

## Appendix 1.

Screening ID: \_\_\_\_ \_\_\_\_ \_\_\_\_

Patient questionnaire, to be given after insertion of Foley bulb for cervical ripening.

To the patient: Please circle the number next to the statement that best shows how you felt.

1. What did you think about the process of inserting the Foley bulb, after it was explained to you by your provider?

- (1) It didn't bother me at all.
- (2) It bothered me a little.
- (3) It bothered me a medium amount.
- (4) It bothered me a lot.

2. Did the explanation of how the Foley bulb would be placed cause you to feel anxious?

- (1) It didn't make me anxious at all.
- (2) It caused a little anxiety.
- (3) It caused a medium amount of anxiety.
- (4) It caused a lot of anxiety.

3. Did insertion of the Foley bulb cause you any discomfort?

- (1) Not at all
- (2) A little
- (3) A medium amount
- (4) A lot

4. Please circle the number on the scale that best rates the level of pain / discomfort you felt with insertion, with "0" being "no pain," and "10" being "the worst pain imaginable."

1      2      3      4      5      6      7      8      9      10

5. Please answer whichever of the following corresponds to how your Foley bulb was placed:

If the Foley bulb was inserted with the speculum, do you think it would have been more comfortable to have the Foley bulb placed by the examiner's hand, like a cervical check?

YES

NO

If the Foley bulb was inserted with the examiner's hand, do you think it would have been more comfortable if it was placed using a speculum to see the cervix and an instrument to place the catheter through the cervix?

YES

NO

**THANK YOU for taking the time to complete this questionnaire! If you leave the hospital before our study researcher returns to collect the questionnaire, please place it into the envelope provided and leave it with the nurse who is taking care of you.**