

# Hope Surgery Center



DAY

Pre-op

Day of Surgery

1

2

3

7

30

60

90

English



## Pain

Describe your average pain level before your surgery

While Resting (0-10)



With Activity (0-10)



Previous

ON-Q<sup>\*</sup>  
TRAC

Next

# Hope Surgery Center

DAY

Pre-  
op

Day  
of  
Surgery

1

2

3

7

30

60

90

English



## Your Activities

Describe your ability to perform the following tasks  
(make one selection in each category)

I can stand

— Select an option —



I can walk

— Select an option —



I can perform usual daily activities

— Select an option —



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English 

## Pain Medication

Choose the medications you have taken for pain in the past 7 days

### Medication





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# Hope Surgery Center



English ▼

## Product

You received an ON-Q\* pain pump (pictured on the right) after surgery to help manage your post-op pain



Yes

No

Previous



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English



## Surgical Pain

Describe your current pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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# Hope Surgery Center



English 

## Your Activities

Describe your ability to perform the following tasks  
(make one selection in each category)

I can stand



I can walk



I can perform usual daily activities



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English 

## Sleep Quality after Surgery

Since my surgery, my sleep is interrupted by pain from my surgical site

- |   |                                 |
|---|---------------------------------|
| <input checked="" type="checkbox"/> Never | <input type="checkbox"/> Often  |
| <input type="checkbox"/> Rarely           | <input type="checkbox"/> Always |
| <input type="checkbox"/> Sometimes        |                                 |

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English 

## Home after Surgery

You were released after your surgery

Yes

No

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English



## Surgical Pain

Describe your average pain level within the first 12 hours after your surgery

While Resting (0–10)



With Activity (0–10)



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English



## Pain Compared to Expectations

Describe the level of pain at this point in your recovery compared to what you expected

Much Less

Slight More

Slightly Less

Much More

As Expected

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# Hope Surgery Center



English



## Side Effects

Select the side effect(s) you have experienced in the past 24 hours

Nausea

Vomiting

Drowsiness

Dizziness

Constipation

Hallucinations

Itching

None

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# Hope Surgery Center



English



## Your Activities

Describe your ability to perform the following tasks  
(make one selection in each category)

I can stand

— Select an option —



I can walk

— Select an option —



I can perform usual daily activities

— Select an option —



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English



## Sleep Quality after Surgery

Since my surgery, my sleep is interrupted by pain from my surgical site

Never

Often

Rarely

Always

Sometimes

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English



## Pain Medication

Choose ALL the medications, strengths and number of pills you took in the last 24 hours for your surgical pain

