Study ID:
Data Collector Name:
Date:

INFORMED CONSENT

1.1 Did the patient consent?

❍ Yes
❍ No

1.2 Date of informed consent:

_____

1.3 Date of Procedure:

_____

1.4 Study Subject ID:

_____

1.5 Name of Patient:

_____

1.6 MRN:

_____

1.7 Phone Number:

_____

1.8 Best time of day to reach patient:

_____

_____

This page contains sensitive and identifiable protected health information that is to stay local and treated with confidentiality per HIPAA standards.

Physical Characteristics

1.1 Age: _____ years old

1.2 Gender:

- ❍ Male
- ❍ Female

1.3 Height: _____ feet/inches

1.4 Weight: _____ pounds

1.5 ASA Physical Status (Choose single most appropriate):

- ❍ I
- ❍ II
- ❍ III
- ❍ IV

BASELINE OPIOID ASSESSMENT

1.1 A re you currently using pain medications? If no, skip to the non-opioid user section

- ❍ Yes
- ❍ No

1.2 If yes, which of the following pain medications are you currently using (if the pain medication you are using is an opioid, complete table 1.3. If it is a non-opioid, skip to the non-opioid user section:

Non-Opioids	
❍ Acetaminophen **(Tylenol)**	❍ Ketamine Intravenous **(Ketalar)**
❍ Diclofenac **(Voltaren/Cataflam/Cambia)**	❍ Ketorolac **(Toradol)**
❍ Gabapentin **(Neurontin/Gralise/Horizant)**	❍ Lidocaine Intravenous **(Xylocaine)**
❍ Ibuprofen **(Motrin/Advil/Neoprofen)**	❍ Lyrica (**Pregabalin**)
❍ Other: _____	

Opioids	
❍ Buprenorphine (**Butrans/Suboxone/Subutex**)	❍ Methadone (**Dolphine/Methadose**)
❍ Codeine (**Tylenol 1, 2, 3 or 4**)	❍ Morphine (**Avinza/Kadian/MS Contin/Astromorph**)
❍ Fentanyl **(Abstral/Actiq/Duragesic)**	❍ Oxycodone (**Roxicodone/Percocet**)(**OxyContin**)
❍ Hydrocodone **(Norco/Vicodin/Lortab/Lorcet)(Zohydro)**	❍ Oxymorphone (**Opana**)(**Opana ER**)
❍ Hydromorphone (**Dilaudid**)(**Exalgo**)	❍ Tapentadol (**Nucynta**)(**Nucynta ER**)
❍ Merperidine (**Demerol/Mepergan**)	❍ Tramadol (**Ultram**)(**Ultram ER**) (ConZyp) (Ryzolt)
❍ Other: _____	

1.3 If the pain medication you are using is an opioid, complete the table below. If it is a non-opioid, skip to the non-opioid user section

		Opioid #1 Name:_____	Opioid #2 Name:_____	Opioid #3 Name:_____
1.4	Dose (mg)			
1.5	Average number of pills per day			
1.6	Usage Pattern	❍ Fixed schedule (same time every day)	❍ Fixed schedule (same time every day)	❍ Fixed schedule (same time every day)
		❍ In anticipation of pain (before the pain starts)	❍ In anticipation of pain (before the pain starts)	❍ In anticipation of pain (before the pain starts)
		❍ After pain starts (symptomatic ally)	❍ After pain starts (symptomatic ally)	❍ After pain starts (symptomatic ally)
1.7	Duration taking this opioid	❍ Days: _____	❍ Days: _____	❍ Days: _____
		❍ Weeks: _____	❍ Weeks: _____	❍ Weeks: _____
		❍ Months: _____	❍ Months: _____	❍ Months: _____
		❍ Years: _____	❍ Years: _____	❍ Years: _____
1.8	What are you taking this opioid for (area of pain)	❍ Chest	❍ Chest	❍ Chest
		❍ Abdomen	❍ Abdomen	❍ Abdomen
		❍ Back	❍ Back	❍ Back
		❍ Hip	❍ Hip	❍ Hip
		❍ Knee	❍ Knee	❍ Knee
		❍ Other: _____	❍ Other:_____	❍ Other:_____

