

Post-Discharge Pain Survey – Cover Page

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|-----------------------|--|
| Name: | |
| Sex: | |
| Birth month and year: | |

This cover page will be confidentially shredded within minutes once Study ID is located and entered on the survey itself. I.e. this cover page will be removed before the questionnaires are stored so the questionnaires will not contain personal identifying information.

SUPERHERO - Post-Discharge Pain Survey

1. Did you receive a prescription for opioid medication (Morphine, Hydromorphone/Dilaudid®, Tramadol/Tramacet®, or Codeine/Tylenol #3®) after discharge? Yes No
2. Which opioid medication was prescribed to you? _____ (name of medication)
3. How many tablets/pills were prescribed to you? _____ (number of tablets/pills)
4. Did you use all of the opioid medication you were prescribed? Yes No
5. If “yes” to question 4,
 - a. Did you need a renewal of your opioid prescription? Yes No
 - b. If yes, how many renewals? 1 2 3
 - c. Who provided the renewal of your prescription?

 Surgical team Family doctor Walk-in/ ER doctor
6. If “no” to question 4,
 - a. how much of your prescription did you use?

 0% ~25% ~50% ~75%
 - b. If you had leftover opioid medications, how was the rest of the medication thrown away?

 Returned to pharmacy Flushed down toilet Thrown out in garbage

 I still have it Other:
7. Did you use other types of pain medications after discharge? Check all that you used:
 - Acetaminophen (e.g. Tylenol®)
 - Anti-inflammatories (e.g. Meloxicam/Mobic®, Ibuprofen/Advil®/Motrin®, Naproxen/Aleve®)
 - My leftover prescription medication from another time
 - My family member’s prescription medication or pain medication from someone else
 - Other: _____

8. Please circle the overall quality of your pain management WHILE IN HOSPITAL:

| | | | | |
|---------------|----------|----------|----------|---------------|
| Very Poor (1) | Poor (2) | Fair (3) | Good (4) | Very Good (5) |
|---------------|----------|----------|----------|---------------|

9. Please circle the overall quality of your pain management in your FIRST WEEK AFTER DISCHARGE from hospital:

| | | | | |
|---------------|----------|----------|----------|---------------|
| Very Poor (1) | Poor (2) | Fair (3) | Good (4) | Very Good (5) |
|---------------|----------|----------|----------|---------------|

10. Please circle your AVERAGE pain level SINCE DISCHARGE from hospital:

| | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|----|----------------------------|
| No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain you can imagine |
|---------|---|---|---|---|---|---|---|---|---|---|----|----------------------------|

11. Please circle the number that describes how in your FIRST WEEK AFTER DISCHARGE pain interfered with your:

| | | | | | | | | | | |
|--------------------------------|-------------------|---|---|---|---|-----------------------|---|---|---|---|
| General Activity: 10 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Did not interfere | | | | | Completely interfered | | | | |

| | | | | | | | | | | |
|-------------------------------|-------------------|---|---|---|---|-----------------------|---|---|---|---|
| Walking Ability: 10 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Did not interfere | | | | | Completely interfered | | | | |

| | | | | | | | | | | | |
|-----------------------------|-------------------|---|---|---|---|-----------------------|---|---|---|---|----|
| Work (outside home): | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Did not interfere | | | | | Completely interfered | | | | | |

| | | | | | | | | | | |
|---------------------|-------------------|---|---|---|---|-----------------------|---|---|---|---|
| Sleep: 10 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Did not interfere | | | | | Completely interfered | | | | |

| | | | | | | | | | | |
|---------------------------------|-------------------|---|---|---|---|-----------------------|---|---|---|---|
| Enjoyment of life: 10 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Did not interfere | | | | | Completely interfered | | | | |