

Appendix 1. Survey Instrument

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																						
Instrument: SURVEY Data Collection Form Opioid Med Post CS Study																									
1	record_id	Record ID	text																						
2	study_id	Study ID	text																						
3	verbal_consent_given	Verbal Consent Given? [Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]	yesno																						
4	date_consent	Date of Consent: <i>Please enter as: MM/DD/YYYY</i>	text																						
5	time_consent	Time of Consent: <i>Please enter as: hh:mm am/pm</i>	text																						
6	pain_hosp_day_cs	1, During hospitalization, on day of CS?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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7	pain_hosp_until_disch	2, During remainder of hospitalization (until discharge)?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5										
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8	pain_imm_after_hosp_disch	3, Right after hospital discharge?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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9	pain_1st_week_disch	4, During the first week after discharge?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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10	pain_2nd_week_disch	5, During the second week after discharge (roughly now)?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	0	0	1	1	2	2	3	3	4	4												
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11	pain_at_rest	6, At rest, now?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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12	seek_addl_med_care_pain	Did you seek any additional medical care for your pain since you left the hospital?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Refused to answer</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer														
1	Yes																								
2	No																								
3	Don't know																								
4	Refused to answer																								
13	yes_sought_addl_med_care Show the field ONLY if: [seek_addl_med_care_pain] = '1'	If yes: Check all that apply	checkbox, Required <table border="1"> <tr><td>1</td><td>yes_sought_addl_med_care__1</td><td>Go back to your doctor (outpatient)</td></tr> <tr><td>2</td><td>yes_sought_addl_med_care__2</td><td>Re-admission to the hospital</td></tr> <tr><td>3</td><td>yes_sought_addl_med_care__3</td><td>Emergency clinics</td></tr> <tr><td>4</td><td>yes_sought_addl_med_care__4</td><td>Minute clinic</td></tr> <tr><td>5</td><td>yes_sought_addl_med_care__5</td><td>Other</td></tr> </table>	1	yes_sought_addl_med_care__1	Go back to your doctor (outpatient)	2	yes_sought_addl_med_care__2	Re-admission to the hospital	3	yes_sought_addl_med_care__3	Emergency clinics	4	yes_sought_addl_med_care__4	Minute clinic	5	yes_sought_addl_med_care__5	Other							
1	yes_sought_addl_med_care__1	Go back to your doctor (outpatient)																							
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4	yes_sought_addl_med_care__4	Minute clinic																							
5	yes_sought_addl_med_care__5	Other																							
14	comment_addl_med_care_pain Show the field ONLY if: [seek_addl_med_care_pain] = '1'	If yes to additional medical care for pain, please comment:	notes																						
15	other_addl_med_care Show the field ONLY if: [yes_sought_addl_med_care(5)] = '1'	If other: Please specify <i>Note: May include acupuncture, massage, other medicine from friends/family, etc</i>	notes																						

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16	cs_planned_or_expect	Was your CS planned or unexpected?	radio, Required <table border="1"> <tr> <td>1</td> <td>Planned</td> </tr> <tr> <td>2</td> <td>Unexpected</td> </tr> </table>	1	Planned	2	Unexpected																	
1	Planned																							
2	Unexpected																							
17	planned_cs_pain_expect Show the field ONLY if: [cs_planned_or_expect] = '1'	If planned: Do you think it's normal to experience some pain after CS?	radio <table border="1"> <tr> <td>1</td> <td>None</td> </tr> <tr> <td>2</td> <td>A little</td> </tr> <tr> <td>3</td> <td>A moderate amount</td> </tr> <tr> <td>4</td> <td>A lot</td> </tr> </table>	1	None	2	A little	3	A moderate amount	4	A lot													
1	None																							
2	A little																							
3	A moderate amount																							
4	A lot																							
18	level_of_pain_expected Show the field ONLY if: [cs_planned_or_expect] = '1'	Overall, more or less pain than expected for this CS?	radio, Required <table border="1"> <tr> <td>1</td> <td>More pain than expected</td> </tr> <tr> <td>2</td> <td>Less pain than expected</td> </tr> <tr> <td>3</td> <td>As much pain as expected</td> </tr> </table>	1	More pain than expected	2	Less pain than expected	3	As much pain as expected															
1	More pain than expected																							
2	Less pain than expected																							
3	As much pain as expected																							
19	did_you_fill_an_rx	Did you fill a prescription for a pain medication after your CS? (e.g. oxycodone, percocet, hydrocodone, etc?)	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer													
1	Yes																							
2	No																							
3	Don't know																							
4	Refused to answer																							
20	why_rx_not_filled Show the field ONLY if: [did_you_fill_an_rx] = '2'	Why didn't you fill the opioid prescription?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>why_rx_not_filled__1</td> <td>Did not need/want</td> </tr> <tr> <td>2</td> <td>why_rx_not_filled__2</td> <td>Do not like how they make me feel</td> </tr> <tr> <td>3</td> <td>why_rx_not_filled__3</td> <td>Bad side effects from previous experience</td> </tr> <tr> <td>4</td> <td>why_rx_not_filled__4</td> <td>Forgot to fill it</td> </tr> <tr> <td>5</td> <td>why_rx_not_filled__5</td> <td>Copay too expensive</td> </tr> <tr> <td>6</td> <td>why_rx_not_filled__6</td> <td>Already had a bottle of leftover pills</td> </tr> <tr> <td>7</td> <td>why_rx_not_filled__7</td> <td>Other</td> </tr> </table>	1	why_rx_not_filled__1	Did not need/want	2	why_rx_not_filled__2	Do not like how they make me feel	3	why_rx_not_filled__3	Bad side effects from previous experience	4	why_rx_not_filled__4	Forgot to fill it	5	why_rx_not_filled__5	Copay too expensive	6	why_rx_not_filled__6	Already had a bottle of leftover pills	7	why_rx_not_filled__7	Other
1	why_rx_not_filled__1	Did not need/want																						
2	why_rx_not_filled__2	Do not like how they make me feel																						
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4	why_rx_not_filled__4	Forgot to fill it																						
5	why_rx_not_filled__5	Copay too expensive																						
6	why_rx_not_filled__6	Already had a bottle of leftover pills																						
7	why_rx_not_filled__7	Other																						
21	no_rx_fill_other Show the field ONLY if: [why_rx_not_filled(7)] = '1'	If other: Please specify	text																					
22	is_bottle_available Show the field ONLY if: [did_you_fill_an_rx] = '1' or [why_rx_not_filled(6)] = '1' or [did_you_fill_an_rx] = '1' or [why_rx_not_filled(6)] = '1'	Do you have the bottle(s) available, and can you get them?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer													
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2	No																							
3	Don't know																							
4	Refused to answer																							
23	call_back_na Show the field ONLY if: [is_bottle_available] = '3' or [is_bottle_available] = '4' or	Is there a good time to call you back when you'll have the bottle with you?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							

