

A DATE OF DATA COLLECTION:	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> Y <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> D <input type="text" value=""/> <input type="text" value=""/> D	D RESEARCH ASSISTANT CODE:	<input type="text"/>
B TIME OF DATA COLLECTION:	<input type="text" value=""/> <input type="text" value=""/> H <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> M	PATIENT CODE (LOCAL):	<input type="text"/>
C WARD WHERE DATA IS COLLECTED:	<input type="text"/>	ROOM NUMBER:	<input type="text"/>

### SCREENING - INCLUSION CRITERIA

	yes	no	
<b>S1</b> Time of data collection is POD1 AND patient is 6 hrs (minimum) in the ward  <b>End surgery:</b> Date: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> Y <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> D <input type="text" value=""/> <input type="text" value=""/> D Time: <input type="text" value=""/> <input type="text" value=""/> H <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> M POD1?  <b>Back in ward:</b> Date: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> Y <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> D <input type="text" value=""/> <input type="text" value=""/> D Time: <input type="text" value=""/> <input type="text" value=""/> H <input type="text" value=""/> <input type="text" value=""/> M <input type="text" value=""/> <input type="text" value=""/> M 6HRS?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>yes</b> to 1 and 2 and 3 • Give the Outcomes questionnaire to the patient • Complete the Process questionnaire
<b>S2</b> Patient is consenting age or over	<input type="checkbox"/>	<input type="checkbox"/>	If <b>no</b> to 1 or 2 or 3: • Do not fill in the rest of the Process questionnaire • Do not give the Outcomes questionnaire to the patient • Input the screening data (up to the point you have reached) into the web mask
<b>S3</b> Patient has given his assent (or consent) to participate  If <b>no</b> to S3, mark the reason(s):  <input type="checkbox"/> a. Patient is not on the ward <input type="checkbox"/> b. Patient does not wish to participate <sup>1</sup> <input type="checkbox"/> b1. too ill <input type="checkbox"/> b2. too much pain <input type="checkbox"/> b3. other <input type="checkbox"/> c. Patient is asleep <input type="checkbox"/> d. Patient has visitors <input type="checkbox"/> e. It is not possible to communicate with the patient (e.g., patient is deaf, does not read/write in any of the languages in which the Outcomes questionnaire is available) <input type="checkbox"/> f. Patient is cognitively impaired (e.g., Downs syndrome, dementia, Alzheimer's disease, Cerebral Palsy) <input type="checkbox"/> g. Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special case: If <b>yes</b> to 1 and 2 and 3f and you have permission from the Ethics Committee in your hospital: • Complete the Process questionnaire • Do not give the Outcomes questionnaire to the patient

<sup>1</sup> Remember: You may interview patients who need help, e.g., are too ill or in too much pain or illiterate

### DEMOGRAPHIC INFORMATION

<b>D1 Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>D2 Year of birth</b> <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> Y
<b>D3 Weight</b> <input type="text"/> kg	<b>D4 Height</b> <input type="text"/> cm
<b>D5 Nationality</b> (check records) <input type="text"/>	<b>D6 Country of birth</b> (check records) <input type="text"/>
<b>D7 Language of Outcome questionnaire (select one)</b> <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Afrikaans <input type="checkbox"/> Bahasa Malaysia <input type="checkbox"/> Braz. Portuguese <input type="checkbox"/> Bulgarian <input type="checkbox"/> Chinese (Simp.) <input type="checkbox"/> Chinese (Trad.) <input type="checkbox"/> Czech <input type="checkbox"/> Dutch <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Icelandic <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian <input type="checkbox"/> Korean <input type="checkbox"/> Latvian <input type="checkbox"/> Norwegian <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Serbian <input type="checkbox"/> Setswana <input type="checkbox"/> Spanish <input type="checkbox"/> Span. Mexico <input type="checkbox"/> Swedish <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Xhosa <input type="checkbox"/> Zulu	

### BLANK FIELDS

Blank field 1: <input type="text"/>	Blank field 5: <input type="text"/>
Blank field 2: <input type="text"/>	Blank field 6: <input type="text"/>
Blank field 3: <input type="text"/>	Blank field 7: <input type="text"/>
Blank field 4: <input type="text"/>	Project phase: <input type="text"/>