1.9 Are you taking pain medication for any other pain other than listed above:

❍ Yes
❍ No

2.0 Are you taking opioids other than for pain:

❍ Yes
❍ No. If no, proceed to next page

2.1 If yes, what else are you taking opioids for?

❍ Cough
❍ Sleep
❍ Other: _____

NON-OPIOID USER

1.1 Have you ever taken one of the following pain medications?

- ❍ Yes
- ❍ No. If no, proceed to the next section.

Opioids	
❍ Buprenorphine (**Butrans/Suboxone/Subutex**)	❍ Methadone (**Dolphine/Methadose**)
❍ Codeine (**Tylenol 1, 2, 3 or 4**)	❍ Morphine (**Avinza/Kadian/MS Contin/Astromorph**)
❍ Fentanyl **(Abstral/Actiq/Duragesic)**	❍ Oxycodone (**Roxicodone/Percocet**)(**OxyContin**)
❍ Hydrocodone **(Norco/Vicodin/Lortab/Lorcet)(Zohydro)**	❍ Oxymorphone (**Opana**)(**Opana ER**)
❍ Hydromorphone (**Dilaudid**)(**Exalgo**)	❍ Tapentadol (**Nucynta**)(**Nucynta ER**)
❍ Merperidine (**Demerol/Mepergan**)	❍ Tramadol (**Ultram**)(**Ultram ER**) (ConZyp) (Ryzolt)
❍ Other: _____	

1.2 What is the longest you have taken an opioid continuously (daily or almost every day for three months or longer).

- ❍ I have used opioids in the past, but never continuously. Stop here, proceed to next section
- ❍ 3 – 6 months
- ❍ 6 months – 1 year
- ❍ 1 year – 5 years
- ❍ Greater than 5 years

1.3 When was the last time you took an opioid continuously?

- ❍ < 3 months ago
- ❍ 3 – 6 months ago
- ❍ 6 months – 1 year ago
- ❍ 1 – 5 years ago
- ❍ Greater than 5 years ago

DEMOGRAPHICS

1. Which best describes your *ethnicity*:

❍ Not Hispanic or Latino ❍ Hispanic or Latino

2. Which of the following best describes your *racial background*:

❍ American Indian / Alaska Native ❍ Asian
❍ Native Hawaiian / Other Pacific Islander ❍ White
❍ Black or African American ❍ Some other race: _____
❍ Do not know

3. What is your *current relationship status*:

❍ Married ❍ Separated ❍ Divorced ❍ Widowed
❍ Never Married ❍ Living with partner in committed relationship

4. What was your *highest level of education* achieved?

❍ 8th grade or less ❍ Some high school
❍ High school grad or GED ❍ Some college
❍ Technical degree / Associate's degree ❍ Bachelor's degree
❍ Advanced / Professional degree (MA, PhD, MD, etc)

5. Which of the following best describes your *current occupational status*:

❍ Full-time employed ❍ Part-time employed ❍ Full-time student
❍ Homemaker ❍ Retired ❍ On disability
❍ On leave of absence ❍ Unemployed

6. What type of smartphone do you use?

❍ iPhone
❍ Other (Android, Windows, etc.)
❍ I do not own a smartphone

Expectations of Surgery

1. How much pain do you expect to have on average in the days after surgery?

0	1	2	3	4	5	6	7	8	9	10
No Pain										***Pain as bad as imaginable***

2. If or when you take opioid/narcotic pain medications, how much pain relief do you expect to receive after taking the medication?