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	[why_script_unavailable(1)] = '1' or [why_script_unavailable(5)] = '1' or [why_script_unavailable(4)] = '1'		3 Not applicable															
24	label_rx_type Show the field ONLY if: [is_bottle_available] = '1' or [why_rx_not_filled(6)] = '1'	Can you please read off the label, and state what type of opioid pain medication you have?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>label_rx_type__1</td> <td>Hydrocodone</td> </tr> <tr> <td>2</td> <td>label_rx_type__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>label_rx_type__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>label_rx_type__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>label_rx_type__5</td> <td>Other</td> </tr> </table>	1	label_rx_type__1	Hydrocodone	2	label_rx_type__2	Oxycodone	3	label_rx_type__3	Percocet	4	label_rx_type__4	Hydromorphone	5	label_rx_type__5	Other
1	label_rx_type__1	Hydrocodone																
2	label_rx_type__2	Oxycodone																
3	label_rx_type__3	Percocet																
4	label_rx_type__4	Hydromorphone																
5	label_rx_type__5	Other																
25	specify_other_painmed Show the field ONLY if: [label_rx_type(5)] = '1'	If other: Please specify	text, Required															
26	opioid_rx_strength Show the field ONLY if: [is_bottle_available] = '1' or [why_rx_not_filled(6)] = '1'	Can you please read off the label, and state the strength of the opioid pain medication(s) you have (in mg)?	text, Required															
27	opioid_tabs_dispensed Show the field ONLY if: [is_bottle_available] = '1' or [why_rx_not_filled(6)] = '1'	Can you please read off the label, and state how many tablets were dispensed?	text (integer, Min: 0, Max: 100), Required															
28	leftover_rx_initial_qty Show the field ONLY if: [why_rx_not_filled(6)] = '1'	For this leftover script, can you tell me how many leftover pills you started with?	text															
29	leftover_opioid_count Show the field ONLY if: [is_bottle_available] = '1' or [why_rx_not_filled(6)] = '1'	Can you count how many opioid pain medications you have left?	text (integer), Required															
30	throw_out_opioids Show the field ONLY if: [is_bottle_available] = '1' or [call_back_na] = '1' or [why_rx_not_filled(6)] = '1'	Did you throw out any pills?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer							
1	Yes																	
2	No																	
3	Don't know																	
4	Refused to answer																	
31	number_opioids_disposed Show the field ONLY if: [throw_out_opioids] = '1'	How many pills did you throw out (can estimate)?	text															
32	still_taking_opioids Show the field ONLY if: [did_you_fill_an_rx] = '1' or [call_back_na] = '2' or [why_rx_not_filled(6)] = '1'	Are you still taking your opioid medications?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer							
1	Yes																	
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3	Don't know																	
4	Refused to answer																	
33	on_opioids_call_back Show the field ONLY if:	If yes, call back to complete/resume shortened	notes															

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	[still_taking_opioids] = '1' or [plan_to_refill_opioids] = '1' or [call_back_na] = '1'	survey, and continue to call back until patient is done taking script(s). Can take notes here, if any:																			
34	why_script_unavailable Show the field ONLY if: [is_bottle_available] = '2' or [is_bottle_available] = '3' or [is_bottle_available] = '4'	Why don't you have your bottle available?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>why_script_unavailable__1</td> <td>Bottle is not with me right now</td> </tr> <tr> <td>2</td> <td>why_script_unavailable__2</td> <td>Disposed of script</td> </tr> <tr> <td>3</td> <td>why_script_unavailable__3</td> <td>Finished the script</td> </tr> <tr> <td>4</td> <td>why_script_unavailable__4</td> <td>Refused to answer</td> </tr> <tr> <td>5</td> <td>why_script_unavailable__5</td> <td>Other</td> </tr> </table>	1	why_script_unavailable__1	Bottle is not with me right now	2	why_script_unavailable__2	Disposed of script	3	why_script_unavailable__3	Finished the script	4	why_script_unavailable__4	Refused to answer	5	why_script_unavailable__5	Other			
1	why_script_unavailable__1	Bottle is not with me right now																			
2	why_script_unavailable__2	Disposed of script																			
3	why_script_unavailable__3	Finished the script																			
4	why_script_unavailable__4	Refused to answer																			
5	why_script_unavailable__5	Other																			
35	other_unavailable Show the field ONLY if: [why_script_unavailable(5)] = '1'	If other: Please specify	text																		
36	unavailable_script_type Show the field ONLY if: [why_script_unavailable(2)] = '1' or [why_script_unavailable(3)] = '1' or [why_script_unavailable(4)] = '1' or [why_script_unavailable(5)] = '1' or [plan_to_refill_opioids] = '2' or [plan_to_refill_opioids] = '3' or [plan_to_refill_opioids] = '4' or [call_back_na] = '2' or [why_script_unavailable(1)] = '1' and [why_rx_not_filled(6)] = '0'	Can you remember the type (name) of the opioid prescribed?	checkbox <table border="1"> <tr> <td>1</td> <td>unavailable_script_type__1</td> <td>Hydrocodone</td> </tr> <tr> <td>2</td> <td>unavailable_script_type__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>unavailable_script_type__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>unavailable_script_type__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>unavailable_script_type__5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>unavailable_script_type__6</td> <td>Don't know</td> </tr> </table>	1	unavailable_script_type__1	Hydrocodone	2	unavailable_script_type__2	Oxycodone	3	unavailable_script_type__3	Percocet	4	unavailable_script_type__4	Hydromorphone	5	unavailable_script_type__5	Other	6	unavailable_script_type__6	Don't know
1	unavailable_script_type__1	Hydrocodone																			
2	unavailable_script_type__2	Oxycodone																			
3	unavailable_script_type__3	Percocet																			
4	unavailable_script_type__4	Hydromorphone																			
5	unavailable_script_type__5	Other																			
6	unavailable_script_type__6	Don't know																			
37	if_other_med_memory Show the field ONLY if: [unavailable_script_type(5)] = '1'	If other: Please specify	text																		
38	na_opioid_strength Show the field ONLY if: [why_script_unavailable(2)] = '1' or [why_script_unavailable(3)] = '1' or [why_script_unavailable(4)] = '1' or [why_script_unavailable(5)] = '1' or [plan_to_refill_opioids] = '2' or [plan_to_refill_opioids] = '3' or [plan_to_refill_opioids] = '4' or [call_back_na] = '2' or [why_script_unavailable(1)] = '1'	Can you remember the strength of the opioid prescription (in mg)? <i>Write "NA" if patient doesn't remember</i>	text																		
39	na_tablet_number Show the field ONLY if: [why_script_unavailable(2)] = '1' or [why_script_unavailable(3)] = '1' or [why_script_unavailable(4)] = '1' or [why_script_unavailable(5)] = '1' or [plan_to_refill_opioids] = '2' or [plan_to_refill_opioids] = '3' or [plan_to_refill_opioids] = '4' or	Can you remember how many tablets were dispensed for your opioid prescription? <i>Write "NA" if patient doesn't remember</i>	text																		

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	[call_back_na] = '2' or [why_script_unavailable(1)] = '1'																										
40	pills_taken_diposed Show the field ONLY if: [why_script_unavailable(2)] = '1' or [why_script_unavailable(1)] = '1' or [why_script_unavailable(5)] = '1' or [why_script_unavailable(4)] = '1' or [why_script_unavailable(1)] = '1' or [call_back_na] = '2'	Can you estimate the number of pills you have/had leftover? <i>Write "NA" if patient doesn't remember</i>	text																								
41	number_pills_disposed Show the field ONLY if: [why_script_unavailable(2)] = '1'	Can you estimate the number of pills you threw out? <i>Write "NA" if patient doesn't remember</i>	text																								
42	how_pills_disposed Show the field ONLY if: [why_script_unavailable(2)] = '1'	How did you dispose of your pills?	checkbox <table border="1"> <tr> <td>1</td> <td>how_pills_disposed__1</td> <td>Flush down toilet</td> </tr> <tr> <td>2</td> <td>how_pills_disposed__2</td> <td>Throw out in trash</td> </tr> <tr> <td>3</td> <td>how_pills_disposed__3</td> <td>Stash somewhere</td> </tr> <tr> <td>4</td> <td>how_pills_disposed__4</td> <td>Bring to pill drop-off center</td> </tr> <tr> <td>5</td> <td>how_pills_disposed__5</td> <td>Lost track</td> </tr> <tr> <td>6</td> <td>how_pills_disposed__6</td> <td>Don't remember/know</td> </tr> <tr> <td>7</td> <td>how_pills_disposed__7</td> <td>Refused to answer</td> </tr> <tr> <td>8</td> <td>how_pills_disposed__8</td> <td>Other</td> </tr> </table>	1	how_pills_disposed__1	Flush down toilet	2	how_pills_disposed__2	Throw out in trash	3	how_pills_disposed__3	Stash somewhere	4	how_pills_disposed__4	Bring to pill drop-off center	5	how_pills_disposed__5	Lost track	6	how_pills_disposed__6	Don't remember/know	7	how_pills_disposed__7	Refused to answer	8	how_pills_disposed__8	Other
1	how_pills_disposed__1	Flush down toilet																									
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7	how_pills_disposed__7	Refused to answer																									
8	how_pills_disposed__8	Other																									
43	any_refills_opioids	Did you get any refills for these opioid pain medications (and list names: oxycodone, percocet, hydrocodone, etc)?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Not applicable</td> </tr> <tr> <td>5</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Not applicable	5	Refused to answer														
1	Yes																										
2	No																										
3	Don't know																										
4	Not applicable																										
5	Refused to answer																										
44	which_opioids_refilled Show the field ONLY if: [any_refills_opioids] = '1'	If yes: Which ones?	checkbox <table border="1"> <tr> <td>1</td> <td>which_opioids_refilled__1</td> <td>Hydrocodone</td> </tr> <tr> <td>2</td> <td>which_opioids_refilled__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>which_opioids_refilled__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>which_opioids_refilled__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>which_opioids_refilled__5</td> <td>Other</td> </tr> </table>	1	which_opioids_refilled__1	Hydrocodone	2	which_opioids_refilled__2	Oxycodone	3	which_opioids_refilled__3	Percocet	4	which_opioids_refilled__4	Hydromorphone	5	which_opioids_refilled__5	Other									
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4	which_opioids_refilled__4	Hydromorphone																									
5	which_opioids_refilled__5	Other																									
45	plan_to_refill_opioids Show the field ONLY if: [why_script_unavailable(3)] = '1'	Do you plan to refill this opioid prescription?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No																				
1	Yes																										
2	No																										

