

# Plastic Surgery Post-Operative Pain Questionnaire

- Are you still taking any of these medications for pain BECAUSE OF YOUR SURGERY?

- |  |            |           |
|--|------------|-----------|
| 1. Ibuprofen/Aleve/Advil/Motrin                    | <b>Yes</b> | <b>No</b> |
| 2. Tylenol   | <b>Yes</b> | <b>No</b> |
| 3. Gabapentin/Neurontin                            | <b>Yes</b> | <b>No</b> |
| 4. Toradol (Ketorolac)                             | <b>Yes</b> | <b>No</b> |
| 5. Tramadol  | <b>Yes</b> | <b>No</b> |
| 6. Flexeril or Valium                              | <b>Yes</b> | <b>No</b> |
| 7. Oxycodone/Hydrocodone<br>Vicodin/Percocet/Norco | <b>Yes</b> | <b>No</b> |

- Did you have to call the office or ask your doctor for a refill of opioid pain medication?

**Yes**    **No**

- Did you have to go to an ER, urgent care or other doctor for a refill of opioid pain medication?

**Yes**    **No**

- How did you dispose of your left over opioid pain medication?

- a) I haven't disposed of it yet
- b) Trash can
- c) Flushed it
- d) Brought it back to a designated disposal or medication return site
- e) I didn't have any left over
- f) Other: \_\_\_\_\_

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**Office Use:**

Surgery Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Patient Label

**The James**