0	1	2	3	4	5	6	7	8	9	100
No Pain										***Pain as bad as imaginable***

POST-OPERATIVE DAY 0 & 1
defined from OR discharge to midnight day of surgery

1.1 After discharge from OR, patient (choose single most appropriate):

- ❍ Transferred to PACU/Recovery Room
- ❍ ICU
- ❍ Died intra-operatively

1.2 After discharge from OR, patient remains intubated:

- ❍ Yes
- ❍ No

1.3 Length of time until patient was ready for discharge from Post Anesthesia Care Unit:

_____ hours

1.4 Total POD 0 opioid administration (total dose of individual opioid administered on POD 0):

Fentanyl…….	_____ mcg	Hydrocodone….....	_____ mcg
Sufentanil……..	_____ mcg	Oxycodone……....	_____ mcg
Remifentanil…..	_____ mcg		
Alfentanil……	_____ mcg		
Morphine……	_____ mcg		
Hydromorphone.	_____ mcg		
Methadone…….	_____ mcg		
Tramadol……	_____ mcg		
Other.....	_____ mcg		

1.5 POD 0 non-opioids used:

Non-Opioids	
❍ Acetaminophen **(Tylenol)**	❍ Ketamine Intravenous **(Ketalar)**
❍ Diclofenac **(Voltaren/Cataflam/Cambia)**	❍ Ketorolac **(Toradol)**
❍ Gabapentin **(Neurontin/Gralise/Horizant)**	❍ Lidocaine Intravenous **(Xylocaine)**
❍ Ibuprofen **(Motrin/Advil/Neoprofen)**	❍ Lyrica (**Pregabalin**)
❍ Other: _____	

1.6 Regional or Epidural?

❍ Adductor canal	❍ Psoas compartment
❍ Epidural	❍ Sciatic
❍ Femoral	❍ TAP
❍ Paravertebral	

❍ Thoracic	❍ Lumbar

1.7 Type of local anesthetic used for block:

❍ Bupivacaine	❍ Lidocaine
❍ Liposomal Bupivacaine	❍ Mepivacaine
❍ Ropivacaine	

1.8 Does the infusion have an opioid additive:

❍ Yes
❍ No

1.9 Pain Score on POD 0:

_____ on a scale from _____ to _____

time of data collection:_____

POST-OPERATIVE OUTCOMES

1.1 Reintubation:

❍ Yes ❍ No

If **yes**, day endotracheal tube was placed:

Definition: Answer "Yes" if patient required placement of an endotracheal tube any time after leaving the operating room

❍ PACU ❍ POD: _____ day

1.2 Patient receives supplemental oxygen:

❍ Yes
❍ No

Definition: Any supplemental oxygen requirement after leaving the PACU (in a patient with no previous oxygen dependence preoperatively

1.3 New NIV requirement:

❍ Yes
❍ No

Definition: New non-invasive ventilation (CPAP and/or BIPAP). Exclude patients using NIV for OSA preoperatively

1.4 Myocardial Injury (ASPIRE Quality Metric):

❍ Yes
❍ No

Definition: Troponin is > 1.00 within 96 hours of anesthesia end

1.5 Hospital length of Stay:

_____ hours

1.6 ICU length of stay (if present):

_____ hours

Discharge Medications (opioid / non-opioid)

1.1 Opioids

Opioids	
❍ Buprenorphine (**Butrans/Suboxone/Subutex**)	❍ Methadone (**Dolphine/Methadose**)
❍ Codeine (**Tylenol 1, 2, 3 or 4**)	❍ Morphine (**Avinza/Kadian/MS Contin/Astromorph**)
❍ Fentanyl **(Abstral/Actiq/Duragesic)**	❍ Oxycodone (**Roxicodone/Percocet**)(**OxyContin**)
❍ Hydrocodone **(Norco/Vicodin/Lortab/Lorcet)(Zohydro)**	❍ Oxymorphone (**Opana**)(**Opana ER**)
❍ Hydromorphone (**Dilaudid**)(**Exalgo**)	❍ Tapentadol (**Nucynta**)(**Nucynta ER**)
❍ Merperidine (**Demerol/Mepergan**)	❍ Tramadol (**Ultram**)(**Ultram ER**) (ConZyp) (Ryzolt)
❍ Other: _____	

