

A DATE OF DATA COLLECTION:	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> Y <input type="text" value=""/> <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	
S1 Time of data collection is POD1 AND patient is 6 hrs (minimum) in the ward End surgery: Date: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> Y <input type="text" value=""/> <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? Back in ward: Date: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> Y <input type="text" value=""/> <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 yes to 1 and 2 and 3 • Give the Outcomes questionnaire to the patient • Complete the Process questionnaire
S2 Patient is consenting age or over	<input type="checkbox"/>	<input type="checkbox"/>	If no 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
S3 Patient has given his assent (or consent) to participate If no 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 ¹ <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 yes to 1 and 2 and 3f and you have permission from the Ethics Committee in your hospital: • Complete the Process questionnaire

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

DEMOGRAPHIC INFORMATION

D1 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	D2 Year of birth	<input type="text" value=""/> <input type="text" value=""/> Y <input type="text" value=""/> <input type="text" value=""/> Y
D3 Weight	<input type="text" value=""/> kg	D4 Height	<input type="text" value=""/> cm
D5 Nationality (check records)	<input type="text"/>	D6 Country of birth (check records)	<input type="text"/>
D7 Language of Outcome questionnaire (select one)			
<input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Afrikaans <input type="checkbox"/> Bahasa Malaysia <input type="checkbox"/> Chinese (Simp.) <input type="checkbox"/> Chinese (Trad.) <input type="checkbox"/> Danish <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"/> Hindustani <input type="checkbox"/> Icelandic <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian <input type="checkbox"/> Korean <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Spanish <input type="checkbox"/> Span. Mexico <input type="checkbox"/> Swedish <input type="checkbox"/> Turkish <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"/> Cancer
Renal	<input type="checkbox"/> Renal insufficiency or disease without dialysis <input type="checkbox"/> Renal disease requiring dialysis
Diabetes	<input type="checkbox"/> Diabetes Type I <input type="checkbox"/> Diabetes Type II <input type="checkbox"/> Diabetes Type unknown
Psychiatric	<input type="checkbox"/> Affective disorders (depression, anxiety, phobia, PTSD, bipolar disorder) <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Current smoker <input type="checkbox"/> Substance abuse of drugs (legal and illegal)
Cardiovascular	<input type="checkbox"/> Hypertension <input type="checkbox"/> Coronary artery disease or myocardial infarction or cerebral vascular accident
Hematology	<input type="checkbox"/> Sickle cell disease
GI disease	<input type="checkbox"/> Liver Cirrhosis <input type="checkbox"/> History or current upper or lower GI ulcer (peptic or duodenal ulcer disease) <input type="checkbox"/> Irritable bowel disease (Crohn's disease, ulcerative colitis)
Pulmonary disease	<input type="checkbox"/> Asthma <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
Neurologic	<input type="checkbox"/> Fibromyalgia
Steroid use	<input type="checkbox"/> Regular administration of oral or parenteral corticosteroid medications
Musculoskeletal	<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid arthritis
Multiple trauma	<input type="checkbox"/> At least 1 fracture(s) / laceration(s) / tissue damage in addition to the current reason for surgery
Other surgery	<input type="checkbox"/> Patient has already undergone another surgery during current hospitalization
	<input type="checkbox"/> Other , 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	<input style="width: 100%; height: 20px;" type="text"/>	1	<input style="width: 100%; height: 20px;" type="text"/>
2	<input style="width: 100%; height: 20px;" type="text"/>	2	<input style="width: 100%; height: 20px;" type="text"/>
3	<input style="width: 100%; height: 20px;" type="text"/>	3	<input style="width: 100%; height: 20px;" type="text"/>
4	<input style="width: 100%; height: 20px;" type="text"/>	4	<input style="width: 100%; height: 20px;" type="text"/>

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
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; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: <input style="width: 150px; height: 15px;" 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; height: 15px;" 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 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 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 & 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