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			<table border="1"> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	3	Don't know	4	Refused to answer										
3	Don't know																
4	Refused to answer																
46	bottle_na_call_back_info Show the field ONLY if: [call_back_na] = '1'	If calling back, list information here about call back times, time lapsed, etc. for resuming the survey:	notes														
47	when_stopped_meds Show the field ONLY if: [still_taking_opioids] = '2'	How many days after discharge did you stop taking these medications? <i>Write "NA" if patient never took opioid medications</i>	text, Required														
48	opioid_refill_other Show the field ONLY if: [which_opioids_refilled(5)] = '1'	If other: Please specify	text														
49	rate_opioid_quantity	Given your experience, did you think the supply of the opioid initial prescription was...	radio, Required <table border="1"> <tr> <td>1</td> <td>Too little</td> </tr> <tr> <td>2</td> <td>Too much</td> </tr> <tr> <td>3</td> <td>Just right</td> </tr> <tr> <td>4</td> <td>Not applicable</td> </tr> </table>	1	Too little	2	Too much	3	Just right	4	Not applicable						
1	Too little																
2	Too much																
3	Just right																
4	Not applicable																
50	how_often_take_opioids	While on each medication, on average how often did you take them per day?	radio, Required <table border="1"> <tr> <td>1</td> <td>Once a day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>4-6 times a day</td> </tr> <tr> <td>4</td> <td>>6 times a day</td> </tr> <tr> <td>5</td> <td>Not applicable</td> </tr> </table>	1	Once a day	2	2-3 times a day	3	4-6 times a day	4	>6 times a day	5	Not applicable				
1	Once a day																
2	2-3 times a day																
3	4-6 times a day																
4	>6 times a day																
5	Not applicable																
51	opioids_change_frequency	Did this frequency change over time (estimate by day)? <i>Write "NA" if patient never took opioid meds</i>	notes														
52	rate_pain_relief	Did you get adequate pain relief, on a scale of:	radio <table border="1"> <tr> <td>1</td> <td>Very satisfied</td> </tr> <tr> <td>2</td> <td>Satisfied</td> </tr> <tr> <td>3</td> <td>Slightly satisfied</td> </tr> <tr> <td>4</td> <td>Slightly dissatisfied</td> </tr> <tr> <td>5</td> <td>Dissatisfied</td> </tr> <tr> <td>6</td> <td>Very dissatisfied</td> </tr> <tr> <td>7</td> <td>Not applicable</td> </tr> </table>	1	Very satisfied	2	Satisfied	3	Slightly satisfied	4	Slightly dissatisfied	5	Dissatisfied	6	Very dissatisfied	7	Not applicable
1	Very satisfied																
2	Satisfied																
3	Slightly satisfied																
4	Slightly dissatisfied																
5	Dissatisfied																
6	Very dissatisfied																
7	Not applicable																
53	any_med_side_effects	Did you have any side effects from the pain medications?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes												
1	Yes																

			<table border="1"> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Not applicable</td></tr> <tr><td>5</td><td>Refused to answer</td></tr> </table>	2	No	3	Don't know	4	Not applicable	5	Refused to answer																									
2	No																																			
3	Don't know																																			
4	Not applicable																																			
5	Refused to answer																																			
54	list_side_effects Show the field ONLY if: [any_med_side_effects] = '1'	If yes: Please check all that apply	checkbox, Required <table border="1"> <tr><td>1</td><td>list_side_effects__1</td><td>Drowsiness</td></tr> <tr><td>2</td><td>list_side_effects__2</td><td>Nausea/Vomiting</td></tr> <tr><td>3</td><td>list_side_effects__3</td><td>Abdominal discomfort</td></tr> <tr><td>4</td><td>list_side_effects__4</td><td>Constipation</td></tr> <tr><td>5</td><td>list_side_effects__5</td><td>Dizziness</td></tr> <tr><td>6</td><td>list_side_effects__6</td><td>Confusion</td></tr> <tr><td>7</td><td>list_side_effects__7</td><td>Insomnia/Sleeping issues</td></tr> <tr><td>8</td><td>list_side_effects__8</td><td>Itching</td></tr> <tr><td>9</td><td>list_side_effects__9</td><td>Difficult urination</td></tr> <tr><td>10</td><td>list_side_effects__10</td><td>Mood swings</td></tr> <tr><td>11</td><td>list_side_effects__11</td><td>Other</td></tr> </table>	1	list_side_effects__1	Drowsiness	2	list_side_effects__2	Nausea/Vomiting	3	list_side_effects__3	Abdominal discomfort	4	list_side_effects__4	Constipation	5	list_side_effects__5	Dizziness	6	list_side_effects__6	Confusion	7	list_side_effects__7	Insomnia/Sleeping issues	8	list_side_effects__8	Itching	9	list_side_effects__9	Difficult urination	10	list_side_effects__10	Mood swings	11	list_side_effects__11	Other
1	list_side_effects__1	Drowsiness																																		
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10	list_side_effects__10	Mood swings																																		
11	list_side_effects__11	Other																																		
55	other_side_effect Show the field ONLY if: [list_side_effects(11)] = '1'	If other: Please specify	notes																																	
56	taken_meds_before	Had you ever taken any of these opioid medications before your cesarean section?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Not applicable</td></tr> <tr><td>5</td><td>Refused to answer</td></tr> <tr><td>6</td><td>Doesn't remember</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Not applicable	5	Refused to answer	6	Doesn't remember																					
1	Yes																																			
2	No																																			
3	Don't know																																			
4	Not applicable																																			
5	Refused to answer																																			
6	Doesn't remember																																			
57	what_opioids_taken_before Show the field ONLY if: [taken_meds_before] = '1'	If yes: What have you taken?	checkbox <table border="1"> <tr><td>1</td><td>what_opioids_taken_before__1</td><td>Hydrocodone</td></tr> <tr><td>2</td><td>what_opioids_taken_before__2</td><td>Oxycodone</td></tr> <tr><td>3</td><td>what_opioids_taken_before__3</td><td>Percocet</td></tr> <tr><td>4</td><td>what_opioids_taken_before__4</td><td>Hydromorphone</td></tr> <tr><td>5</td><td>what_opioids_taken_before__5</td><td>Other</td></tr> <tr><td>6</td><td>what_opioids_taken_before__6</td><td>Doesn't remember</td></tr> </table>	1	what_opioids_taken_before__1	Hydrocodone	2	what_opioids_taken_before__2	Oxycodone	3	what_opioids_taken_before__3	Percocet	4	what_opioids_taken_before__4	Hydromorphone	5	what_opioids_taken_before__5	Other	6	what_opioids_taken_before__6	Doesn't remember															
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5	what_opioids_taken_before__5	Other																																		
6	what_opioids_taken_before__6	Doesn't remember																																		
58	if_other_meds_before Show the field ONLY if: [what_opioids_taken_before(5)] = '1'	If other: Please specify	text																																	

