

OPERAS Follow-up telephone interview script:

Good afternoon/morning/evening Mr/Mrs/title (as listed on file) participant's name.

My name is _____, and I am a _____ (e.g., researcher medical student or role as appropriate) and I am calling on behalf of the OPERAS study team. You may remember we discussed a study about medicine prescriptions for pain relief after surgery while you were in hospital 1 week ago. Is now a good time to talk?

Before we start, can I confirm you're still happy to participate in this study?

If yes, start questionnaire, if no, thank participant and end call. Record participant as withdrawn from study at their request

We will start by asking a series of questions about the medicines you have used to help with pain after your return home from hospital

Can I ask if you have used **any** medicines for pain since you left hospital?

If Yes, ask questions 1 – 11. If No, go to question 12 and continue from there.

1. Did you take your hospital-prescribed opioid pain-relief medications? (give examples of prescribed medications here e.g. sevredol). If answer no, go to Qu 8. If yes, ask Qu 2 and on
2. How many tablets of _____ did you take through the course of the week? (Please go through the list of medications this patient was prescribed and calculate the quantity consumed in number of tablets OR mls)
3. Were you prescribed any other opioid medications I have missed?
(Take this opportunity to answer any questions about what medications may or may not count as opioids – this study includes weak opioids such as tramadol and codeine).
4. What was the date you last consumed your opioid medication?
5. While you have been at home, have you had any of the following side-effects?
Nausea or vomiting
Drowsiness
Itching
Dizziness
Constipation
 - a. If they said yes to any of the above, ask them: can you please describe on a scale of 0 to 10, 0 being none at all and 10 being extreme, how severe these side effects were?

6. Were you prescribed any laxatives, that is medications to help pass bowel motions easier, or anti-sickness medications? (You may use cyclizine, metoclopramide, ondansetron or appropriate anti-emetics as examples to give examples to the patient, lactulose, coloxyl, senna are examples of laxatives).
7. Did you receive information, advice or education on how to dispose of excess opioid medications?

For all patients:

8. Did you use paracetamol/panadol to manage pain during the last week?
9. Did you use any non-steroidals like ibuprofen, naproxen, or celecoxib (insert common trade names i.e. nurofen to help with pain in the last week)?
10. Did you use any nerve pain medications like gabapentin, pregabalin, or amitriptyline to help with pain in the last week?
11. Did you seek medical help for pain relief? This includes your GP, urgent care or the emergency department, the ward you were in at the hospital, or your surgeon.
 - a. *If Yes*, did you receive any additional medicines?
 - b. If yes, were they the same dose, higher dose, or lower dose? (You may ask the patient to check their containers or prescription to compare).
12. Did you get any pain relief medications from any other sources? For example, from friends or family, or that you already had at home? Anything you tell us here will not be passed on to anyone else, and we do not want to know anyone's name.
 - a. If yes, do you know the name, dose and how many you have used?
13. Did you seek any medical help for side effects from your pain medication? If so, was this the GP, urgent care, the emergency department, the ward you were in at the hospital, or your surgeon.? (Clarify if they were readmitted).
14. For the past 3 months prior to your admission, were you using any routine pain killer medications?
 - a. If yes, how many days per week?
 - b. If yes, what medications were you using (tick boxes which apply)?

The next series of questions will ask you about your quality of life after surgery.

15. We are trying to find out what you think about your health. I will explain what to do as I go along, but please interrupt me if you do not understand something or if things are not clear to you. There are no right or wrong answers. We are interested only in your personal view.
16. First, I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your health TODAY.

17. Do not choose more than one answer in each group of questions. (Note to interviewer: first read all five options for each question. Then ask the respondent to choose which one applies to him/herself. Repeat the question and options if necessary. Mark the appropriate box under each heading. You may need to remind the respondent regularly that the timeframe is TODAY)

EQ-5D DESCRIPTIVE SYSTEM

19. First, I would like to ask you about MOBILITY. Would you say that:

1. You have no problems in walking about?
2. You have slight problems in walking about?
3. You have moderate problems in walking about?
4. You have severe problems in walking about?
5. You are unable to walk about?

20. Next, I would like to ask you about SELF-CARE. Would you say that:

1. You have no problems washing or dressing yourself?
2. You have slight problems washing or dressing yourself?
3. You have moderate problems washing or dressing yourself?
4. You have severe problems washing or dressing yourself?
5. You are unable to wash or dress yourself?

21. Next, I would like to ask you about USUAL ACTIVITIES, for example work, study, housework, family or leisure activities. Would you say that:

1. You have no problems doing your usual activities?
2. You have slight problems doing your usual activities?
3. You have moderate problems doing your usual activities?
4. You have severe problems doing your usual activities?
5. You are unable to do your usual activities?

22. Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that:

1. You have no pain or discomfort?
2. You have slight pain or discomfort?
3. You have moderate pain or discomfort?
4. You have severe pain or discomfort?
5. You have extreme pain or discomfort?

23. The next question we would like to ask is regarding your mental health and wellbeing and may be sensitive. Is this okay to discuss?

If prompted for the reason for the question: we are asking this question to get a holistic perspective of your overall health, including mental health and mood to investigate whether opioids impact on these aspects of your life. If yes: go to Q24, if no go to Q25

24. Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that:

1. You are not anxious or depressed?

2. You are slightly anxious or depressed?
3. You are moderately anxious or depressed?
4. You are severely anxious or depressed?
5. You are extremely anxious or depressed?

EQ-5D VAS

25. Now, I would like to ask you to say how good or bad your health is TODAY. I would like you to picture in your mind a vertical line that is numbered from 0 to 100. (Note to interviewer: if interviewing face-to-face, please show the respondent the VAS line.)
- a. "100 at the top of the line means the best health you can imagine.
 - b. 0 at the bottom of the line means the worst health you can imagine."
26. I would now like you to tell me the point on this line where you would put your health TODAY. (Note to interviewer: mark the line at the point indicating the respondent's health today)

The next questions are about what has happened to you since you left hospital one week ago

27. On a scale of 0 to 100, 0 being none of the time and 100 being all of the time, how often were you in **severe** pain in the last week?
28. Did you remember receiving any information, advice, or education about managing your pain from your doctor or nurse before being discharged from hospital?
Yes/No/Can't recall
29. In your opinion, was the amount of pain medication you received when leaving hospital too little, just right or too much to manage your pain during this week?
30. On a scale of 0 to 10, 0 being extremely dissatisfied and 10 being extremely satisfied, how satisfied were you with the results of your pain treatment over the past week?

Thank you for your time. Do you have any questions?

If anything we have discussed has brought up any bad feelings and you'd like to talk to someone further, I can recommend some resources for you.

For Australia: Lifeline Australia 13 11 14, for Aotearoa New Zealand: Lifeline Aotearoa 0508 828 865