	Opioid #1 Name:_____	Opioid #2 Name:_____	Opioid #3 Name:_____
1.2 Dose (mg)			
1.3 Prescribing frequency	❍ Daily	❍ Daily	❍ Daily
	❍ Q 12	❍ Q 12	❍ Q 12
	❍ Q 8	❍ Q 8	❍ Q 8
	❍ Q 6	❍ Q 6	❍ Q 6
	❍ Q 4	❍ Q 4	❍ Q 4
	❍ Q 2	❍ Q 2	❍ Q 2
	❍ PRN	❍ PRN	❍ PRN
1.4 Total number of pills prescribed			
1.5 Number of refills			

1.6 Discharge of non-opioid medication:

Non-Opioids	
❍ Acetaminophen **(Tylenol)**	❍ Ketamine Intravenous **(Ketalar)**
❍ Diclofenac **(Voltaren/Cataflam/Cambia)**	❍ Ketorolac **(Toradol)**
❍ Gabapentin **(Neurontin/Gralise/Horizant)**	❍ Lidocaine Intravenous **(Xylocaine)**
❍ Ibuprofen **(Motrin/Advil/Neoprofen)**	❍ Lyrica (**Pregabalin**)
❍ Other: _____	

POST-OPERATIVE OUTCOMES

1.1 Reintubation:

❍ Yes ❍ No

If **yes**, day endotracheal tube was placed:

Definition: Answer "Yes" if patient required placement of an endotracheal tube any time after leaving the operating room

❍ PACU ❍ POD: _____ day

1.2 Patient receives supplemental oxygen:

❍ Yes
❍ No

Definition: Any supplemental oxygen requirement after leaving the PACU (in a patient with no previous oxygen dependence preoperatively

1.3 New NIV requirement:

❍ Yes
❍ No

Definition: New non-invasive ventilation (CPAP and/or BIPAP). Exclude patients using NIV for OSA preoperatively

1.4 Myocardial Injury (ASPIRE Quality Metric):

❍ Yes
❍ No

Definition: Troponin is > 1.00 within 96 hours of anesthesia end

1.5 Hospital length of Stay:

_____ hours

1.6 ICU length of stay (if present):

_____ hours

Study ID:
Data Collector Name:
Date:

Pain at the Site of your Surgery

The questions below refer to any pain that you may be experiencing at the specific site of your surgery (i.e., knee for knee surgery, pelvic area for hysterectomy, chest for thoracic surgery, etc).

1. In the past week, have you had any pain at the *site of your surgery*?

Yes **[ ]** No **[ ]** → **If *"No"*, skip to next section.**

2. How long have you been experiencing this pain? *(respond using numbers)*

____ years ____ months ____ weeks ____ days

3. Using the scale below, please select the number that best rates the pain at your surgical site, *where 0 indicates "no pain" and 10 indicates the "worst pain you could possibly imagine"*.

Please rate your pain by circling the one number that best describes your pain at its ***worst*** in the last week.

0	1	2	3	4	5	6	7	8	9	10
No Pain										***Pain as bad as imaginable***

Please rate your pain by circling the one number that best describes your pain on the ***average*** in the last week.

0	1	2	3	4	5	6	7	8	9	10
No Pain										***Pain as bad as imaginable***

Overall Body Pain

1. **For the next two questions, please consider overall body pain you may have that is separate or different from pain in your surgical site. Using the scale below, where -0- indicates "no pain" and 10 indicates *"worst pain you could possibly imagine".***

   Please rate your pain by circling the one number that best describes your pain at its ***worst*** in the last week.

