

Appendix

Supplemental Table 1:

Follow-up Pain Questionnaire (up to 28 days postop)

Day: 7-----14-----21-----28

- 1.
- Over the last 7 days, what was your average Pain Intensity (NRS)?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
No pain *Worst Pain Imaginable*

- 2.
- Over the last 7 days, what was your maximum Pain Intensity (NRS)?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
No pain *Worst Pain Imaginable*

- 3.
- Over the last 7 days, what was your minimum Pain Intensity (NRS)?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
No pain *Worst Pain Imaginable*

- 4.
- Pain Interfering with Normal Activities – verbal scale:

Never ----- Occasionally ----- Sometimes ----- Usually ----- Always

- 5.
- Satisfaction with Pain Medication:

Very Dissatisfied --- Dissatisfied --- Slightly Dissatisfied --- Slightly Satisfied --- Satisfied --- Very Satisfied

- 7.
- Medications Taken for Pain Control:

a. Med: _____ Dose: _____ Quantity: _____

b. Med: _____ Dose: _____ Quantity: _____

c. Med: _____ Dose: _____ Quantity: _____

d. Med: _____ Dose: _____ Quantity: _____

e. Med: _____ Dose: _____ Quantity: _____

- 8.
- Side effects/Adverse events:

• Dizziness: Y/N	• Abdominal Discomfort: Y/N
• Nausea: Y/N	• Drowsiness: Y/N
• Vomiting: Y/N	• Sleeplessness: Y/N
• Constipation: Y/N	• Itching: Y/N
• Difficult Urination: Y/N	• Mood Changes: Y/N

10. Did you need to call your surgeon about your postoperative pain? Yes-----No

11. Did you need to go to the Emergency Room due to your postoperative pain? Yes-----No

a. If you had an Emergency Room visit, were you admitted to the hospital? Yes-----No---N/A

12. Did you need to call your surgeon about adverse events due to your pain medication? Yes-----No

13. Did you need to go to the Emergency Room due to side effects due to your pain medication? Yes-----No

a. If you had an Emergency Room visit due to side effects, were you admitted to the hospital? Yes-----No---N/A