

The next questions are about the use of pain relievers during pregnancy.

O1. During your most recent pregnancy, did you use any of the following over-the-counter pain relievers? Over-the-counter pain relievers are those *usually* available without a prescription. For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did.

No Yes

- a. Acetaminophen (like regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®) ..
- b. Ibuprofen (like Motrin® or Advil®), including high dose pills that may be prescribed
- c. Aspirin (like Bayer® or Ecotrin®)
- d. Naproxen (like Aleve® or Midol®)

O2. During your most recent pregnancy, did you use any of the following prescription pain relievers? For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did. Do *not* include pain relievers you used *only* during labor and delivery.

No Yes

- a. Hydrocodone (like Vicodin®, Norco®, or Lortab®)
- b. Codeine (like Tylenol® #3 or #4, not regular Tylenol®).....
- c. Oxycodone (like Percocet®, Percodan®, OxyContin®, or Roxicodone®).....
- d. Tramadol (like Ultram® or Ultracet®)
- e. Hydromorphone or meperidine (like Demorol®, Exalgo®, or Dilaudid®).....
- f. Oxymorphone (like Opana®)
- g. Morphine (like MS Contin®, Avinza®, or Kadian®).....
- h. Fentanyl (like Duragesic®, Fentora®, or Actiq®).....

If you checked "Yes" for any of the options in Question O2, continue with the next question. If not, go to Question O10.

The next questions are only about the use of prescription pain relievers listed in Question O2.

O3. Where did you get the prescription pain relievers that you used *during* your most recent pregnancy?

Check ALL that apply

- OB-GYN, midwife, or prenatal care provider
- Family doctor or primary care provider
- Dentist or oral health care provider
- Doctor in the emergency room
- I had pain relievers left over from an old prescription
- Friend or family member gave them to me
- I got the pain relievers without a prescription some other way
- Other _____ → Please tell us:

O4. What were your reasons for using prescription pain relievers *during* your most recent pregnancy?

Check ALL that apply

- To relieve pain from an injury, condition, or surgery I had **before** pregnancy
- To relieve pain from an injury, condition, or surgery that happened **during** my pregnancy
- To relax or relieve tension or stress
- To help me with my feelings or emotions
- To help me sleep
- To feel good or get high
- Because I was "hooked" or I had to have them
- Other _____ → Please tell us:

O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use prescription pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

Weeks OR Months

- Less than a week
- Never

b. In the **second** 3 months of pregnancy

Weeks OR Months

- Less than a week
- Never

c. In the **last** 3 months of pregnancy

Weeks OR Months

- Less than a week
- Never

O6. During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?

No _____ → **Go to Question O10**

Yes

O7. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?

- No
- Yes

Please turn the page and answer the questions on the other side.

Please answer a few final important questions on the attached sheet.

O8. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using *prescription* pain relievers?

- No → **Go to Question O10**
- Yes ↓

O9. During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using *prescription* pain relievers?
This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

- No
- Yes

O10. Do you think the use of *prescription* pain relievers during pregnancy could be harmful to a *baby's* health?

Check ONE answer

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed

O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's own health?

Check ONE answer

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed

O12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using *prescription* pain relievers during pregnancy could affect a baby?

- No
- Yes

The last question is about the use of other medications or drugs during pregnancy.

O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? For each item, check **No** if you did not take or use it or **Yes** if you did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medication for anxiety (like Valium®, Xanax®, Ativan®, Klonopin®, or other "benzos" (benzodiazepines)) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Methadone, Subutex®, Suboxone®, or buprenorphine | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Naloxone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cannabidiol (CBD) products | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Adderall®, Ritalin®, or another stimulant.. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Marijuana or hash..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Synthetic marijuana (K2, Spice) | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Heroin (smack, junk, Black Tar, or <i>Chiva</i>)... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Amphetamines (uppers, speed, crystal meth, crank, ice, or <i>agua</i>)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Cocaine (crack, rock, coke, blow, snow, or <i>nieve</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Tranquilizers (downers or ludes) | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for answering these questions! Your answers will help us understand how to improve the health of mothers and babies.