

Appendix E-1: Surveys Completed by Patients and Primary Surgeon

Preoperative Survey

1. Age at surgery *Automatically calculated according to birth date and date of surgery*
2. What is your average pain level today? *Rated 0-100*
3. What do you expect your pain level to be 1 week after surgery? *Rated 0-100*
4. What do you expect your pain level to be 2 weeks after surgery? *Rated 0-100*
5. What do you expect your pain level to be 3 weeks after surgery? *Rated 0-100*
6. What do you expect your pain level to be 4 weeks after surgery? *Rated 0-100*
7. How would you rate your pain tolerance? *Patient chooses: Very High, High, Average, Low, Very Low*

Week 1 Postoperative Survey

1. What is your average pain level today? *Rated 0-100*
2. How many pain pills do you have left from your original prescription? *Patient counts remaining pills*
3. Have you received any refills or new prescription pain medications since your original prescription? *Yes/No*
 - a. If you have, what medication have you received? *Patient reports medication*
 - b. What is the number of tablets of the refilled or new prescription medication you received? *Patient reports refill amount*
 - c. What is the number of tablets of the refilled or new prescription medication you have remaining? *Patient reports refill tablets remaining*

Weeks 2 and 3 Postoperative Survey

1. What is your average pain level today? *Rated 0-100*
2. How many pain pills do you have left from your original prescription? *Patient counts remaining pills*
3. Have you received any refills or new prescription pain medications since your original prescription? *Yes/No*
4. Have you received any refills or new prescription pain medications since last week's survey? *Yes/No*
 - a. If you have, what medication have you received? *Patient reports medication*
 - b. What is the number of tablets of the refilled or new prescription medication you received? *Patient reports refill amount*
 - c. What is the number of tablets of the refilled or new prescription medication you have remaining? *Patient reports refill tablets remaining*

Week 4 (Final) Postoperative Survey

1. What is your average pain level today? *Rated 0-100*
2. When was the last time you took any pain medication? *Patient chooses: Today, Yesterday, Within the last 3 days, Within the last week, Over 1 week ago, Over 2 weeks ago, Over 3 weeks ago*
3. How many pain pills do you have remaining from your original prescription? *Patient counts remaining pills*

4. Have you received any refills or new prescription pain medications since your original prescription? *Yes/No*
5. Have you received any refills or new prescription pain medications since last week's survey? *Yes/No*
 - a. If you have, what medication have you received? *Patient reports medication*
 - b. What is the number of tablets of the refilled or new prescription medication you received? *Patient reports refill amount*
 - c. What is the number of tablets of the refilled or new prescription medication you have remaining? *Patient reports refill tablets remaining*
6. How satisfied are you with your care? *Patient chooses: Very satisfied, Satisfied, Neutral, Unsatisfied, Very unsatisfied*
7. How inconvenient was it to obtain a pain medication refill or a new prescription for pain medication? *Patient chooses: Very inconvenient, Mildly inconvenient, Not inconvenient at all*
8. If you had run low on pain medication and this required you to obtain a refill or a new pain medication, how inconvenient would you consider this? *Patient chooses: Very inconvenient, Mildly inconvenient, Not inconvenient at all*
9. If you have/had pills remaining, what do you plan to do with them? *Patient chooses: Keep them for potential future use, Throw them away in the trash, Flush them down the toilet, Give them to someone who needs them, Dispose of them in some other way (Please clarify)*
10. How long do you plan to keep the pills? *Patient chooses: Less than 3 months, 3-6 Months, 6-12 Months, Until the expiration date, Indefinitely*

Postoperative Surgeon Survey

1. Was there anything in surgery that occurred that would make you think that this patient would require more pain medication when discharged? *Yes/No*
 - a. If yes, why? *Free-text entry*
2. How would you categorize this patient's tolerance to pain? *Surgeon chooses: Very High, High, Average, Low, Very Low*
3. How much pain medication do you think this patient will require over the next 4 weeks? *Surgeon chooses: Significantly less than average, Less than average, Average, More than average, Significantly more than average*