



OBI Patient Voices: Post-Discharge Sample Patient Survey

A summary of the questions patients will see in the post-discharge survey.

INTRODUCTION PAGE

Thank you for your interest in completing this survey about your maternity care! As part of the Obstetrics Initiative, your hospital and providers are working hard to improve maternity care across the state of Michigan.

Please consider sharing your maternity care experience to help us improve patient care for all people undergoing childbirth. If you choose to participate, you will receive \$10 for completing this survey.

This survey will take approximately 3–5 minutes to complete. Participation is completely voluntary. Once you start the survey, you will not be able to stop and come back later to complete it. Please fill it out all at once and submit it so that you will not have to start over. Click "Next" at the top right corner of the screen to choose to take the survey or to opt out of this and any future communications about OBI Patient Voices.

Your responses will not be monitored by your hospital. If you have questions or concerns related to your medical care, please contact your physician.

SECTION ONE

Please describe your experiences during your pregnancy, labor, and/or birth: (select one option for each)

Many patients feel pain after childbirth. We'd like to understand how your pain was managed **after giving birth.**

What number best describes your pain on average **in the first week after childbirth?**

0 (No pain) to 10 (Worst pain imaginable)

What number best describes how pain interfered with your enjoyment of life **in the first week after childbirth?**

0 (Did not interfere) to 10 (Completely interfered)

What number best describes how pain interfered with your general activity in the first week after childbirth?

0 (Did not interfere) to 10 (Completely interfered)

How much did pain from your delivery interfere with caring for your newborn in the first week after childbirth?

0 (Did not interfere) to 10 (Completely interfered)

SECTION TWO

To help manage pain after childbirth, some patients use over-the-counter medications like Tylenol or Motrin. Other patients are also given a prescription for opioid medication (a strong pain medication to treat severe pain). Some common opioids include Oxycodone, Norco, Vicodin, and Tylenol #3.

The following questions will ask you about your experience with pain medications if you used them.

Did you take Tylenol (also called acetaminophen) in the first week after being discharged home after childbirth?

- Yes, as needed
- Yes, on a schedule
- No. *If no: **Why did you not use Tylenol?***
 - Allergy
 - I could not take it for a medical reason
 - I did not think it would work
 - I did not need it
 - My doctor didn't recommend it
 - Other

Did you take Motrin (also called ibuprofen) in the first week after being discharged home after childbirth?

- Yes, as needed
- Yes, on a schedule
- No. *If no: **Why did you not use Motrin?***
 - Allergy
 - I could not take it for a medical reason
 - I did not think it would work
 - I did not need it
 - My doctor didn't recommend it
 - Other

Did you take any opioid medication (e.g., Oxycodone, Norco, Vicodin, and Tylenol #3) in the **year before you gave birth?**

- Yes
- No

Did you receive a prescription for an opioid pain medication (e.g., Oxycodone, Norco, Vicodin, and Tylenol #3) when you were **discharged from the hospital after childbirth?**

- Yes, and I filled the prescription:
 - ***What was the name of the opioid you were prescribed?***
 - Oxycodone
 - Hydromorphone (e.g. Dilaudid)
 - Other (please specify): _____
 - I don't recall
 - ***What is the total number of opioid pills that you have taken since discharge from your delivery? (Your best guess is ok)***
 - Number (0-90): _____
 - ***Are you still taking opioid pain medication?***
 - Yes
 - No
- Yes, but I did not fill the prescription.
- No

How would you rate your satisfaction with pain management **after childbirth, while at home after discharge from the hospitalization?**

0 (Extremely dissatisfied) to 10 (Extremely satisfied)

DEMOGRAPHICS

Almost done! In this last section, please tell us a little about yourself. We know it is hard to put yourself in a box. We ask these questions to help us support quality improvement initiatives and respectful, equitable care.

I describe my race, ethnic, or cultural heritage as...(check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Arabic/Middle Eastern | <input type="checkbox"/> Latinx or Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> There isn't an option that applies to me |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Prefer not to answer |

My current gender identity is best described as... (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Man | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Another gender identity |
| <input type="checkbox"/> Non-binary or gender non-conforming | <input type="checkbox"/> Prefer not to answer |

What is your highest degree of education completed?

- Some high school
- High school diploma or equivalent (GED)
- Some college but no degree
- Trade or technical school
- Associate's degree
- Bachelor's degree
- Graduate or professional degree
- Prefer not to answer

Is English your primary language?

- Yes
- No

Did you have a primary support person present with you during your labor and delivery?

- Yes
- No
- Prefer not to answer

Do we have permission to contact you in the future, for quality improvement projects related to the questions above?

- Yes
- No

THANK YOU

Thank you for completing the OBI Patient Voices survey and helping us improve maternity care in Michigan! To show our appreciation, we will email you a \$10 gift card.

If you have questions, please contact:
support@obstetricsinitiative.zendesk.com.