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59	<p>reasons_why_taken_before</p> <p>Show the field ONLY if: [taken_meds_before] = '1'</p>	<p>If yes: For what reasons did you take these pain medications previously?</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>reasons_why_taken_before___1</td> <td>Previous surgery</td> </tr> <tr> <td>2</td> <td>reasons_why_taken_before___2</td> <td>History of chronic pain</td> </tr> <tr> <td>3</td> <td>reasons_why_taken_before___3</td> <td>Previous injury/trauma</td> </tr> <tr> <td>4</td> <td>reasons_why_taken_before___4</td> <td>Other</td> </tr> <tr> <td>5</td> <td>reasons_why_taken_before___5</td> <td>Doesn't remember</td> </tr> </table>	1	reasons_why_taken_before___1	Previous surgery	2	reasons_why_taken_before___2	History of chronic pain	3	reasons_why_taken_before___3	Previous injury/trauma	4	reasons_why_taken_before___4	Other	5	reasons_why_taken_before___5	Doesn't remember
1	reasons_why_taken_before___1	Previous surgery																
2	reasons_why_taken_before___2	History of chronic pain																
3	reasons_why_taken_before___3	Previous injury/trauma																
4	reasons_why_taken_before___4	Other																
5	reasons_why_taken_before___5	Doesn't remember																
60	<p>other_reason_taken_before</p> <p>Show the field ONLY if: [reasons_why_taken_before(4)] = '1'</p>	<p>If other: Please specify</p>	<p>text</p>															
61	<p>how_often_take_before</p> <p>Show the field ONLY if: [taken_meds_before] = '1'</p>	<p>If yes: For how often (estimated per day)? <i>Please do not included units. If patient does not remember, please put "does not remember"</i></p>	<p>text</p>															
62	<p>how_long_taken_before</p> <p>Show the field ONLY if: [taken_meds_before] = '1'</p>	<p>If yes: For how long (estimated by day)? <i>Please do not included units. If patient does not remember, please put "does not remember"</i></p>	<p>text</p>															
63	<p>other_meds_taken</p>	<p>Did you take any other medications for your pain related to CS after the surgery?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Not applicable</td> </tr> <tr> <td>5</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Not applicable	5	Refused to answer					
1	Yes																	
2	No																	
3	Don't know																	
4	Not applicable																	
5	Refused to answer																	
64	<p>list_other_meds</p> <p>Show the field ONLY if: [other_meds_taken] = '1'</p>	<p>If yes: Check all that apply</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>list_other_meds___1</td> <td>Tylenol</td> </tr> <tr> <td>2</td> <td>list_other_meds___2</td> <td>Ibuprofen/Motrin/Advil</td> </tr> <tr> <td>3</td> <td>list_other_meds___3</td> <td>Naproxen/Aleve</td> </tr> <tr> <td>4</td> <td>list_other_meds___4</td> <td>Other</td> </tr> </table>	1	list_other_meds___1	Tylenol	2	list_other_meds___2	Ibuprofen/Motrin/Advil	3	list_other_meds___3	Naproxen/Aleve	4	list_other_meds___4	Other			
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3	list_other_meds___3	Naproxen/Aleve																
4	list_other_meds___4	Other																
65	<p>if_other_specify_other_meds</p> <p>Show the field ONLY if: [list_other_meds(4)] = '1'</p>	<p>If other: Please specify</p>	<p>text</p>															
66	<p>participate_study_one</p>	<p>Can you tell us if you would have been willing to participate if the following study were underway at the time you delivered? Study 1: A "randomized trial" in which we will assign you by equal chance (like a coin toss) to one of two study groups: The group discharged on either the</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer							
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		standard amount of pain medication or the group discharged with a more limited supply, but with the option to refill?									
67	no_study_one_why Show the field ONLY if: [participate_study_one] = '2' or [participate_study_one] = '3' or [participate_study_one] = '4'	If no: Why not? <i>Suggested standardized language for some common reasons: "inconvenience", "needed opioids", "fear of breakthrough pain", "doesn't participate in research studies", "doesn't use opioids"</i>	notes								
68	participate_study_two	Can you tell us if you would have been willing to participate if the following study were underway at the time you delivered? Study 2: A "randomized trial" in which we will assign you by equal chance (like a coin toss) to one of two study groups: The group discharged on either the standard amount of pain medication or the group with no opioid medication (but with instructions to use either tylenol and/or ibuprofen for pain)?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Refused to answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Refused to answer
1	Yes										
2	No										
3	Don't know										
4	Refused to answer										
69	no_study_two_why Show the field ONLY if: [participate_study_two] = '2' or [participate_study_two] = '3' or [participate_study_two] = '4'	If no, why not? <i>Suggested standardized language for some common reasons: "inconvenience", "needed opioids", "fear of breakthrough pain", "doesn't participate in research studies", "doesn't use opioids"</i>	notes								
70	other_survey_comments	Other comments? <i>If no other patient comments, please write "none"</i>	notes								
71	survey_data_collection_form_opioid_med_post_cs_stu_complete	Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: Followup Survey Data Collection Form Opioid Med Po

72	fu_record_id	Record ID	text
73	fu_study_id	Study ID <i>* use same study ID assigned from previous week(s)</i>	text
74	fu_consent_given	Verbal consent given?	radio

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		Check "N/A" if your institution did written consent	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	N/A																				
1	Yes																												
2	No																												
3	N/A																												
75	fu_date_consent	Date of Consent: Please enter as: MM/DD/YYYY	text																										
76	fu_time_consent	Time of Consent: Please enter as: hh:mm am/pm	text																										
77	pain_3rd_week_disch	During the third week after discharge?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>Not applicable</td></tr> <tr><td>12</td><td>Missing</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	Not applicable	12	Missing
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78	pain_4th_week_disch	During the fourth week after discharge?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>Not applicable</td></tr> <tr><td>12</td><td>Missing</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	Not applicable	12	Missing
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79	pain_5th_week_disch	During the fifth week after discharge?	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>Not applicable</td></tr> <tr><td>12</td><td>Missing</td></tr> </table>	radio (Matrix)		0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	Not applicable	12	Missing
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11	Not applicable																														
12	Missing																														
80	pain_6th_week_disch	During the sixth week after discharge?	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>Not applicable</td></tr> <tr><td>12</td><td>Missing</td></tr> </table>	radio (Matrix)		0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	Not applicable	12	Missing
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8	8																														
9	9																														
10	10																														
11	Not applicable																														
12	Missing																														
81	fu_seek_addl_med_care	Did you seek any additional medical care for your pain since you left the hospital?	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Did not answer</td></tr> </table>	radio		1	Yes	2	No	3	Don't know	4	Did not answer																		
radio																															
1	Yes																														
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3	Don't know																														
4	Did not answer																														
82	fu_y_sought_addl_med_care Show the field ONLY if: [fu_seek_addl_med_care] = '1'	If yes: Check all that apply	<table border="1"> <tr><td colspan="3">checkbox</td></tr> <tr> <td>1</td> <td>fu_y_sought_addl_med_care___1</td> <td>Go back to your doctor</td> </tr> </table>	checkbox			1	fu_y_sought_addl_med_care___1	Go back to your doctor																						
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1	fu_y_sought_addl_med_care___1	Go back to your doctor																													

