**APPENDIX A. Telephone Survey Script**

24-48 hours and 10-14 days after discharge from hospital

My name is \_\_\_\_\_\_\_\_\_\_\_\_ and I am calling to find out how your son/daughter \_\_\_\_\_\_\_\_\_ is doing after surgery. When you left the hospital you were given a prescription for a narcotic pain killer.

1. Did you fill it? Yes/No

2. Did you have any trouble filling it? Yes/No

a. If yes, was it because it wasn’t covered by insurance?

b. If yes, was it because it wasn’t available as prescribed in the pharmacy?

c. If yes, was there another reason?

3. Was it a liquid or tablet? Liquid/Tablet

a. If liquid: did it come with a measuring device or were you told to use a spoon?

4. Have you given your child the narcotic pain medicine for pain since leaving the hospital? Yes/No

a. If yes, approximately how many doses has your child received during the last 24 hours?

b. If yes, are you still giving your child the narcotic or have you stopped? Still giving/stopped

i. If stopped, because he/she doesn’t need it anymore? Yes/No

ii. If stopped, because it tasted terrible and he/she refused to take the medicine? Yes/No

iii. If stopped, because side effects were too severe to continue? Yes/No

1. If yes, what were the side effects: Nausea/vomiting, itching, constipation, too sleepy/sluggish, changed his/her personality?

2. Did these problems go away when the medicine was stopped? Yes/No

a. If no, we recommend that you call your doctor.

c. If stopped, we are now going to ask you to take the narcotic medicine bottle and look at it. Was it a liquid or tablets?

i. If liquid please hold it up to the light and guess how much is left in the bottle: full, ¾ full, ½ full, ¼ full, almost empty, empty.

ii. If tablets, please dump onto a flat surface and count the number of tablets.

5. Has anyone told you how to dispose of the left over narcotic? Yes/No

6. If yes, did you do it? If so, how?

7. If no, we would recommend that you flush all of the left over medicine down the toilet. Will you do that? Yes/No

8. Have you also been giving your child over the counter pain medicines such as acetaminophen (Tylenol) or ibuprofen (Motrin)? Yes/No

a. If yes, acetaminophen, ibuprofen, both, something else?

i. If something else what? (suggest hot compress, ice)

9. At this moment do you think your child is in pain? Yes/No

a. Can you rate your child’s pain on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain you’ve ever seen?

10. We are going to ask you about your child’s pain

a. (If child is older than 7 years of age) Is your son/daughter currently available to talk on the phone?

 i. If yes, ask child: Can you rate your pain on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain you’ve ever been in?

b. (If less than 7 years of age) Ask the parent the following questions (One point for yes, zero points for no). Does your child:

1. Whine or complain more than usual

2. Cry more easily than usual

3. Play less than usual

4. Not do the things s/he normally does

5. Act more worried than usual

6. Act more quiet than usual

7. Have less energy than usual

8. Refuse to eat

9. Eat less than usual

10. Hold the sore part of his/her body

11. Try not to bump the sore part

12. Groan or moan more than usual

13. Look more flushed than usual

14. Want to be close to you more

15. Take meds when normally refuses

11. How would you rate the effectiveness of your child’s pain management: excellent, good, fair, or poor?

12. Do you think the quantity of medication you received was too much, too little, or just enough?

13. Is there anything else we haven’t talked about that you think we should know?

Thank you for your time.