

## PRESCRIBING PATTERNS OF NARCOTICS FOLLOWING NASAL SURGERY

PI: Stephen Nogan

Hello, my name is (insert name). I am a (insert role) at the Ohio State University (insert department).

I am calling you to ask if you would be willing to answer a few questions regarding the use of pain medications after your (insert surgery here...septoplasty etc.). The answers you provide will be used to help improve post-surgical prescribing patterns. Information obtained from this survey will be completely confidential and not shared with anyone.

This survey should only take 10 minutes of your time. The answers your provide will be 100% confidential. Your name will not be linked to anything you say in response to our questions or be used in the text of any publication. There is a minimal risk of a breach of confidentiality. There are no direct benefits to you of participating in the study.

Participation is voluntary. You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed and approved this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law.

Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices

For this study, the type of nasal surgery you underwent, age, and narcotic medications prescribed will be used. This information, in addition to any of your responses today will only be discussed among the researchers and only be used for the purpose of this study. You may refuse to have this information used at any time, in which case you would not be able to participate in this study. There is a risk that your information will be given to others without your permission. Any information that is shared may no longer be protected by federal privacy rules. Any information you provide may be reviewed at any time by contacting us.

Any questions about this survey can be directed to myself or the principal investigator, Dr. Nogan. Any questions related to your privacy rights under HIPAA or related to this research authorization will also be answered by the appropriate person. The same applies for questions about your rights as a participant in this study and other study-related concerns. You can contact

the primary investigator at [Stephen.Nogan@osumc.edu](mailto:Stephen.Nogan@osumc.edu). The co-investigator's email is [corey.cheresnick@osumc.edu](mailto:corey.cheresnick@osumc.edu)

Do you have any questions about this research? Would you like to participate?

Thank you, let's begin...

Questions:

1. You were prescribed "X" amount of "narcotic name" after your surgery. Did you fill this prescription? (yes/no)
2. Approximately how many tablets did you take for the pain after surgery?
3. How many days after surgery did you take the narcotic pain medication?
4. Was your pain well controlled with the amount taken?
5. Did you use your prescription for anything other than the pain due to surgery?
6. Did you use any other medications for pain after your surgery?
7. Have you been treated for substance abuse including painkillers or been told you should seek treatment?
8. If you did not consume the entire prescribed amount, did you dispose of the excess? If so, how?

*The appropriate contacts will be provided upon request by the participant. They will contain information on Dr Nogan (PI), Kenneth Akakpo (Co-investigator), as well as any other relevant individuals. This information contains name, institutional affiliation, and contact information).*