### Medication

— Select Medication —



### Strength

— Select —



### Quantity

— Select —



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English



## Pain Pump Removal

My pain pump was removed

Yes

No

Date of removal

MM-DD-YYYY



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# Hope Surgery Center



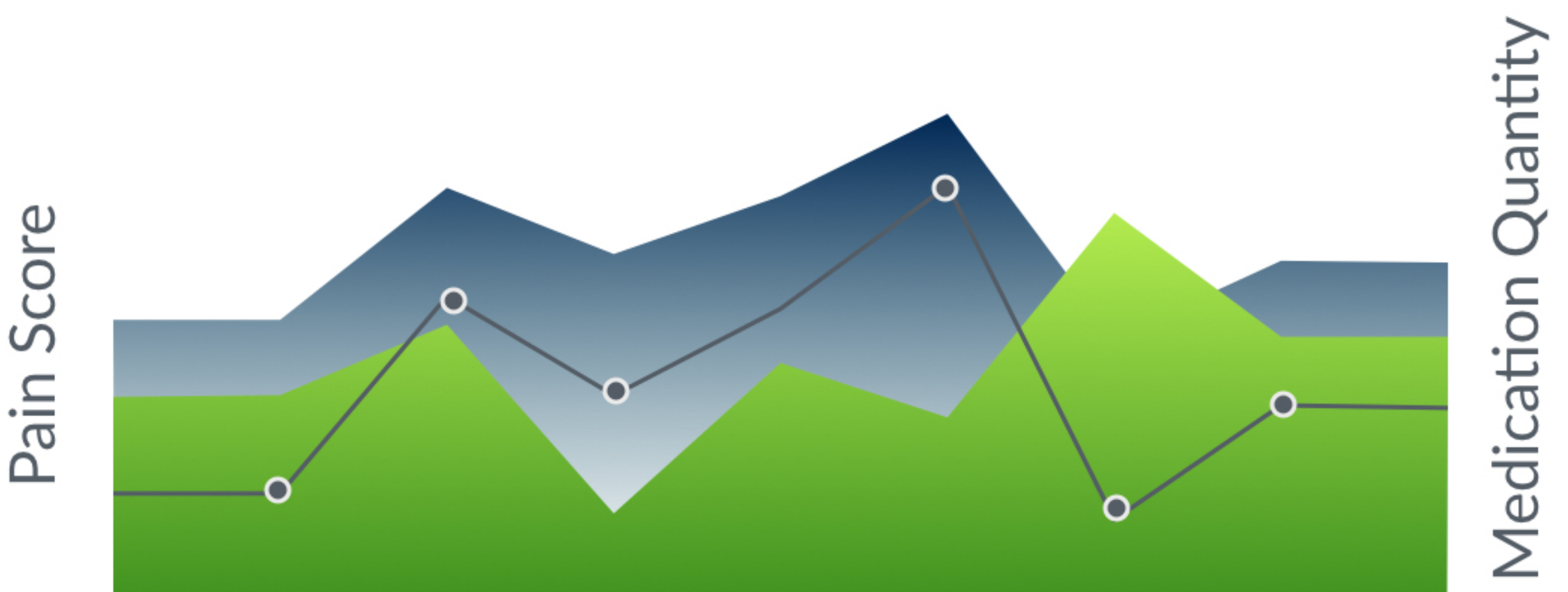
## Survey Completed

Thank you for completing the survey. Please see the schedule for any open surveys.

● Rest Pain Level

● Total Opioid Qty

● Active Pain Level



[Back to my surveys](#)

ON-Q<sup>\*</sup>  
TRAC



# Hope Surgery Center



English



## Surgical Pain

Describe your current pain level related to your surgery

While Resting (0-10)



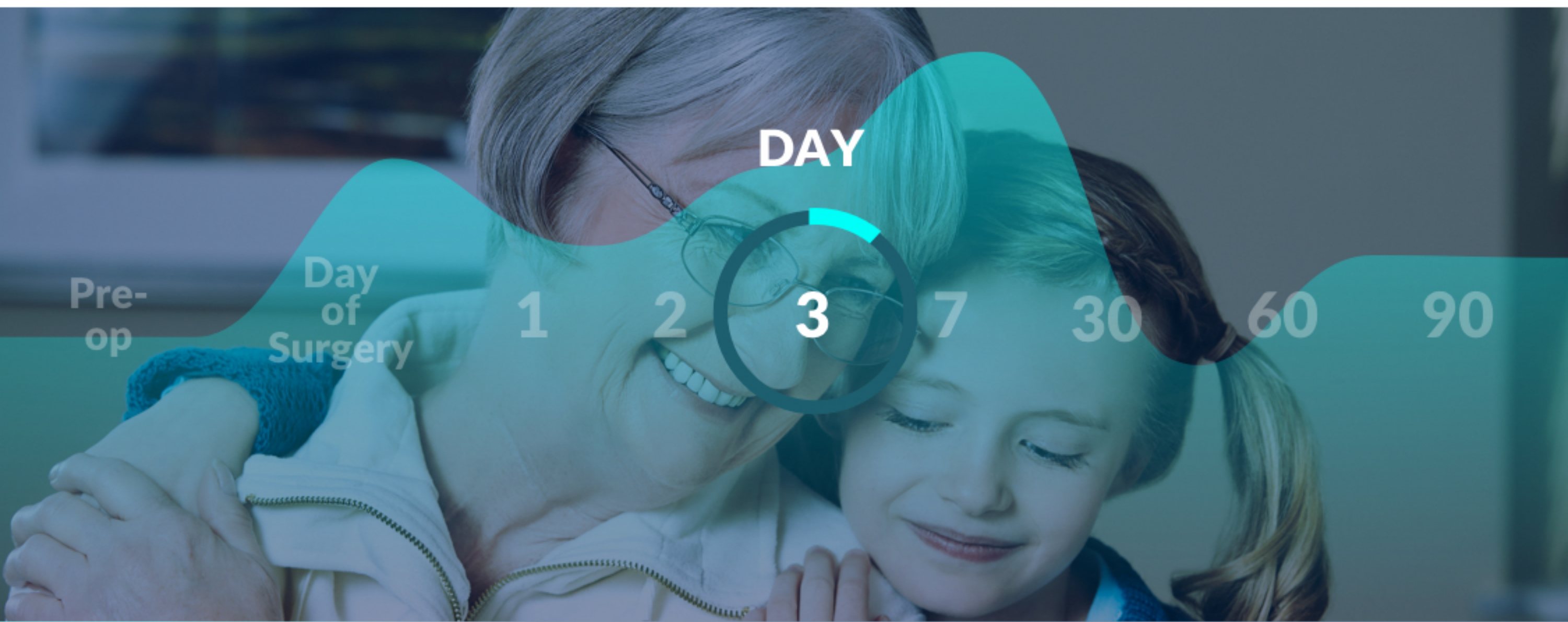
With Activity (0-10)



