2-week postpartum survey

Please complete the survey below.

Thank you!

MRN __________________________________
Date of Survey __________________________________
Postoperative day of survey __________________________________

When you had pain after discharge, which of the following was your FIRST choice for pain medication?

- Tylenol (acetaminophen)
- Motrin (ibuprofen)
- Opioid (oxycodone, percocet, etc)
- I didn’t take anything for pain
- Other

Other __________________________________

When you had pain after discharge, which of the following was your SECOND choice for pain medication?

- Tylenol (acetaminophen)
- Motrin (ibuprofen)
- Opioid (oxycodone, percocet, etc)
- I didn’t take anything for pain
- Other

Other __________________________________

Were you given a prescription for opioids (i.e. oxycodone, percocet, norco) when you were discharged from the hospital?

- Yes
- No

Do you know why you were not given a prescription for opioids after discharge?

- I don't know why I wasn't given a prescription
- I was offered a prescription but I declined
- My provider didn't think I needed a prescription
- My provider didn't want me to have a prescription
- Other reason

Briefly, can you explain why you think you didn’t receive an opioid prescription after discharge.

__________________________________________

Did you fill the prescription?

- Yes
- No
- Not applicable

Have you taken any opioid pills after discharge from the hospital?

- Yes
- No
- Not applicable

Why didn’t you fill the prescription you were given or take any opioid pills

- I didn’t have pain
- I was worried about how the opioids would make me feel
- I was worried about how the opioids would affect breastfeeding or my baby
- I was worried about getting addicted to opioids
- I have had a bad experience with opioids in the past
- I didn’t receive a prescription
- Other reason


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Can you explain in more detail why you didn't fill the prescription you were given or why you didn't take any pills? __________________________________________

Did you use all the opioid pills you were prescribed after discharge from the hospital?  
- Yes  
- No  
- Not applicable

As of today are you taking any opioids for pain?  
- Yes  
- No  
- Not applicable

How many opioid pills have you taken since discharge from the hospital? (Enter "0" if you did not receive a prescription)

How many opioid pills do you have remaining in the bottle? (Enter "0" if you did not receive a prescription)

Please estimate what date you stopped taking opioid pills?

POD that opioid pills were stopped

What have you done with leftover opioid pills?  
- They are in my house in an unlocked location  
- They are in my house in a locked location  
- I threw them in the garbage  
- I flushed them down the toilet  
- I brought them back to a doctor's office or pharmacy  
- I gave them to someone else  
- I didn't receive or didn't fill a prescription  
- I have none left over (used all pills)  
- Other  
- Other: (please list) __________________________________

If other, explain __________________________________

List other things you used for pain after hospital discharge  
- Acetaminophen (Tylenol)  
- NSAIDS (Motrin, ibuprofen, Aleve)  
- Aspirin  
- Injection into my c-section wound  
- Heating pad  
- Meditation  
- Acupuncture  
- Other  
- None  
- (Check all that apply)

Other: (please list) __________________________________

Did you receive a prescription for other pain medication (motrin, tylenol) when you were discharged from the hospital?  
- Yes  
- No

Have you taken any opioid pain medication other than what you were discharged with (buprenorphine, subutex)?  
- Yes  
- No

How many of these opioid pills have you taken since discharge from the hospital? (Enter "0" if you did not receive a prescription)

How many of these opioid pills do you have remaining in the bottle? (Enter "0" if you did not receive a prescription)
I was discharged from the hospital with...

- too few opioid pills
- the appropriate amount of opioid pills
- too many opioid pills

Since discharge, have you called or seen someone (your provider, an emergency room) because of pain?

- Yes
- No

Since discharge, have you received a new prescription for opioids because of pain?

- Yes
- No

Can you explain in more detail?

__________________________________________

Overall, my pain from delivery has been...

- worse than I expected
- what I expected
- better than I expected

Since discharge, have you had any complications related to your c-section or delivery?

- Yes
- No

What were those complications?

- Wound infection or separation
- Infection of the uterus (endometritis)
- Breast infection (mastitis)
- Blood clot
- Hematoma
- Other

If other, explain __________________________________

Delivery

Were you hoping to have a vaginal delivery?

- Yes
- No

Were you planning on having an unmedicated (natural) delivery?

- Yes
- No

Pain History

Was there ever a point in your life when you took pain medications for more than 2 weeks

- Yes
- No

Please explain why you took medications for more than two weeks?

__________________________________________

Which medication(s) did you take regularly for more than two weeks?

- Acetaminophen (Tylenol)
- NSAIDs (Ibuprofen, Motrin, Aleve, Aspirin)
- Narcotics or opioids (oxycodone, percocet, etc)
- Other
  (check all that apply)

If other, which medication?

__________________________________________
Why did you stop taking this pain medication?
- I am still taking this medication
- I no longer had pain
- I had side effects from the medication that I couldn't tolerate
- I was worried about being dependent on the medication
- Other

Are you aware of potential problems taking opioid pain medications?
- Yes
- No

Do you know anyone who has been dependent on a substance?
- Yes
- No

What was that substance?
- Nicotine (tobacco, cigarettes)
- Alcohol
- Marijuana
- Opioid or prescription drugs
- Methamphetamines
- Heroin
- Cocaine
- Other

If other, explain. __________________________________________

What was your relationship to the person you knew who was dependent or addicted to something?
- Brother or sister
- Parent
- Other relative (cousin, aunt)
- Friend
- Co-worker
- Multiple people
- Other

Other __________________________________________

At some point while taking opioids after delivery were you worried about becoming dependent on opioid pain medication?
- Yes
- No

Can you explain more?
__________________________________________

Demographic Information

Have you lived in Tennessee for the majority of your pregnancy?
- Yes
- No

In which state did you live during the majority of your pregnancy? __________________________________________
In which Tennessee county did you live in during the majority of your pregnancy?

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