

Recovery Questions Worksheet

Track important changes and organise questions for follow-up without delaying urgent assessment when a warning sign occurs.

Patient planning tool

PROCEDURE AND FOLLOW-UP DETAILS

Name _____

Procedure _____

Procedure date _____

Discharge date _____

Follow-up date _____

Contact if concerned _____

DAILY RECOVERY TRACKER

Date	Temperature	Pain 0–10	Food/fluids	Bowel/urine	Wound/notes

QUESTIONS FOR THE FOLLOW-UP REVIEW

- ☐ Is my pain pattern expected?
- ☐ Is the wound healing as expected?
- ☐ How long should each medicine continue?
- ☐ What food progression is right for me?
- ☐ When can I lift, exercise and drive?
- ☐ When can I return to work or travel?
- ☐ Are pathology/test results available?
- ☐ Is another test or appointment needed?

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CURRENT MEDICINES AND EFFECTS TO DISCUSS

Medicine	Dose/timing	Benefit or concern

MY PRIORITY QUESTIONS

Do not wait for follow-up: seek urgent in-person assessment for severe or rapidly worsening abdominal pain, heavy bleeding, repeated vomiting/inability to drink, chest pain, breathing difficulty, fainting, new calf swelling, high fever with worsening symptoms, or a wound that opens, drains pus or bleeds persistently.

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