Previous

ON-Q<sup>®</sup>  
TRAC

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English



## Surgical Pain

Describe your current pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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# Hope Surgery Center



English 

## Surgical Pain

Describe your current pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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# Hope Surgery Center



English 

## Back to Work

Since your surgery, you returned to work

Yes  No  Not Applicable

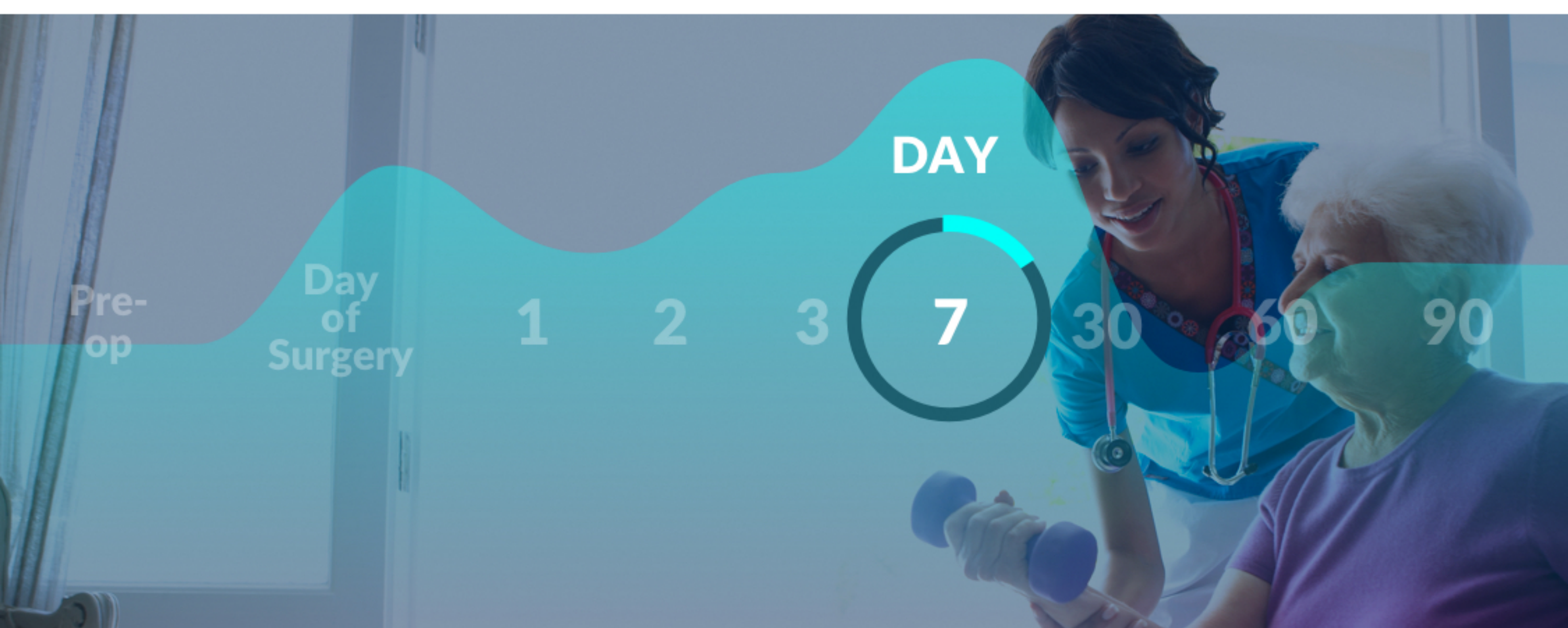
## Date of Return to Work

MM-DD-YYYY 

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English 

## Unexpected Events – Emergency

Since your surgery, you visited the emergency room

Yes  No

Date of Visit

MM-DD-YYYY 

Select the reason(s) for your visit to the emergency room

- Breathing
- Nausea/Vomiting**
- Bleeding
- Cardiac
- Dizziness/Drowsiness**
- Pain
- Bowel Function/Urination