0	1	2	3	4	5	6	7	8	9	10
No Pain										***Pain as bad as imaginable***

   Please rate your pain by circling the one number that best describes your pain on the ***average*** *in the last week.*

0	1	2	3	4	5	6	7	8	9	10
No Pain										***Pain as bad as imaginable***

2. **If you currently have or have ever had chronic pain (i.e., pain lasting at least 3 months), at what age was the earliest instance of chronic pain that you can recall?**

   N/A (never had chronic pain) **[ ]** Earliest chronic pain I can recall was at age: _____

Physical Function - Please respond to each question or statement by marking one box per row.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to do chores such as vacuuming or yard work?…..…….....	☐	☐	☐	☐	☐
2. Are you able to go up and down stairs at a normal pace?.....…….....	☐	☐	☐	☐	☐
3. Are you able to go for a walk of at least 15 minutes?.....….….....	☐	☐	☐	☐	☐
4. Are you able to run errands and shop?.....	☐	☐	☐	☐	☐

Anxiety - Please respond to each question or statement by marking one box per row.

In the past 7 days…	Never	Rarely	Sometimes	Often	Always
1. I felt fearful.....	☐	☐	☐	☐	☐
2. I found it hard to focus on anything other than my anxiety	☐	☐	☐	☐	☐
3. My worries overwhelmed me.....	☐	☐	☐	☐	☐
4. I felt uneasy	☐	☐	☐	☐	☐

Depression - Please respond to each question or statement by marking one box per row.

In the past 7 days...	Never	Rarely	Sometimes	Often	Always
1. I felt worthless.....	☐	☐	☐	☐	☐
2. I felt helpless	☐	☐	☐	☐	☐
3. I felt depressed	☐	☐	☐	☐	☐
4. I felt hopeless	☐	☐	☐	☐	☐

Sleep - Please respond to each question or statement by marking one box per row.

In the past 7 days…

		Very poor	Poor	Fair	Good	Very good
1.	My sleep quality was	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

		Not at all	A little bit	Somewhat	Quite a bit	Very much
2.	My sleep was restless.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3.	I had a problem with my sleep	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
4	My sleep was refreshing	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
5.	I had difficulty falling asleep	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

THOUGHTS ABOUT SYMPTOMS

Instructions: *Individuals who experience certain symptoms have developed a number of ways to cope or deal with, their symptoms. These include saying things to themselves when they experience pain, fatigue, etc. or engaging in different activities. Below is a list of things that patients have reported doing when they feel pain, fatigue etc. For each item, please indicate, using the scale below, how much you engage in that item when you feel symptoms.*

	Never	Almost never	Once in awhile	Some-times	A lot of the time	Almost always	Always
1. It's terrible, and I feel it's never going to get any better.	0	1	2	3	4	5	6
2. It's awful, and I feel that it overwhelms me.	0	1	2	3	4	5	6
3. I feel my life isn't worth living.	0	1	2	3	4	5	6
4. I worry all the time about whether it will end.	0	1	2	3	4	5	6
5. I feel I can't stand it anymore.	0	1	2	3	4	5	6
6. I feel like I can't go on.	0	1	2	3	4	5	6

Post-Operative Opioid, Non-Opioid Use

1.1 Have you taken one of the following pain medications since your surgery?

❍ Yes (complete table)
❍ No (if No, please move to question 1.8)

Opioids	
❍ Buprenorphine (**Butrans/Suboxone/Subutex**)	❍ Methadone (**Dolphine/Methadose**)
❍ Codeine (**Tylenol 1, 2, 3 or 4**)	❍ Morphine (**Avinza/Kadian/MS Contin/Astromorph**)
❍ Fentanyl **(Abstral/Actiq/Duragesic)**	❍ Oxycodone (**Roxicodone/Percocet**)(**OxyContin**)
❍ Hydrocodone **(Norco/Vicodin/Lortab/Lorcet)(Zohydro)**	❍ Oxymorphone (**Opana**)(**Opana ER**)
❍ Hydromorphone (**Dilaudid**)(**Exalgo**)	❍ Tapentadol (**Nucynta**)(**Nucynta ER**)
❍ Merperidine (**Demerol/Mepergan**)	❍ Tramadol (**Ultram**)(**Ultram ER**) (ConZyp) (Ryzolt)
❍ Other: _____	

