

DATA COLLECTION

CC NUMBER: _____

SURGICAL INTERVENTION DATE: _____ TELEPHONE CALL DATE: _____

TYPE OF SURGICAL INTERVENTION:

TYPE OF ANESTHESIA:

- ☐ Local
- ☐ Local + Sedation
- ☐ Nerve Block
- ☐ Spinal
- ☐ Narcosis
- ☐ Other _____

SEX: M F AGE: _____

ANALGESIC THERAPY AFTER SURGERY (prescribed for the first 24 h):

- ☐ Tachidol every ___h
- ☐ Perfalgan every ___h
- ☐ Toradol every ___h
- ☐ Orudis every ___h
- ☐ Oxycontin ___mg every ___h
- ☐ Other _____

ANALGESIC THERAPY AT DISCHARGE:

- ☐ Tachidol every ___h
- ☐ Toradol if pain > 4
- ☐ Other _____

1) PAIN 6 HOURS AFTER DISCHARGE:

2) PAIN 12 HOURS AFTER DISCHARGE:

3) PAIN 24 HOURS AFTER DISCHARGE:

4) OTHER ASSUMED DRUG PAINKILLERS TO THOSE REQUIRED ON DISCHARGE LETTER:

IF YES, WHAT?

5) HAVE YOU CONTACTED ANY DOCTOR OR HEALTH SERVICE TO MANAGE PAIN?

IF YES, WHO?

DIARY

	Discharge		Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	h 16	h 22	h 8	h 20	h 8	h 20	h 8	h 8	h 8	h 20	h 8	h 20	h 8	h 20	h 8	h 20
My pain level from 0 to 10																
Did you take painkillers? (yes/no)																
Did you take any other painkiller? (yes/no)																
Did you contact your general practitioner? (yes/no)																
Did you contact your hospital? (yes/no)																
Did you go to Emergency Department? (yes/no)																
Other pain relief strategies (yes/no)																

If you have taken drugs other than prescribed, what you took?

If you have used other ways to relief pain, what they did? (Eg. Ice on the operated area, massages, natural remedies ..) They gave you relief? (Yes or no)

Was there any symptom / problem that forced you to stop painkillers? (Eg. Nausea, vomiting ...). Describe it, please.