- Trauma
- Issue Related to Surgery
- Other

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# Hope Surgery Center



English



## Surgical Pain

In the last week, describe your daily average pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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# Hope Surgery Center



English



## Surgical Pain

In the last week, describe your daily average pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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# Hope Surgery Center



DAY

90

English



## Surgical Pain

In the last week, describe your daily average pain level related to your surgery

While Resting (0–10)



With Activity (0–10)



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## Survey Completed

Thank you for completing the survey. Please see the schedule for any open surveys.

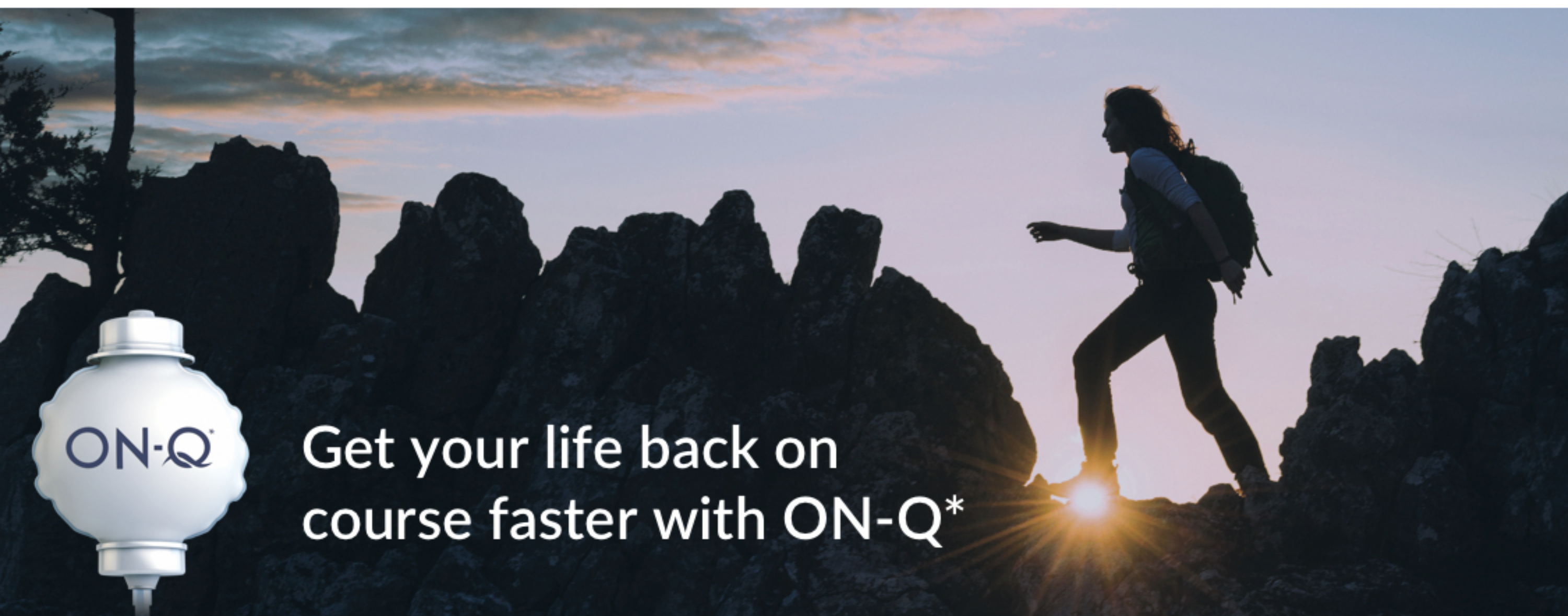
● Rest Pain Level

● Total Opioid Qty

● Active Pain Level



[Back to my surveys](#)