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			<table border="1"> <tr> <td></td> <td></td> <td>(outpatient)</td> </tr> <tr> <td>2</td> <td>fu_y_sought_addl_med_care___2</td> <td>Re-admission to the hospital</td> </tr> <tr> <td>3</td> <td>fu_y_sought_addl_med_care___3</td> <td>Emergency clinics</td> </tr> <tr> <td>4</td> <td>fu_y_sought_addl_med_care___4</td> <td>Minute clinic</td> </tr> <tr> <td>5</td> <td>fu_y_sought_addl_med_care___5</td> <td>Other</td> </tr> </table>			(outpatient)	2	fu_y_sought_addl_med_care___2	Re-admission to the hospital	3	fu_y_sought_addl_med_care___3	Emergency clinics	4	fu_y_sought_addl_med_care___4	Minute clinic	5	fu_y_sought_addl_med_care___5	Other
		(outpatient)																
2	fu_y_sought_addl_med_care___2	Re-admission to the hospital																
3	fu_y_sought_addl_med_care___3	Emergency clinics																
4	fu_y_sought_addl_med_care___4	Minute clinic																
5	fu_y_sought_addl_med_care___5	Other																
83	fu_comm_addl_med_care_pain Show the field ONLY if: [fu_seek_addl_med_care] = '1'	If yes to additional medical care for pain, please comment further	notes															
84	fu_other_addl_med_care Show the field ONLY if: [fu_y_sought_addl_med_care(5)] = '1'	If other: Please specify <i>Note: May include acupuncture, massage, other medicine from friends/family, etc.</i>	notes															
85	fu_bottle_avail	Do you have your opioid (pain) medicine prescription bottle available, to read off the script label?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Did not answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer							
1	Yes																	
2	No																	
3	Don't know																	
4	Did not answer																	
86	fu_why_rx_unavailable Show the field ONLY if: [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4'	Why don't you have your bottle available?	checkbox <table border="1"> <tr> <td>1</td> <td>fu_why_rx_unavailable___1</td> <td>Bottle is not with me right now</td> </tr> <tr> <td>2</td> <td>fu_why_rx_unavailable___2</td> <td>Disposed of script</td> </tr> <tr> <td>3</td> <td>fu_why_rx_unavailable___3</td> <td>Finished the script</td> </tr> <tr> <td>4</td> <td>fu_why_rx_unavailable___4</td> <td>Refused to answer</td> </tr> <tr> <td>5</td> <td>fu_why_rx_unavailable___5</td> <td>Other</td> </tr> </table>	1	fu_why_rx_unavailable___1	Bottle is not with me right now	2	fu_why_rx_unavailable___2	Disposed of script	3	fu_why_rx_unavailable___3	Finished the script	4	fu_why_rx_unavailable___4	Refused to answer	5	fu_why_rx_unavailable___5	Other
1	fu_why_rx_unavailable___1	Bottle is not with me right now																
2	fu_why_rx_unavailable___2	Disposed of script																
3	fu_why_rx_unavailable___3	Finished the script																
4	fu_why_rx_unavailable___4	Refused to answer																
5	fu_why_rx_unavailable___5	Other																
87	fu_rx_other_unavailable Show the field ONLY if: [fu_why_rx_unavailable(5)] = '1'	If other: Please specify	notes															
88	fu_call_back_na Show the field ONLY if: [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4' or [fu_why_rx_unavailable(1)] = '1' or [fu_why_rx_unavailable(5)] = '1' or [fu_why_rx_unavailable(4)] = '1'	Is there a good time to call you back when you'll have the bottle with you? <i>If yes: Call back and pick up survey where left off; otherwise comment on why not</i>	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Didn't answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Didn't answer							
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2	No																	
3	Don't know																	
4	Didn't answer																	
89	fu_why_no_callback Show the field ONLY if: [fu_call_back_na] = '2' or [fu_call_back_na] = '3' or [fu_call_back_na] = '4'	If calling back is not an option: List comments on why, if applicable	notes															
90	fu_label_rx_type Show the field ONLY if: [fu_bottle_avail] = '1'	Can you read off the label, and state what type of opioid pain medication you have?	checkbox <table border="1"> <tr> <td>1</td> <td>fu_label_rx_type___1</td> <td>Hydrocodone</td> </tr> </table>	1	fu_label_rx_type___1	Hydrocodone												
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			<table border="1"> <tr> <td>2</td> <td>fu_label_rx_type__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>fu_label_rx_type__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>fu_label_rx_type__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>fu_label_rx_type__5</td> <td>Other</td> </tr> </table>	2	fu_label_rx_type__2	Oxycodone	3	fu_label_rx_type__3	Percocet	4	fu_label_rx_type__4	Hydromorphone	5	fu_label_rx_type__5	Other						
2	fu_label_rx_type__2	Oxycodone																			
3	fu_label_rx_type__3	Percocet																			
4	fu_label_rx_type__4	Hydromorphone																			
5	fu_label_rx_type__5	Other																			
91	fu_specify_other_painmed Show the field ONLY if: [fu_label_rx_type(5)] = '1'	If other: Please specify	notes																		
92	fu_opioid_rx_strength Show the field ONLY if: [fu_bottle_avail] = '1'	Can you read off the label, and state the strength of the opioid medication(s) you have (in mg?)	text																		
93	fu_opioid_tabs_dispensed Show the field ONLY if: [fu_bottle_avail] = '1'	Can you read off the label, and state how many tablets were dispensed?	text																		
94	fu_leftover_pills Show the field ONLY if: [fu_bottle_avail] = '1'	How many pills do you have leftover (counted)?	text																		
95	fu_unavailable_rx_type Show the field ONLY if: [fu_why_rx_unavailable(2)] = '1' or [fu_why_rx_unavailable(3)] = '1' or [fu_why_rx_unavailable(4)] = '1' or [fu_why_rx_unavailable(5)] = '1' or [fu_why_rx_unavailable(1)] = '1' or [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4'	Can you remember the type (name) of the opioid prescribed?	checkbox <table border="1"> <tr> <td>1</td> <td>fu_unavailable_rx_type__1</td> <td>Hydrocodone</td> </tr> <tr> <td>2</td> <td>fu_unavailable_rx_type__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>fu_unavailable_rx_type__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>fu_unavailable_rx_type__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>fu_unavailable_rx_type__5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>fu_unavailable_rx_type__6</td> <td>Don't know</td> </tr> </table>	1	fu_unavailable_rx_type__1	Hydrocodone	2	fu_unavailable_rx_type__2	Oxycodone	3	fu_unavailable_rx_type__3	Percocet	4	fu_unavailable_rx_type__4	Hydromorphone	5	fu_unavailable_rx_type__5	Other	6	fu_unavailable_rx_type__6	Don't know
1	fu_unavailable_rx_type__1	Hydrocodone																			
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5	fu_unavailable_rx_type__5	Other																			
6	fu_unavailable_rx_type__6	Don't know																			
96	fu_other_rx_type_memory Show the field ONLY if: [fu_unavailable_rx_type(5)] = '1'	If other: Please specify	notes																		
97	fu_na_opioid_strength Show the field ONLY if: [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4' or [fu_why_rx_unavailable(1)] = '1' or [fu_why_rx_unavailable(2)] = '1' or [fu_why_rx_unavailable(3)] = '1' or [fu_why_rx_unavailable(4)] = '1' or [fu_why_rx_unavailable(5)] = '1' and [fu_call_back_na] = '2'	Can you remember the strength of the opioid prescription (in mg)? <i>Write "NA" if patient doesn't remember and try to determine in EMR</i>	text																		
98	fu_na_tablet_number Show the field ONLY if: [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4' or [fu_why_rx_unavailable(1)] = '1' or [fu_why_rx_unavailable(2)] = '1' or [fu_why_rx_unavailable(3)] = '1'	Can you remember/estimate how many pills were dispensed for your opioid prescription? <i>Write "NA" if patient doesn't remember and try to determine in EMR</i>	text																		

