

## Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Vu JV, Howard RA, Gunaseelan V, Brummett CM, Waljee JF, Englesbe MJ. Statewide implementation of postoperative opioid prescribing guidelines. *N Engl J Med* 2019;381:680-2. DOI: 10.1056/NEJMc1905045

**Table of Contents**

Procedure-specific prescribing guidelines	Page 2
Patient-reported outcomes survey instrument	Page 3

Procedure-specific prescribing guidelines

Procedure	Recommended Prescription Size in Pills of 5mg Oxycodone <sup>a</sup>
Laparoscopic Cholecystectomy	10
Appendectomy	10
Minor Hernia Repair (Open/Laparoscopic) <sup>b</sup>	10
Open Ventral/Incisional Hernia Repair	25
Laparoscopic Colectomy	25
Open Colectomy	25
Vaginal Hysterectomy	15
Minimally Invasive Hysterectomy	20
Abdominal Hysterectomy	25

<sup>a</sup> These were the recommended prescription sizes in the October 2017 version of the guidelines. Since then, these amounts have been updated and new procedures have been added. The up-to-date prescribing guidelines are available at <http://opioidprescribing.info>.

<sup>b</sup> Minor hernia repair includes: laparoscopic or open inguinal, femoral, umbilical, and epigastric hernia repair.

Patient-reported outcomes survey instrument

Only you can tell us how much better you feel or how your activity has changed since your surgery.  
For the following questions, please circle or fill out your answer.

1. **Overall, how would you rate your satisfaction with your experience following your surgery?**

1 2 3 4 5 6 7 8 9 10  
Extremely Dissatisfied Extremly Satisfied

2. **In general, what would you say your quality of life is:**

1 2 3 4 5  
Worst Possible Best Possible

3. **Do you regret your decision to undergo surgery?**

1 2 3 4 5  
Strongly Regret Absolutely No Regret

4. **Thinking back, how would you rate your pain in the first week after your surgery?**

No Pain Moderate Pain  
Minimal Pain Severe Pain

5. **Surgical site pain: Please rate your pain at the site of your surgery by circling the number that best describes your pain on average over the last week.**

0 1 2 3 4 5 6 7 8 9 10  
No Pain Worst Pain Imaginable

6. **Other body pain: Please rate your overall body pain by circling the number that best describes your pain on average over the last week.**

0 1 2 3 4 5 6 7 8 9 10  
No Pain Worst Pain Imaginable

7. **What percent recovered do you feel that you are now? (0 - 100%)** \_\_\_\_\_

8. **How many weeks after your surgery were you able to return to all of your normal daily activities?** \_\_\_\_\_ (If you have not returned to doing all of your normal daily activities, please leave this question blank)

The following questions refer to opioid medications that you may have taken before your surgery or were prescribed after your surgery.

9. **Did you take any opioid pain medication at any time in the year before your surgery?** NO YES

10. **Did you have a prescription for opioid pain medication after your surgery when you were discharged from the hospital after your surgery?**

NO (you do not need to complete the rest of the survey)

YES (please complete questions 11 – 15)

11. **What opioid pain medication(s) were you prescribed?**

12. \_\_\_\_\_  
\_\_\_\_\_

Dose (example 5 mg) \_\_\_\_\_

How many pills or liquid were prescribed?  
\_\_\_\_\_

13. **Did you fill the prescription?** NO YES (if NO you can stop here)

14. **How much of this medication did you take since your surgery?**

\_\_\_\_\_

15. **How many times did you refill this medication?**

\_\_\_\_\_

16. **Are you still taking this medication?** NO YES

If YES, what is the current dose?

\_\_\_\_\_