82. What is today's date?

____ / ____ / 20____

Month Day Year

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 Page 16, 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 Page 16, 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

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®)	❑	❑
b.	Medication for anxiety (like Valium®, Xanax®, Ativan®, Klonopin®, or other "benzos" (benzodiazepines))	❑	❑
c.	Methadone, Subutex®, Suboxone®, or buprenorphine	❑	❑
d.	Naloxone	❑	❑
e.	Cannabidiol (CBD) products	❑	❑
f.	Adderall®, Ritalin®, or another stimulant	❑	❑
g.	Marijuana or hash	❑	❑
h.	Synthetic marijuana (K2, Spice)	❑	❑
i.	Heroin (smack, junk, Black Tar, or *Chiva*)	❑	❑
j.	Amphetamines (uppers, speed, crystal meth, crank, ice, or *agua*)	❑	❑
k.	Cocaine (crack, rock, coke, blow, snow, or *nieve*)	❑	❑
l.	Tranquilizers (downers or ludes)	❑	❑
m.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	❑	❑
n.	Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	❑	❑