

Annex: 1 Questionnaires

Part I: Socio-Demographic Characteristics of Respondents

Instruction: Please circle the number of your choice.

It. no.	Questions	Responses	Remark
101	Sex of participants	1. Male 2. Female	
102	How old are you?	-----years	
103	What is your ethnicity	1. Amhara 2. Oromo 3.Tigre 4.Others_____	
104	What is your marital status?	1. Married 2. Single 3. Divorced 4. Widowed	
105	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5.Others(specify)_____	
106	What is your level of qualification?	1. Diploma 2. Bachelor degree 3. Master’s degree and above	
107	How many years of work What experience do you have?	1. _____	
108	How long have you been working in a postoperative area	1. _____	
109	Where is your current area of Practice?	1. _____	

110	Have you received any training related to POP management?	1. Yes 2. No	If No Skip to Q12
111	If yes, How do you receive training?	1. Lecture 2. Course 3. Conference 4. Workshop	
112	Do you have access to read pain management guidelines in your hospital?	1. Yes 2. No	If No Skip to next
113	If yes, How often do you read the guidelines?	1 Always 2 Monthly 3 Quarterly 4 Yearly	

Part II: Respondents' knowledge of Post-operative pain assessment and management-related questions

Instruction: Please circle the number of your choice.

Item No.	Items	Response
201	When a patient requests increasing amounts of analgesics to control pain, this usually indicates that the patient is psychologically dependent.	1. Yes 2. No 3. not sure
202	Vital signs are always reliable indicators of the intensity of a patient's pain.	1. Yes 2. No

		3. not sure
203	Pain assessment includes onset, duration, variability, location, and intensity of pain.	1. Yes 2. No 3. not sure
204	When using the WHO pain ladder to treat acute pain, treatment should go from bottom to top.	1. Yes 2. No 3. not sure
205	Combining analgesics that work by different mechanisms may result in better pain control with fewer side effects than using a single analgesic agents	1. Yes 2. No 3. not sure
206	Pain should be assessed before and after administering pain medications.	1. Yes 2. No 3. not sure
207	Observation is one part of the method used in surgical pain assessment	1. Yes 2. No 3. not sure
208	The side effects of narcotics should be observed at least 20 minutes after Administration	1. Yes 2. No 3. not sure
209	The recommended route of administration of opioid analgesics with brief, severe pain of sudden onset such as POP is intramuscular.	1. Yes

		2. No 3. not sure
210	Analgesics for POP should initially be given around the clock on a fixed schedule.	1. Yes 2. No 3. not sure
211	Pre-surgery injection such as anesthesia is given for pain management	1. Yes 2. No 3. not sure
212	Respiratory depression rarely occurs in patients who have been receiving stable doses of Opioids over months.	1. Yes 2. No 3. not sure
2013	Opioids should not be used in patients with a history of substance abuse.	1. Yes 2. No 3. not sure
214	A rating scale ranging from (0) "no pain at all to (10) the worst pain" is essential to adopt in pain assessment.	1. Yes 2. No 3. not sure
215	If a patient sleeps with no movement postoperatively, this indicates that the patient is not in pain.	1. Yes 2. No 3. not sure

Part III: Respondents' attitude toward Post-operative pain assessment and management-related questions Instruction:

Please click the box you choose

Item S.No.	Questions	Response		
		Agree	Dis agree	Don't know
301	Your patient should experience discomfort before giving the next dose of pain medications.			
302	Distraction can reduce pain intensity			
303	A patient's spiritual beliefs may lead them to think pain and suffering are necessary.			
304	Using pain measurement instruments is integral in postoperative pain management.			
305	Morphine is a very strong drug; patients in postoperative pain would be content with just one dose.			
306	Nurses can best judge the patient's pain intensity because they spent 24 hours with the patients			
307	Lack of pain expression does not mean lack of pain.			
308	Effective analgesia is an essential part of postoperative Management			
109	Pain is what the patient says it is.			

Part IV: Items to assess practice

Direction: Read the following questions carefully and encircle your choice. If your choice is "yes" tick also on how frequently you practice it and skip to the next questions if your choice is "never".

401	Do you assess pain for patients able to communicate? If your choice is never to skip to Q4	1. yes 2. never	If yes how frequently? I always sometimes
402	Do you use a pain assessment tool for the pain scale? If never used go to Q404	1. yes 2. never	If yes how frequently? I always sometimes
403	If use, Please! Name the tool(s) you used.	_____, _____	
404	If your answer for Q401 & 402 above is never, What Were the barriers that hindered you from pain assessment? You can choose multiple options.		1. Nursing workload 2. Lack of standard pain assessment tool in hospital 3. lack of training in pain management 4. Lack of pain management Guidelines in the hospital 5. Patient's inability to communicate 6. Other(specify)_____
405	Do you encourage the use of transcutaneous electrical nerve stimulators for pain management	1. yes 2. never	If yes how frequently? I always sometimes
406	Do you combine opioids with NSAIDs rather than single analgesic agents when managing POP as suggested by the World Health Organization?	1. yes 2. never	If yes how frequently? I always sometimes

407	Do you document the findings after the pain assessment?	1. yes 2. never	If yes how frequently? always sometimes
408	If your answer for Q407 is never, what was the reason for your not documenting the finding? If not choose never, go to Q409. You can choose multiple options		1. Nursing workload 2. No designed area for charting 3. Lack of familiarity with the assessment tools 8. Other(specify)_____
409	Do you encourage prayer by patients or religious leaders postoperatively?	1. yes 2. never	If yes how frequently? I always sometimes
410	Do you administer ordered pain medication, around the clock (regularly) as ordered?	1. yes 2. never	If yes how frequently? I always sometimes
411	Do you use music therapy to reduce postoperative pain?	1. yes 2. never	If yes how frequently? always sometimes
412	Do you reassess pain after giving pain medication to evaluate the effectiveness of pain medication?	1. yes 2. never	If yes how frequently? I always sometimes
413	After surgery, do you provide comfortable positions to help relieve pain?	1. yes 2. never	If yes how frequently? always sometimes
414	Do you ask and help to support the painful areas when the patients moving or coughing after surgery?	1. yes 2. never	If yes how frequently? always sometimes

415	Do you provide a clean, calm, and well-ventilated ward environment for POP management?	1. yes 2. never	If yes how frequently? I always sometimes
416	Do you lay the patients on neat, well-laid beds postoperatively?	1. yes 2. never	If yes how frequently? always sometimes
417	Do you encourage massaging and stretching to reduce POP?	1. yes 2. never	If yes how frequently? always sometimes
418	Do you apply heat and cold compresses to manage postoperative pain?	1. yes 2. never	If yes how frequently? I always sometimes
419	Do you encourage early ambulation/exercise with analgesia?	1. yes 2. never	If yes how frequently? I always sometimes
420	Do you encourage the use of acupuncture?	1. yes 2. never	If yes how frequently? I always sometimes
421	Do you use patient distraction, relaxation, and guided imagery postoperatively to reduce pain?	1. yes 2. never	If yes how frequently? I always sometimes
422	Do you dress, bandage, splint, and reinforce wound sites postoperatively?	1. yes 2. never	If yes how frequently? I always sometimes