	Opioid #1 Name:_____	**Opioid #2** Name:_____	**Opioid #3** Name:_____
1.2 Dose (mg)			
1.3 Average number of pills per day			
1.4 How many pills have you received since discharge (including refills)?			
1.5 How many pills do you currently have left?			
1.6 Are you still taking this medication?	❍ Yes	❍ Yes	❍ Yes
	❍ No	❍ No	❍ No
1.7 If No, date stopped (month/day/year)	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

1.8 Non-Opioid Medication:

Non-Opioids	
❍ Acetaminophen **(Tylenol)**	❍ Ketamine Intravenous **(Ketalar)**
❍ Diclofenac **(Voltaren/Cataflam/Cambia)**	❍ Ketorolac **(Toradol)**
❍ Gabapentin **(Neurontin/Gralise/Horizant)**	❍ Lidocaine Intravenous **(Xylocaine)**
❍ Ibuprofen **(Motrin/Advil/Neoprofen)**	❍ Lyrica (**Pregabalin**)
❍ Other: _____	

1) Since discharge have you had any other events occur that require use of new pain medication?

❍ No: move to question 2

❍ Yes

a. Date:__/___/____

b. Event

O ER visits
O new surgeries
O complications
O re-hospitalization
O return to surgery/revision surgery
O physical injury (example: broken leg, car accident, falls)
O chronic problems-migraines
O other: _____

c. New Pain Medication Prescription

Opioids	
❍ Buprenorphine (**Butrans/Suboxone/Subutex**)	❍ Methadone (**Dolphine/Methadose**)
❍ Codeine (**Tylenol 1, 2, 3 or 4**)	❍ Morphine (**Avinza/Kadian/MS Contin/Astromorph**)
❍ Fentanyl **(Abstral/Actiq/Duragesic)**	❍ Oxycodone (**Roxicodone/Percocet**)(**OxyContin**)
❍ Hydrocodone **(Norco/Vicodin/Lortab/Lorcet)(Zohydro)**	❍ Oxymorphone (**Opana**)(**Opana ER**)
❍ Hydromorphone (**Dilaudid**)(**Exalgo**)	❍ Tapentadol (**Nucynta**)(**Nucynta ER**)
❍ Merperidine (**Demerol/Mepergan**)	❍ Tramadol (**Ultram**)(**Ultram ER**) (ConZyp) (Ryzolt)
❍ Other: _____	

	Opioid #1 Name:_____	**Opioid #2** Name:_____	**Opioid #3** Name:_____
1.2 Dose (mg)			
1.3 Average number of pills per day			
1.4 How many pills have you received since discharge (including refills)?			
1.5 How many pills do you currently have left?			
1.6 Are you still taking this medication?	❍ Yes	❍ Yes	❍ Yes
	❍ No	❍ No	❍ No
1.7 If No, date stopped (month/day/year)	_____/_____/_____	_____/_____/_____	_____/_____/_____

Non-Opioids	
❍ Acetaminophen **(Tylenol)**	❍ Ketamine Intravenous **(Ketalar)**
❍ Diclofenac **(Voltaren/Cataflam/Cambia)**	❍ Ketorolac **(Toradol)**
❍ Gabapentin **(Neurontin/Gralise/Horizant)**	❍ Lidocaine Intravenous **(Xylocaine)**
❍ Ibuprofen **(Motrin/Advil/Neoprofen)**	❍ Lyrica (**Pregabalin**)
❍ Other: _____	

2) At this time, how would you rate your surgery success on a scale of 0-10?

0	1	2	3	4	5	6	7	8	9	10
Worst/ did not work or help										**It was a success/ pain or disease free at this time**