.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

6. Able to communicate with family or friends.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

7. Getting support from hospital doctors and nurses.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

8. Able to return to work or usual home activities.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

9. Feeling comfortable and in control.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

10. Having a feeling of general well-being.

Non of the time [poor]	0	1	2	3	4	5	6	7	8	9	10	All of the time [excellent]

PART B

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

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

1. Moderate pain.

Non of the time [excellent]	10	9	8	7	6	5	4	3	2	1	0	All of the time [poor]

2. Severe pain.

Non of the time [excellent]	10	9	8	7	6	5	4	3	2	1	0	All of the time [poor]

3. Nausea or vomiting.

Non of the time [excellent]	10	9	8	7	6	5	4	3	2	1	0	All of the time [poor]

4. Feeling worried or anxious.

Non of the time [excellent]	10	9	8	7	6	5	4	3	2	1	0	All of the time [poor]

5. Feeling sad or depressed.

Non of the time [excellent]	10	9	8	7	6	5	4	3	2	1	0	All of the time [poor]

PART C

Please answer or indicate the following questions

1. Please indicate the number of contacts with the hospital, your general practioner or other healthcare institutes, regarding your recovery the past 24 hours.

2. Please indicate if a problem occured the past 24 hours regarding the recovery.
   If Yes, what was the problem:

3. Please indicate if a re-admission to hospital or emergency department was necessary.
   If yes, indicate which institution:

4. Please indicate your satisfaction with the provided care during your recovery

Not at all [poor]	0	1	2	3	4	5	6	7	8	9	10	Very much [excellent]

5. Please indicate your trust in the provided care during your recovery

Not at all [poor]	0	1	2	3	4	5	6	7	8	9	10	Very much [excellent]

6. How likely is it that you would recommend this hospital to other patients in need of day care surgery?

Not at all [poor]	0	1	2	3	4	5	6	7	8	9	10	Very much [excellent]

7. Any other remarks or suggestions:

Thank you for your assistance

Please check that all questions have been answered.