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	= '1' or [fu_why_rx_unavailable(4)] = '1' or [fu_why_rx_unavailable(5)] = '1' and [fu_call_back_na] = '2'																										
99	fu_pills_leftover_memory Show the field ONLY if: [fu_why_rx_unavailable(2)] = '1' or [fu_why_rx_unavailable(1)] = '1' or [fu_why_rx_unavailable(4)] = '1' or [fu_why_rx_unavailable(5)] = '1' or [fu_why_rx_unavailable(3)] = '1' or [fu_bottle_avail] = '2' or [fu_bottle_avail] = '3' or [fu_bottle_avail] = '4' and [fu_call_back_na] = '2'	Can you estimate the number of pills you have/had leftover? <i>Write "NA" if patient doesn't remember</i>	text																								
100	fu_throw_out_opioids Show the field ONLY if: [fu_why_rx_unavailable(1)] = '1' and [fu_why_rx_unavailable(3)] = '1' and [fu_why_rx_unavailable(4)] = '1' and [fu_why_rx_unavailable(5)] = '1'	Did you throw out any pills?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Did not answer</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer																
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4	Did not answer																										
101	fu_number_opioids_diposed Show the field ONLY if: [fu_throw_out_opioids] = '1' or [fu_why_rx_unavailable(2)] = '1'	Please estimate how many pills were thrown out	text																								
102	fu_how_pills_disposed Show the field ONLY if: [fu_throw_out_opioids] = '1' or [fu_why_rx_unavailable(2)] = '1'	How did you dispose of your pills/	checkbox <table border="1"> <tr><td>1</td><td>fu_how_pills_disposed__1</td><td>Flush down toilet</td></tr> <tr><td>2</td><td>fu_how_pills_disposed__2</td><td>Throw out in trash</td></tr> <tr><td>3</td><td>fu_how_pills_disposed__3</td><td>Stash somewhere</td></tr> <tr><td>4</td><td>fu_how_pills_disposed__4</td><td>Bring to pill drop-off center</td></tr> <tr><td>5</td><td>fu_how_pills_disposed__5</td><td>Lost track</td></tr> <tr><td>6</td><td>fu_how_pills_disposed__6</td><td>Don't remember/know</td></tr> <tr><td>7</td><td>fu_how_pills_disposed__7</td><td>Refused to answer</td></tr> <tr><td>8</td><td>fu_how_pills_disposed__8</td><td>Other</td></tr> </table>	1	fu_how_pills_disposed__1	Flush down toilet	2	fu_how_pills_disposed__2	Throw out in trash	3	fu_how_pills_disposed__3	Stash somewhere	4	fu_how_pills_disposed__4	Bring to pill drop-off center	5	fu_how_pills_disposed__5	Lost track	6	fu_how_pills_disposed__6	Don't remember/know	7	fu_how_pills_disposed__7	Refused to answer	8	fu_how_pills_disposed__8	Other
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7	fu_how_pills_disposed__7	Refused to answer																									
8	fu_how_pills_disposed__8	Other																									
103	fu_any_refills_opioids	Did you get any refills for these opioid pain medications (and list names: oxycodone, percocet, hydrocodone, etc.)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Did not answer</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer																
1	Yes																										
2	No																										
3	Don't know																										
4	Did not answer																										
104	fu_which_opioids_refilled Show the field ONLY if: [fu_any_refills_opioids] = '1'	If yes to refill: Which ones?	checkbox <table border="1"> <tr><td>1</td><td>fu_which_opioids_refilled__1</td><td>Hydrocodone</td></tr> <tr><td>2</td><td>fu_which_opioids_refilled__2</td><td>Oxycodone</td></tr> </table>	1	fu_which_opioids_refilled__1	Hydrocodone	2	fu_which_opioids_refilled__2	Oxycodone																		
1	fu_which_opioids_refilled__1	Hydrocodone																									
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			<table border="1"> <tr> <td>3</td> <td>fu_which_opioids_refilled__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>fu_which_opioids_refilled__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>fu_which_opioids_refilled__5</td> <td>Other</td> </tr> </table>	3	fu_which_opioids_refilled__3	Percocet	4	fu_which_opioids_refilled__4	Hydromorphone	5	fu_which_opioids_refilled__5	Other					
3	fu_which_opioids_refilled__3	Percocet															
4	fu_which_opioids_refilled__4	Hydromorphone															
5	fu_which_opioids_refilled__5	Other															
105	fu_opioid_refill_other Show the field ONLY if: [fu_which_opioids_refilled(5)] = '1'	If other: Please specify	notes														
106	fu_plan_to_refill_opioids	Do you plan to refill this opioid prescription?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Did not answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer						
1	Yes																
2	No																
3	Don't know																
4	Did not answer																
107	fu_when_stopped_meds	How many days after discharge did you stop taking these medications?	text														
108	fu_rate_opioid_quantity	Given your experience, did you think the supply of your initial opioid prescription was...	radio <table border="1"> <tr> <td>1</td> <td>Too little</td> </tr> <tr> <td>2</td> <td>Too much</td> </tr> <tr> <td>3</td> <td>Just right</td> </tr> <tr> <td>4</td> <td>Not applicable</td> </tr> </table>	1	Too little	2	Too much	3	Just right	4	Not applicable						
1	Too little																
2	Too much																
3	Just right																
4	Not applicable																
109	fu_how_often_take_opioids	While on each medication, on average how often did you take them per day?	radio <table border="1"> <tr> <td>1</td> <td>Once a day</td> </tr> <tr> <td>2</td> <td>2-3 times a day</td> </tr> <tr> <td>3</td> <td>4-6 times per day</td> </tr> <tr> <td>4</td> <td>>6 times per day</td> </tr> <tr> <td>5</td> <td>NA</td> </tr> </table>	1	Once a day	2	2-3 times a day	3	4-6 times per day	4	>6 times per day	5	NA				
1	Once a day																
2	2-3 times a day																
3	4-6 times per day																
4	>6 times per day																
5	NA																
110	fu_opioids_change_freq	Did this frequency change over time (estimate by day?)	notes														
111	fu_rate_pain_relief	Did you get adequate pain relief, on a scale of:	dropdown <table border="1"> <tr> <td>1</td> <td>Very satisfied</td> </tr> <tr> <td>2</td> <td>Satisfied</td> </tr> <tr> <td>3</td> <td>Slightly satisfied</td> </tr> <tr> <td>4</td> <td>Slightly dissatisfied</td> </tr> <tr> <td>5</td> <td>Dissatisfied</td> </tr> <tr> <td>6</td> <td>Very dissatisfied</td> </tr> <tr> <td>7</td> <td>Not applicable</td> </tr> </table>	1	Very satisfied	2	Satisfied	3	Slightly satisfied	4	Slightly dissatisfied	5	Dissatisfied	6	Very dissatisfied	7	Not applicable
1	Very satisfied																
2	Satisfied																
3	Slightly satisfied																
4	Slightly dissatisfied																
5	Dissatisfied																
6	Very dissatisfied																
7	Not applicable																
112	fu_any_med_side_effects	Did you have any side effects	radio														

