

# Outpatient C-section Survey

Please complete the survey below.

Thank you!

**Appendix 2** from "Individualized Compared With Standard Post-Discharge Opioid Prescribing After Cesarean Birth: A Randomized Controlled Trial. *Obstet Gynecol* 2018;132. The authors provided this information as a supplement to their article.

Date of Survey

Postoperative day of survey

An OPIOID is a prescription narcotic such as oxycodone, percocet, hydrocodone, Lortab, etc

## General questions

Overall, how would you rate your level of pain since discharge?

(0=No pain, 10=Worst pain imaginable)

Overall, how well is your pain controlled by the medications you are taking?

- ☐ My pain is well-controlled  
☐ My pain is moderately controlled  
☐ My pain is poorly controlled

Overall, my pain from delivery has been...

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

Since discharge, have you felt that you needed more opioid pain medication (oxycodone) than what you were prescribed?

- ☐ Yes  
☐ No

When you felt you needed more pain medication, did you do any of the following?

- ☐ Nothing, I dealt with the pain  
☐ I called my obstetric provider's office  
☐ I visited an emergency room or an urgent care facility  
☐ I used opioid medication I had prescribed to me for something else  
☐ I used opioid medication prescribed to a friend or family member  
☐ I received a new prescription for opioids  
(Check all that apply)

I was discharged from the hospital with...

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

How much did pain interfere with your ability to do normal activities?

- ☐ None or not much  
☐ Moderately  
☐ Significantly

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

- ☐ Yes  
☐ No

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What were those complications?

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

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If other, explain

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Do you know anyone who has had problems with dependence on a substance other than tobacco?

- ☐ Yes
- ☐ No

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What was that substance?

- ☐ Alcohol
  - ☐ Marijuana
  - ☐ Opioid or prescription drugs
  - ☐ Methamphetamines
  - ☐ Heroin
  - ☐ Cocaine
  - ☐ Other
- (Check all that apply)

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If other, explain.

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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
  - ☐ Other
- (Check all that apply)

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## Prescriptions

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Were you given a prescription for opioids when you were discharged from the hospital?

- ☐ Yes
- ☐ No

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

- ☐ I don't know why
- ☐ I was offered a prescriptions but I declined
- ☐ My provider chose not to give me a prescription
- ☐ Other reason

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Did you fill the prescription?

- ☐ Yes
- ☐ No
- ☐ I didn't receive a prescription

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Why didn't you fill the prescription you were given?

Why didn't you 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 becoming dependent on opioids
  - ☐ I have had a bad experience with opioids in the past
  - ☐ I didn't receive a prescription
  - ☐ Other reason
- (Check all that apply)

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

- ☐ Yes  
☐ No

After discharge, what has been your FIRST choice for pain medication?

- ☐ None  
☐ Tylenol (acetaminophen)  
☐ Motrin (ibuprofen)  
☐ Opioid (oxycodone, percocet, etc)  
☐ I didn't take anything for pain  
☐ Other  
(Please choose only one)

Other

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After discharge, what is/was your SECOND choice for pain medication?

- ☐ None  
☐ Tylenol (acetaminophen)  
☐ Motrin (ibuprofen)  
☐ Opioid (oxycodone, percocet, etc)  
☐ I didn't take anything for pain  
☐ Other  
(Please choose only one)

Other

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### Opioid use

Did you use ALL the opioid pills you were prescribed after discharge from the hospital?

- ☐ Yes  
☐ No  
☐ I didn't receive a prescription

Why did you use ALL your opioid pills?

- ☐ I had pain and needed all the pills  
☐ It helped me sleep  
☐ I followed the instructions I was given  
☐ I was almost done with the pills and didn't want any leftover.  
☐ Other reason

Other (reason)

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As of today are you still taking any opioids for pain?

- ☐ Yes  
☐ No

How many opioid pills have you taken since discharge from the hospital?

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(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)

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

- ☐ Yes  
☐ No

Please estimate the date that you stopped taking opioid pills?

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Days after surgery that opioid pills were stopped

(This is calculated automatically for you)

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Since discharge, have you received an ADDITIONAL prescription for opioids because of pain from your c-section?

- ☐ Yes  
☐ No

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How many pills from your ADDITIONAL opioid prescription have you used since discharge from the hospital?

(Enter "0" if you did not need an ADDITIONAL prescription)

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How many pills from your ADDITIONAL opioid prescription do you have remaining in the bottle?

(Enter "0" if you did not need an ADDITIONAL prescription)

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Since discharge, have you used opioid pills that were NOT prescribed to you?

- ☐ Yes  
☐ No

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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

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If other, explain

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