

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
 (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