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		from the pain medications?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Not applicable</td></tr> <tr><td>5</td><td>Refused to answer</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Not applicable	5	Refused to answer																							
1	Yes																																			
2	No																																			
3	Don't know																																			
4	Not applicable																																			
5	Refused to answer																																			
113	fu_list_side_effects Show the field ONLY if: [fu_any_med_side_effects] = '1'	If yes: Please specify side effects	checkbox <table border="1"> <tr><td>1</td><td>fu_list_side_effects__1</td><td>Drowsiness</td></tr> <tr><td>2</td><td>fu_list_side_effects__2</td><td>Nausea/Vomiting</td></tr> <tr><td>3</td><td>fu_list_side_effects__3</td><td>Abdominal discomfort</td></tr> <tr><td>4</td><td>fu_list_side_effects__4</td><td>Constipation</td></tr> <tr><td>5</td><td>fu_list_side_effects__5</td><td>Dizziness</td></tr> <tr><td>6</td><td>fu_list_side_effects__6</td><td>Confusion</td></tr> <tr><td>7</td><td>fu_list_side_effects__7</td><td>Insomnia/sleeping issues</td></tr> <tr><td>8</td><td>fu_list_side_effects__8</td><td>Itchiness</td></tr> <tr><td>9</td><td>fu_list_side_effects__9</td><td>Difficult urination</td></tr> <tr><td>10</td><td>fu_list_side_effects__10</td><td>Mood swings</td></tr> <tr><td>11</td><td>fu_list_side_effects__11</td><td>Other</td></tr> </table>	1	fu_list_side_effects__1	Drowsiness	2	fu_list_side_effects__2	Nausea/Vomiting	3	fu_list_side_effects__3	Abdominal discomfort	4	fu_list_side_effects__4	Constipation	5	fu_list_side_effects__5	Dizziness	6	fu_list_side_effects__6	Confusion	7	fu_list_side_effects__7	Insomnia/sleeping issues	8	fu_list_side_effects__8	Itchiness	9	fu_list_side_effects__9	Difficult urination	10	fu_list_side_effects__10	Mood swings	11	fu_list_side_effects__11	Other
1	fu_list_side_effects__1	Drowsiness																																		
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6	fu_list_side_effects__6	Confusion																																		
7	fu_list_side_effects__7	Insomnia/sleeping issues																																		
8	fu_list_side_effects__8	Itchiness																																		
9	fu_list_side_effects__9	Difficult urination																																		
10	fu_list_side_effects__10	Mood swings																																		
11	fu_list_side_effects__11	Other																																		
114	fu_other_side_effect Show the field ONLY if: [fu_list_side_effects(11)] = '1'	If other: Please specify	notes																																	
115	fu_taken_meds_before	Had you ever taken any types of these opioid medications before your cesarean section?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know/doesn't remember</td></tr> <tr><td>4</td><td>Not applicable</td></tr> <tr><td>5</td><td>Did not answer</td></tr> </table>	1	Yes	2	No	3	Don't know/doesn't remember	4	Not applicable	5	Did not answer																							
1	Yes																																			
2	No																																			
3	Don't know/doesn't remember																																			
4	Not applicable																																			
5	Did not answer																																			
116	fu_what_opioids_before Show the field ONLY if: [fu_taken_meds_before] = '1'	If yes: What opioid medications have you taken before?	checkbox <table border="1"> <tr><td>1</td><td>fu_what_opioids_before__1</td><td>Hydrocodone</td></tr> <tr><td>2</td><td>fu_what_opioids_before__2</td><td>Oxycodone</td></tr> <tr><td>3</td><td>fu_what_opioids_before__3</td><td>Percocet</td></tr> <tr><td>4</td><td>fu_what_opioids_before__4</td><td>Hydromorphone</td></tr> <tr><td>5</td><td>fu_what_opioids_before__5</td><td>Other</td></tr> <tr><td>6</td><td>fu_what_opioids_before__6</td><td>Doesn't remember</td></tr> </table>	1	fu_what_opioids_before__1	Hydrocodone	2	fu_what_opioids_before__2	Oxycodone	3	fu_what_opioids_before__3	Percocet	4	fu_what_opioids_before__4	Hydromorphone	5	fu_what_opioids_before__5	Other	6	fu_what_opioids_before__6	Doesn't remember															
1	fu_what_opioids_before__1	Hydrocodone																																		
2	fu_what_opioids_before__2	Oxycodone																																		
3	fu_what_opioids_before__3	Percocet																																		
4	fu_what_opioids_before__4	Hydromorphone																																		
5	fu_what_opioids_before__5	Other																																		
6	fu_what_opioids_before__6	Doesn't remember																																		
117	fu_other_opioids_before Show the field ONLY if: [fu_what_opioids_before(5)] = '1'	If other: Please specify	notes																																	

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118	fu_reasons_taken_before Show the field ONLY if: [fu_taken_meds_before] = '1'	If yes: For what reasons did you take these opioid pain medications previously?	checkbox <table border="1" data-bbox="797 226 1580 457"> <tr> <td>1</td> <td>fu_reasons_taken_before__1</td> <td>Previous surgery</td> </tr> <tr> <td>2</td> <td>fu_reasons_taken_before__2</td> <td>History of chronic pain</td> </tr> <tr> <td>3</td> <td>fu_reasons_taken_before__3</td> <td>Previous injury/trauma</td> </tr> <tr> <td>4</td> <td>fu_reasons_taken_before__4</td> <td>Other</td> </tr> <tr> <td>5</td> <td>fu_reasons_taken_before__5</td> <td>Doesn't know/remember</td> </tr> </table>	1	fu_reasons_taken_before__1	Previous surgery	2	fu_reasons_taken_before__2	History of chronic pain	3	fu_reasons_taken_before__3	Previous injury/trauma	4	fu_reasons_taken_before__4	Other	5	fu_reasons_taken_before__5	Doesn't know/remember
1	fu_reasons_taken_before__1	Previous surgery																
2	fu_reasons_taken_before__2	History of chronic pain																
3	fu_reasons_taken_before__3	Previous injury/trauma																
4	fu_reasons_taken_before__4	Other																
5	fu_reasons_taken_before__5	Doesn't know/remember																
119	fu_other_reasons_before Show the field ONLY if: [fu_reasons_taken_before(4)] = '1'	If other: Please specify	notes															
120	fu_how_often_before Show the field ONLY if: [fu_taken_meds_before] = '1'	If yes: For how long (estimated per day)?	notes															
121	fu_how_long_before Show the field ONLY if: [fu_taken_meds_before] = '1'	If yes: For how long (estimated by day)?	notes															
122	fu_other_meds_taken	Did you take any other medications for your pain related to CS after the surgery?	radio <table border="1" data-bbox="797 831 1055 1062"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Not applicable</td> </tr> <tr> <td>5</td> <td>Did not answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Not applicable	5	Did not answer					
1	Yes																	
2	No																	
3	Don't know																	
4	Not applicable																	
5	Did not answer																	
123	fu_list_other_meds Show the field ONLY if: [fu_other_meds_taken] = '1'	If yes: Check all other medications taken that apply	checkbox <table border="1" data-bbox="797 1108 1497 1289"> <tr> <td>1</td> <td>fu_list_other_meds__1</td> <td>Tylenol</td> </tr> <tr> <td>2</td> <td>fu_list_other_meds__2</td> <td>Ibuprofen/Motrin/Advil</td> </tr> <tr> <td>3</td> <td>fu_list_other_meds__3</td> <td>Naproxen/Aleve</td> </tr> <tr> <td>4</td> <td>fu_list_other_meds__4</td> <td>Other</td> </tr> </table>	1	fu_list_other_meds__1	Tylenol	2	fu_list_other_meds__2	Ibuprofen/Motrin/Advil	3	fu_list_other_meds__3	Naproxen/Aleve	4	fu_list_other_meds__4	Other			
1	fu_list_other_meds__1	Tylenol																
2	fu_list_other_meds__2	Ibuprofen/Motrin/Advil																
3	fu_list_other_meds__3	Naproxen/Aleve																
4	fu_list_other_meds__4	Other																
124	fu_list_other_med Show the field ONLY if: [fu_list_other_meds(4)] = '1'	If other: Please specify	notes															
125	fu_participate_study_one	Can you tell us if you would have been willing to participate if the following study were underway at the time you delivered? Study 1: A "randomized trial" in which we will assign you by equal chance (like a coin toss) to one of two study groups: The group discharged on the standard amount of pain medication or the group discharged with a more limited supply, but with the option to	radio <table border="1" data-bbox="797 1440 1055 1621"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Did not answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer							
1	Yes																	
2	No																	
3	Don't know																	
4	Did not answer																	

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		refill?									
126	fu_no_study_one_why Show the field ONLY if: [fu_participate_study_two] = '2' or [fu_participate_study_two] = '3' or [fu_participate_study_two] = '4'	If no: Why not? <i>Suggested standardized language for some common reasons: "inconvenience", "needed opioids", "fear of breakthrough pain", "doesn't participate in research studies", "doesn't use opioids"</i>	notes								
127	fu_participate_study_two	Can you tell us if you would have been willing to participate if the following study were underway at the time you delivered? Study 2: A "randomized trial" in which we will assign you by equal chance (like a coin toss) to one of two study groups: The group discharged on the standard amount of pain medication or the group discharged with no opioid medication (but with instructions to use either tylenol and/or ibuprofen for pain?)	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Don't know</td> </tr> <tr> <td>4</td> <td>Did not answer</td> </tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer
1	Yes										
2	No										
3	Don't know										
4	Did not answer										
128	fu_no_study_two_why Show the field ONLY if: [fu_participate_study_two] = '2' and [fu_participate_study_two] = '3' and [fu_participate_study_two] = '4'	If not: Why not? <i>Suggested standardized language for some common reasons: "inconvenience", "needed opioids", "fear of breakthrough pain", "doesn't participate in research studies", "doesn't use opioids"</i>	notes								
129	fu_other_comments_study_1	Other comments?	notes								
130	followup_survey_data_collection _form_opioid_med_po_complet e	Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: MEDICAL RECORD Data Collection Form Opioid Med Post CS Study

