

Appendix 1. Questionnaire that patients were given 10 days from surgery regarding their experience with the pain medication process

----Please fill out before handing back to Orthopedic Surgeon's office----

- Please select your biggest concern about taking a prescription pain medication to manage your pain after surgery? (select all that apply)
 - Concern about my own lack of general knowledge about prescription pain medications
 - Concern about my own potential for accidentally or intentionally not complying with medication instructions
 - Concern over potential inappropriate prescription pain medication access by an individual in my household to whom the pills were not prescribed
 - d. Concern surrounding the potential risk of addiction associated with prescription pain medication
 - e. Concern over how to adequately dispose of extra prescription pain pills
 - f. Other____
 - g. No concerns
- 2. If you knew that you had several risk factors for prescription pain medication misuse or dependence, would you have preferred to have been prescribed another type of break through pain medication?
 - a. Yes
 - b. No
- Select the statement that best describes your approach to taking the prescription pain medication:
 - I only took the medication when I was in pain and discontinued the medication because I was no longer in pain
 - I only took the medication when I was in pain and discontinued the medication early due to another concern, despite still being in pain
 - i. Please specify other reason for early discontinuation:
 - c. I took the medication until the end of my prescription duration even though I was no longer in pain due to prescription bottle or my surgeon's instructions
 - I took the medication until the end of my prescription duration because I was still in significant pain until this time point
- Select any statements that apply to your experience taking prescription pain medication:
 - a. I got an additional prescription refill for pain medication
 - I ran out of prescription pain medication faster than expected and I wished that I could have continued taking the medication
 - c. I altered the medication dosing schedule in an effort to return to sport earlier
 - d. I took the prescription pain medication for a use besides pain at least once
- 5. If you are not taking any prescription pain medication regularly at this point, do you have any extra pills left over?
 - a. Yes



b.	No i.	If Yes to #5: What is the total number of prescribed pain pills that you
		still have remaining?
	ii.	$(If\ Yes\ to\ \#5)$ Please choose the following method that best describes how you disposed of your extra prescribed pain pills after the duration of your prescription:
		Returned them to a medication take-back kiosk a. Which type of location did you return the extra pills to? i. 1. Pharmacy 2. Police station 3. Hospital 4. Other Flushed down the toilet Threw in the trash Forgot about them, and the pills remain in my house Gave them to another individual because I didn't need them Other: Intentionally saved the extra pills, and the pills remain in my house a. (if selected 7) What was the primary motivation for saving
		your leftover prescription pain medication in your home?
		 i. a. (financial) the prescription was expensive so I didn't want to throw away medication that hadn't yet expired ii. (convenience) I wanted to have them on hand in case I or family/ friends needed them (for a condition not related to my surgery/so that I didn't have to return to my physician) iii. I wanted to have them on hand in case the pain related to surgery returned iv. Other:

- iii. (if Yes to #5) Do you believe that you selected the most appropriate option for disposal of left over prescription pain medication?

 1. Yes

 2. No

----STOP Evening 10----

Thank you for completing this daily set of questions. It will provide us with important information on planning future treatment approaches for others.