ON-Q

Get your life back on course faster with ON-Q\*

English



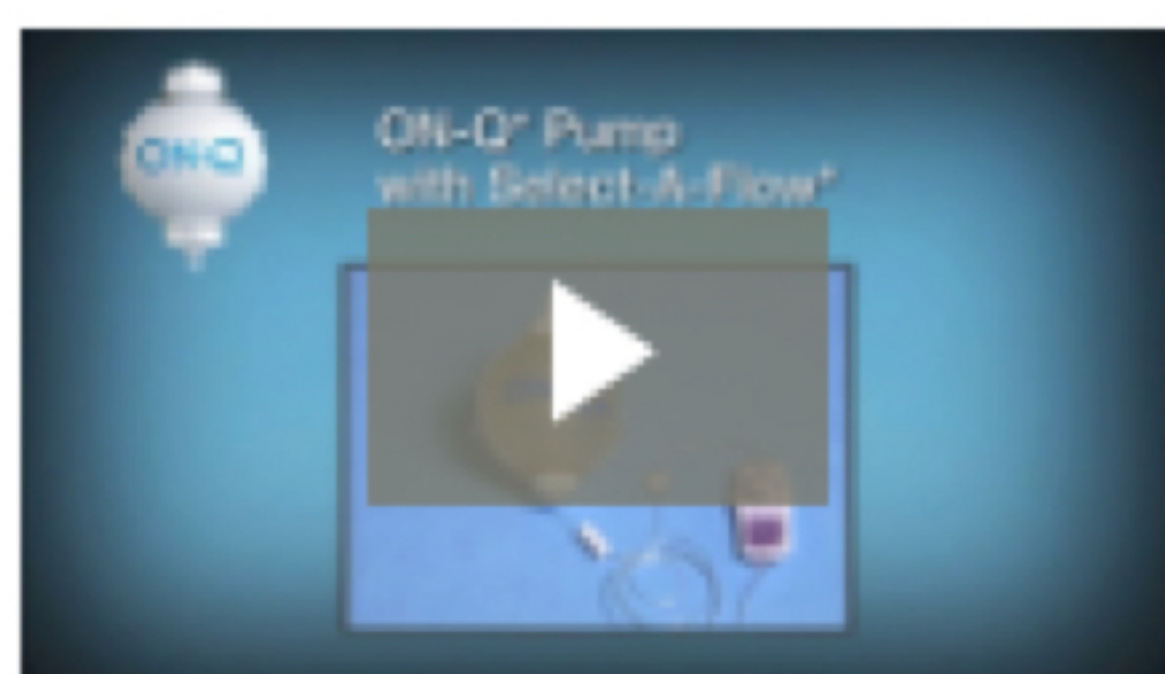
## Pain Management Resources



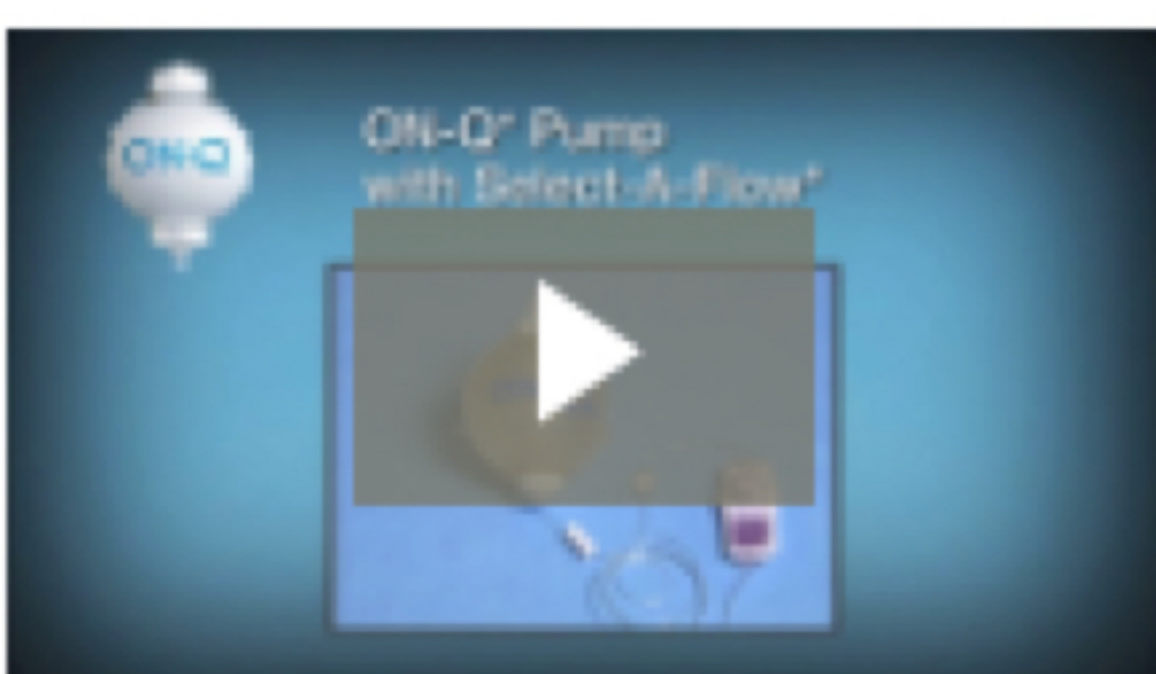
Catherter Removal



