Survey 1 Inpatient

Record ID __________________________________

MRN __________________________________

Date of Survey 1 (M-D-Y)

C-section

How did your c-section go? ____________________________________________

How comfortable were you during your c-section? __________________________

Did you have pain during your c-section?  
☐ Yes  ☐ No  ☐ Somewhat, unsure, or mild

Pain Medication Use

Do you think you are receiving enough pain medication?  
☐ Yes  ☐ No

Are you limiting your use of pain medication for some reason?  
☐ Yes  ☐ No

Why are you limiting your use of pain medication?  
☐ I don't have enough pain  
☐ I didn’t know they were available  
☐ I am worried about how the opioids would make me feel  
☐ I am worried about how the opioids would affect breastfeeding or my baby  
☐ I am worried about getting addicted to opioids  
☐ I have had a bad experience with opioids in the past  
☐ Other reason  
○ Other reason (check all that apply)

Why do you think you are not receiving enough pain medication?  
☐ I need a stronger opioid pain medication  
☐ I need opioids more frequently  
☐ I am not getting my medications on time  
☐ I need something else for pain  
☐ Other

If other, explain? __________________________________

Have you had any side effects from opioid pain medications?  
☐ Yes  ☐ No
It looks like you have not received any narcotic pain medication. Can you tell me why?

- [ ] I don't have enough pain
- [ ] I didn't know they were available
- [ ] I am worried about how the opioids would make me feel
- [ ] I am worried about how the opioids would affect breastfeeding or my baby
- [ ] I am worried about getting addicted to opioids
- [ ] I have had a bad experience with opioids in the past
- [ ] Other reason
  (check all that apply)

If other, explain __________________________________________