

**Recovery characteristics
after“Propofol-only”anaesthesia.**

Data collection sheet – *control patient.*

Patient number : _____

Fill in value for demographics.

Tick box if comorbidity is present or leave blank if not present.

Sex	
Age	
Weight (kg)	
Height (cm)	
Alcohol (standard drinks per week)	
IHD	
Hypertension	
Sleep apnea	
Diabetes	
Previous stroke/TIA	
Dementia	

Initial test time start:

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Second test time start:

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