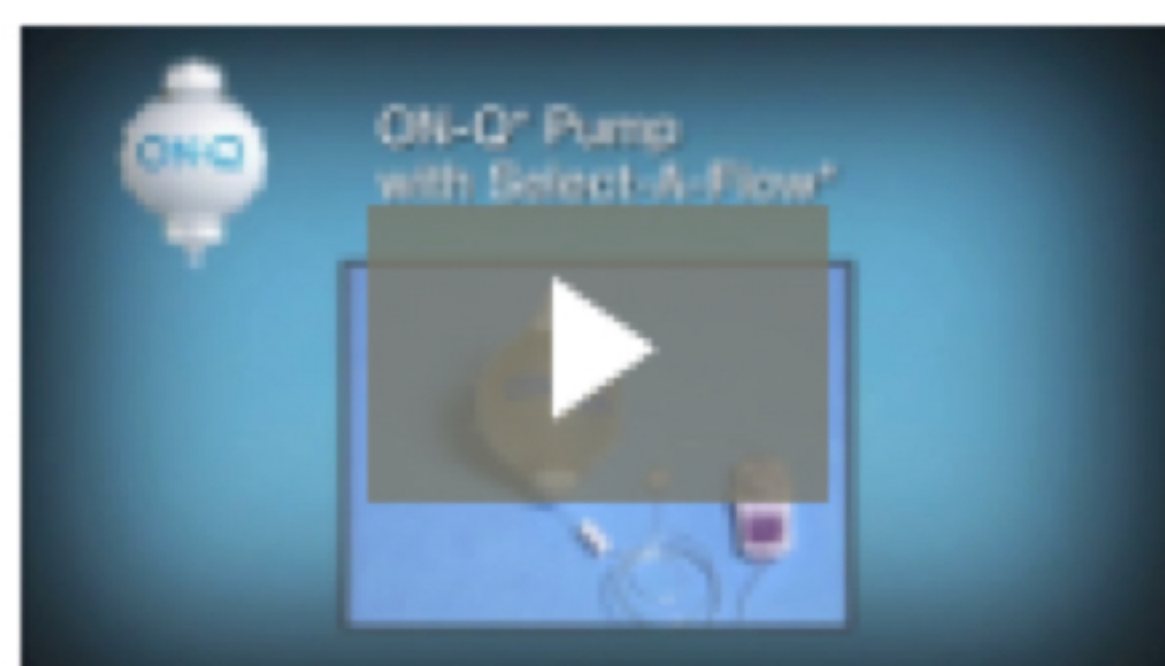
ON-Q\* Pump Adjustable Rate (SAF)



ON-Q\* Pump Adjustable Rate (SAF) & ONDemand



ON-Q\* Pump Fixed Flow



ON-Q\* Pump with ONDEMAND

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