

Post-Operative Tonsillectomy Questionnaire

Patient: _____ Age: _____ Doctor: _____

Surgery: _____ Date of Surgery: _____ Reason for Surgery: _____

Please complete this section as your child is recovering from surgery:

1. Acetaminophen (Tylenol) needed after surgery: Day of surgery 1 2 3 4 5 6 7 8 9 10
Number of doses _ _ _ _ _ _ _ _ _ _

2. Ibuprofen (Motrin, Advil) needed after surgery: Day of surgery 1 2 3 4 5 6 7 8 9 10
Number of doses _ _ _ _ _ _ _ _ _ _

3. Hycet/Norco/Acetaminophen with codeine needed after surgery: Day of surgery 1 2 3 4 5 6 7 8 9 10
Number of doses _ _ _ _ _ _ _ _ _ _

4. When was a normal diet resumed after surgery? Day of surgery 1 2 3 4 5 6 7 8 9 10

5. When was normal activity resumed after surgery? Day of surgery 1 2 3 4 5 6 7 8 9 10

Please complete this section 7-10 days after the procedure:

Overall was the pain severity: Mild Moderate Severe Excruciating Comments: _____

Overall was the pain: Worse than expected As expected Less than expected

Did your child experience any post-op "dip" (days 5-7 post-op)? Yes No Comments: _____

How is the breathing as compared to before surgery? Much improved Improved Same Worse

How is the sleep quality as compared to before surgery? Much improved Improved Same Worse

Has there been any change in the child's voice? Yes No

If yes, what do you notice? _____

Please let us know your comments about the whole experience:

Four horizontal lines for writing comments.

Please mail the completed form in the envelope provided or fax to (858) 966-8038.

THANK YOU!!