

Liu et al. Prospective evaluation of postoperative pain and opioid use after minor urologic surgery

APPENDIX

Opioid use after minor urologic procedures: Pain medication use log and questionnaire

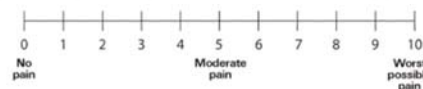
Please fill out the following log at the end of each day, until you have stopped taking pain medication for two or more days. **Please include any over the counter pain medications used.** If you are still using pain medications after day 20, please record on separate sheets of paper. Please do not record your usual chronic prescription medications (e.g. pills for high blood pressure, cholesterol, etc.)

Post-operative day	Pain score Circle the number which corresponds with your average pain throughout the day	Opioid pain medication used (medication, strength, number of tablets)	Non-opioid pain medication used (medication, strength, number of tablets)	Nausea medications (medication, strength, number of tablets)
Example		Hydromorphone 2mg, 2 tablets	Ibuprofen 400mg, 8 tablets Acetaminophen 650mg, 4 tablets	Gravol 25mg 2 tablets
0				
1				
2				
3				

Pain questionnaire:

Please fill this section out once you have stopped using pain medications for 2 or more days.

- Did you fill the opioid prescription that was given to you after surgery?
- How many pills of that prescription did you use?
- For how many days did you take pills?
- Did you take any opioid medication that were not prescribed to you for this surgery (i.e. from previous prescriptions, from family/friends)? If so, please circle/mark those in the log.
- How many leftover pills do you have?
- If you still have leftover pills, where do you store them?
- If you disposed of the leftover pills, how did you dispose of them?
- Did you need to refill the prescription you were given after surgery?
- Do you feel like you had enough pain medication?
- Did you use any alternative forms of pain management? (e.g. naturopathic medication, meditation, marijuana, etc.)
- On the following scale, please rate your average overall pain score in the week following your surgery.



- On the following scale, please rate your overall satisfaction with your pain management after your surgery.



- Please add any additional comments.