**MEDICAL HISTORY**

**H1 Comorbidities**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

Cancer	<input type="checkbox"/> <b>Cancer</b>
Renal	<input type="checkbox"/> <b>Renal</b> insufficiency or disease <b>without dialysis</b> <input type="checkbox"/> <b>Renal</b> disease <b>requiring dialysis</b>
Diabetes	<input type="checkbox"/> <b>Diabetes Type I</b> <input type="checkbox"/> <b>Diabetes Type II</b> <input type="checkbox"/> <b>Diabetes Type unknown</b>
Psychiatric	<input type="checkbox"/> <b>Affective disorders</b> (depression, anxiety, phobia, PTSD, bipolar disorder) <input type="checkbox"/> <b>Schizophrenia</b> <input type="checkbox"/> <b>Alcohol</b> use disorder <input type="checkbox"/> Current <b>smoker</b> <input type="checkbox"/> <b>Substance abuse</b> of drugs (legal and illegal)
Cardiovascular	<input type="checkbox"/> <b>Hypertension</b> <input type="checkbox"/> <b>Coronary artery</b> disease or <b>myocardial infarction</b> or <b>cerebral vascular accident</b>
Hematology	<input type="checkbox"/> <b>Sickle cell disease</b>
GI disease	<input type="checkbox"/> <b>Liver Cirrhosis</b> <input type="checkbox"/> History or current upper or lower <b>GI ulcer</b> (peptic or duodenal ulcer disease) <input type="checkbox"/> <b>Irritable bowel disease</b> (Crohn's disease, ulcerative colitis)
Pulmonary disease	<input type="checkbox"/> <b>Asthma</b> <input type="checkbox"/> <b>Sleep apnea</b> <input type="checkbox"/> Chronic Obstructive Pulmonary Disease ( <b>COPD</b> )
Neurologic	<input type="checkbox"/> <b>Fibromyalgia</b>
Steroid use	<input type="checkbox"/> Regular administration of <b>oral or parenteral corticosteroid</b> medications
Musculoskeletal	<input type="checkbox"/> <b>Osteoarthritis</b> <input type="checkbox"/> <b>Rheumatoid arthritis</b>
Multiple trauma	<input type="checkbox"/> At least 1 <b>fracture(s) / laceration(s) / tissue damage</b> in addition to the current reason for surgery
Other surgery	<input type="checkbox"/> Patient has already undergone <b>another surgery</b> during current hospitalization
	<input type="checkbox"/> <b>Other</b> , specify: <input type="text"/>

**H2 Existing condition** (check medical record)

Pregnancy, Week:       not relevant     not possible to obtain the information  
 Lactation     not relevant     not possible to obtain the information

**H3 Did the patient receive any opioid(s) before the current admission?**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	Immediate release (PO & other)	Controlled release; (PO & other)
Buprenorphine	<input type="checkbox"/> mg\day	<input type="checkbox"/> µg\hr transdermal
Codeine	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Fentanyl	<input type="checkbox"/> µg\hr transmucosal / intranasal	<input type="checkbox"/> µg\hr transdermal
Hydrocodone	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Hydromorphone	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Morphine	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Oxycodone	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Oxycodone (with Naloxon)	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Pethidine (Meperidine)	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Tapentadol	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Tilidin (w\wo Naloxon)	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Tramadol	<input type="checkbox"/> mg\day	<input type="checkbox"/> mg\day
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PRE - MEDICATION

## M1 Sedatives (pre-medication)

 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	p.o.	i.v.	i.m.
Diazepam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Clorazepate dipotassium	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Haloperidol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Lorazepam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Midazolam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Promethazine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input type="text"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg

## M2 Non-opioids (pre-medication)

 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	p.o.	i.v.	i.m.	supp.
Celecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Etoricoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Flurbiprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Gabapentin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketorolac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Naproxen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nefopam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Paracetamol (Acetaminophen)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Parecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Pregabalin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRE - MEDICATION**

**M3 Opioids (pre-medication)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	Immediate release (PO & other)	Controlled release (PO & other)	i.v.	i.m.	supp.	s.c.
Buprenorphine	<input type="checkbox"/> mg	<input type="checkbox"/> µg/hr	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dezocine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg <small>transmucosal</small>	<input type="checkbox"/> µg/hr <small>transdermal</small>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydrocodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Oxycodone (with Naloxon)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Pethidine (Meperidine)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramide	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Sufentanil	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tapentadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Tilidin (w/wo Naloxon)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SURGICAL PROCEDURE(S)**

**P1 Surgical procedure(s)**

use ICD-9 codes link <http://icd9cm.chrisendres.com/index.php?action=proclist>

ICD-9 Procedure Code		Text (only for your notes, not necessary for mask)	
1		1	
2		2	
3		3	
4		4	

**P2 Duration of surgery**

**Start surgery:** Date:  2  0  1  Y  M  M  D  D

Time:  H  H  M  M

**End surgery:** Date:  2  0  1  Y  M  M  D  D

Time:  H  H  M  M

## INTRA-OPERATIVE

**M4 General anaesthesia (intra-op)**
 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

 Inhalational

 IV
**M5 Regional anaesthesia (RA) (intra-op)**
 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

 Epidural

 Spinal

 Brachial plexus

 Femoral

 Sciatic

 Paravertebral

 Transv. Abdom. Plane (TAP)

 Other: 

In M8: Mark the RA medication(s) given in the RA column

**M6 Non-opioids (intra-op)**
 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	i.v.	i.m.	supp.
Clonidine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexmedetomidine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Flurbiprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketorolac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Naproxen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nefopam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Paracetamol (Acetaminophen)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Parecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i.v.	i.m.	supp.

