

**Supplementary Table 2.** Format of the Survey on Satisfaction and Feedback after Application Usage

No.	Question	Answer options						
1	Overall, I am satisfied with the functionality of this application.							
2	Using this application helped me control my pain after surgery.							
3	I have made good use of this application myself.	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
4	I would recommend this application to others undergoing surgery.							
5	Did you have any difficulty using and operating this application?							
5-1	What was challenging for you? (Multiple choices)	1) Operate menus 2) Watch educational videos 3) Enter pain intensity 4) Enter side effects associated with narcotic pain medication 5) Others						
6	Feel free to describe any improvements you would like to see.							