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| **Baseline Survey (Completed During Preoperative Clinic Visit)** | | |
| Postoperative Survey Questions | | Used to Assess: |
| Do you have pain now? | | Presence of Preoperative Pain |
| 1 | Yes, but NOT RELATED to my need for surgery |
| 2 | Yes, and RELATED to my need for surgery |
| 3 | No |
| 4 | Don’t know |
| On a scale of zero to ten, with zero being no pain and ten being the worst pain, please circle your current pain level. | | Preoperative Pain Severity |
|  | 0-10 Numeric Rating Scale |
| What is your expectation about pain a month after your surgery? (v4) | | Expectation for Lingering Postoperative Pain |
| 1 | I have pain now and expect to have less pain |
| 2 | I have pain now and expect it to stay the same |
| 3 | I have pain now but I expect to have more pain |
| 4 | I have no pain now but I expect to have pain |
| 5 | I have no pain now and I do not expect to have pain |
| 6 | Don't know |
| Why are you having this upcoming procedure? (circle all that apply) | | Motivation for Surgery |
| 1 | Treat or cure a medical condition |
| 2 | Decrease pain and/or symptoms |
| 3 | To improve my ability to perform daily life activities |
| 4 | Improve my quality of life |
| 5 | Prolong my life |
| 6 | Doctor said I needed the procedure |
| During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? | | Pain Interference (Dichotomized by Quite a bit/ Extremely vs others) |
| 1 | Not at all |
| 2 | A little bit |
| 3 | Moderately |
| 4 | Quite a bit |
| 5 | Extremely |
| In general, would you say your health is: | | General Health  (Dichotomized by Fair/Poor vs others) |
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
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| **Postoperative Follow-up Survey (Typically completed 1-3 months after surgery)** | | |
| Postoperative Survey Questions | | Used to Assess: |
| Currently, do you have any pain in your surgical incision site or in the area related to your surgery? | | Presence of Lingering Pain |
| 1 | Yes |
| 2 | No |
| On a scale of zero to ten, with zero being no pain and ten being the worst pain, please fill in your average pain level during the past week. | | Severity of Lingering Pain |
|  | 0-10 Numeric Rating Scale |
| While still in the hospital after your recent procedure, did you suffer from severe PAIN that required treatment? | | Recollection of Severe Acute Postoperative Pain |
| 1 | Yes |
| 2 | No |