**INTRA-OP**

**M7 Wound infiltration (intra-op)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible; analgesic is not recorded):

Single shot by surgeon     Indwelling catheter     Other, specify:      Other, specify:

**M8 Opioids & local anaesthetics (intra-op)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	RA (see M5)	i.v.	i.m.	s.c.
Alfentanil	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Buprenorphine	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dezocine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydrocodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Pethidine (Meperidine)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramid	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Remifentanil	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Sufentanil	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Bupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levobupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prilocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RA	i.v.	i.m.	s.c.

**RECOVERY ROOM**

**M9 Non-opioids (recovery room)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	p.o.	i.v.	i.m.	supp.
Celecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Clonidine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Etoricoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Flurbiprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Gabapentin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketorolac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Naproxen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nefopam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Paracetamol (Acetaminophen)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Parecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Pregabalin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M10 Regional analgesia (recovery room)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

<input type="checkbox"/> Epidural	<input type="checkbox"/> Spinal	<input type="checkbox"/> Brachial plexus	<input type="checkbox"/> Femoral
<input type="checkbox"/> Sciatic	<input type="checkbox"/> Paravertebral	<input type="checkbox"/> Transv. Abdom. Plane (TAP)	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

In M11: (1) Mark the RA medication(s) given in the RA column  
 (2) If the medication was given as PCA, tick appropriate box in the PCA column

**RECOVERY ROOM**

**M11 Opioids & local anaesthetics (recovery room)**

yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	Immediate release (PO & other)	Controlled release (PO & other)	RA (see M10)	i.v.	i.m.	supp.	s.c.	PCA (see M10)
Buprenorphine	<input type="checkbox"/> mg	<input type="checkbox"/> µg/hr	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Dezocine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/> µg transmucosal	<input type="checkbox"/> µg/hr transdermal	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Nalbuphin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone (with Naloxone)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Pethidine (Meperidine)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Piritramid	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Sufentanil	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>
Tapentadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Tilidin (w/wo Naloxon)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Bupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levobupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prilocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone (only as an antagonist for respiratory depression)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
	Immediate release (PO & other)	Controlled release (PO & other)	RA	i.v.	i.m.	supp.	s.c.	PCA



## WARD

## M12 Non-opioids (ward)

 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	p.o.	i.v.	i.m.	supp.
Celecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Clonidine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Dexketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Etoricoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Flurbiprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Gabapentin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketorolac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Naproxen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nefopam	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Paracetamol (Acetaminophen)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Parecoxib	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Pregabalin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## M13 Regional analgesia (ward)

 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

<input type="checkbox"/> Epidural	<input type="checkbox"/> Spinal	<input type="checkbox"/> Brachial plexus	<input type="checkbox"/> Femoral
<input type="checkbox"/> Sciatic	<input type="checkbox"/> Paravertebral	<input type="checkbox"/> Transv. Abdom. Plane (TAP)	<input type="checkbox"/> Other: <input type="text"/>

In M14: (1) Mark the RA medication(s) given in the RA column

(2) If the medication was given as PCA, tick appropriate box in the PCA column

## WARD

## M14 Opioids &amp; local anaesthetics (ward)

 yes     no     not possible to obtain the information

If yes, which (multiple answers possible):

	Immediate release (PO & other)	Controlled release (PO & other)	RA (see M13)	i.v.	i.m.	supp.	s.c.	PCA (see M13)
Buprenorphine	<input type="checkbox"/> mg	<input type="checkbox"/> µg/hr	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Dezocine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/> µg transmucosal	<input type="checkbox"/> µg/hr transdermal	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg <input type="checkbox"/> µg	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Nalbuphin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone (with Naloxone)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Pethidine (Meperidine)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Piritramid	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Sufentanil	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>
Sufentanil sublin- gual (Zalviso)		<input type="checkbox"/> µg						<input type="checkbox"/>
Tapentadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Tilidin (w/wo Naloxon)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Bupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levobupivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prilocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropivacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone (only as an antagonist for respiratory depression)	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>

## M15 Measurement of pain:

a) Since the patient returned from surgery, how many times was pain assessed and this was recorded?

 0    1    2    3    4    5    6    7    8    9    >9 times    not possible to obtain the information

b) After treatment with an analgesic, was the pain re-assessed within 60 minutes?

 no analgesic was given

 0    1    2    3    4    5    6    7    8    9    >9 times    not possible to obtain the information