131	patient_id	Study ID	text, Required, Identifier
132	los_admiss_dc	Length of Hospital Stay: Admission date to procedure date (days)	text
133	los_proced_dc	Length of Hospital Stay: Procedure date to discharge date (days)	text
134	days_hospitalization	Total Length of Hospital Stay: Admission date to discharge to home date (days)	text, Required

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135	age_in_years	Age (years)	text, Required, Identifier																		
136	race_ethnicity	Race-Ethnicity <i>Note: Please check all that apply. 1. Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. 2. African American: A person having origins in any of the Black racial groups of Africa. 3. Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. 4. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) 5. American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment. 6. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>race_ethnicity___1</td> <td>White-Caucasian (non-Hispanic)</td> </tr> <tr> <td>2</td> <td>race_ethnicity___2</td> <td>Black/African American (non-Hispanic)</td> </tr> <tr> <td>3</td> <td>race_ethnicity___3</td> <td>Hispanic (any race)</td> </tr> <tr> <td>4</td> <td>race_ethnicity___4</td> <td>Asian/Pacific Islander (non-Hispanic)</td> </tr> <tr> <td>5</td> <td>race_ethnicity___5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>race_ethnicity___6</td> <td>Unknown</td> </tr> </table>	1	race_ethnicity___1	White-Caucasian (non-Hispanic)	2	race_ethnicity___2	Black/African American (non-Hispanic)	3	race_ethnicity___3	Hispanic (any race)	4	race_ethnicity___4	Asian/Pacific Islander (non-Hispanic)	5	race_ethnicity___5	Other	6	race_ethnicity___6	Unknown
1	race_ethnicity___1	White-Caucasian (non-Hispanic)																			
2	race_ethnicity___2	Black/African American (non-Hispanic)																			
3	race_ethnicity___3	Hispanic (any race)																			
4	race_ethnicity___4	Asian/Pacific Islander (non-Hispanic)																			
5	race_ethnicity___5	Other																			
6	race_ethnicity___6	Unknown																			
137	specify_other_race Show the field ONLY if: [<i>race_ethnicity</i> (5)] = '1'	Specify "Other":	text																		
138	insurance_coverage	Insurance Coverage <i>Note: "Medicaid" prefers to any public health insurance-- If the plan is public insurance, then please check Medicaid. Some medicaid products may be commercial</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Medicaid (commercial or not)</td> </tr> <tr> <td>2</td> <td>Commercial/Private</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> <tr> <td>5</td> <td>None</td> </tr> </table>	1	Medicaid (commercial or not)	2	Commercial/Private	3	Unknown	4	Other	5	None								
1	Medicaid (commercial or not)																				
2	Commercial/Private																				
3	Unknown																				
4	Other																				
5	None																				
139	other_insurance Show the field ONLY if: [<i>insurance_coverage</i>] = '4'	If other insurance, please specify:	text																		

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140	pt_hx_opioid_abuse	Patient History of Chronic Opioid Use/Abuse	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown/NA</td></tr> </table>	1	Yes	2	No	3	Unknown/NA			
1	Yes											
2	No											
3	Unknown/NA											
141	chronic_opioid_specified Show the field ONLY if: [pt_hx_opioid_abuse] = '1' or [pt_hx_opioid_abuse] = '3'	Specify type/details of opioid use/abuse	notes									
142	when_opioid_abuse Show the field ONLY if: [pt_hx_opioid_abuse] = '1' or [pt_hx_opioid_abuse] = '3'	If yes: When?	checkbox <table border="1"> <tr><td>1</td><td>when_opioid_abuse__1</td><td>Before Pregnancy</td></tr> <tr><td>2</td><td>when_opioid_abuse__2</td><td>During Pregnancy</td></tr> <tr><td>3</td><td>when_opioid_abuse__3</td><td>Unknown/NA</td></tr> </table>	1	when_opioid_abuse__1	Before Pregnancy	2	when_opioid_abuse__2	During Pregnancy	3	when_opioid_abuse__3	Unknown/NA
1	when_opioid_abuse__1	Before Pregnancy										
2	when_opioid_abuse__2	During Pregnancy										
3	when_opioid_abuse__3	Unknown/NA										
143	pt_hx_smoking	Patient History of Other Substance Abuse: Smoking?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown/NA</td></tr> </table>	1	Yes	2	No	3	Unknown/NA			
1	Yes											
2	No											
3	Unknown/NA											
144	smoking_timing Show the field ONLY if: [pt_hx_smoking] = '1'	If yes: When?	checkbox <table border="1"> <tr><td>1</td><td>smoking_timing__1</td><td>Before Pregnancy</td></tr> <tr><td>2</td><td>smoking_timing__2</td><td>During Pregnancy</td></tr> <tr><td>3</td><td>smoking_timing__3</td><td>Unknown/NA</td></tr> </table>	1	smoking_timing__1	Before Pregnancy	2	smoking_timing__2	During Pregnancy	3	smoking_timing__3	Unknown/NA
1	smoking_timing__1	Before Pregnancy										
2	smoking_timing__2	During Pregnancy										
3	smoking_timing__3	Unknown/NA										
145	smoking_hist_comments	Comments about smoking history: <i>Please write "NA" if never smoked</i>	notes									
146	pt_hx_alcohol	Patient History of Other Substance Abuse: Alcohol Abuse?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown/NA</td></tr> </table>	1	Yes	2	No	3	Unknown/NA			
1	Yes											
2	No											
3	Unknown/NA											
147	alcohol_timing Show the field ONLY if: [pt_hx_alcohol] = '1'	If yes: When?	checkbox <table border="1"> <tr><td>1</td><td>alcohol_timing__1</td><td>Before pregnancy</td></tr> <tr><td>2</td><td>alcohol_timing__2</td><td>During pregnancy</td></tr> <tr><td>3</td><td>alcohol_timing__3</td><td>Unknown/NA</td></tr> </table>	1	alcohol_timing__1	Before pregnancy	2	alcohol_timing__2	During pregnancy	3	alcohol_timing__3	Unknown/NA
1	alcohol_timing__1	Before pregnancy										
2	alcohol_timing__2	During pregnancy										
3	alcohol_timing__3	Unknown/NA										
148	etoh_use_comments	Comments about alcohol use/abuse history: <i>Please write "NA" if no significant drinking history</i>	notes									
149	pt_hx_sa_other	Patient History of Other Substance Abuse: Non-Opioid Substance Abuse?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes							
1	Yes											

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			<table border="1"> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Unknown/NA</td> </tr> </table>	2	No	3	Unknown/NA																	
2	No																							
3	Unknown/NA																							
150	<p>pt_hx_sa_type Show the field ONLY if: [pt_hx_sa_other] = '1'</p>	If yes: What substances?	checkbox <table border="1"> <tr> <td>1</td> <td>pt_hx_sa_type__1</td> <td>Marijuana</td> </tr> <tr> <td>2</td> <td>pt_hx_sa_type__2</td> <td>Cocaine</td> </tr> <tr> <td>3</td> <td>pt_hx_sa_type__3</td> <td>Other</td> </tr> <tr> <td>4</td> <td>pt_hx_sa_type__4</td> <td>Missing/Unavailable</td> </tr> </table>	1	pt_hx_sa_type__1	Marijuana	2	pt_hx_sa_type__2	Cocaine	3	pt_hx_sa_type__3	Other	4	pt_hx_sa_type__4	Missing/Unavailable									
1	pt_hx_sa_type__1	Marijuana																						
2	pt_hx_sa_type__2	Cocaine																						
3	pt_hx_sa_type__3	Other																						
4	pt_hx_sa_type__4	Missing/Unavailable																						
151	<p>pt_hx_sa_other_type Show the field ONLY if: [pt_hx_sa_type(3)] = '1'</p>	If other: Specify	notes, Required																					
152	<p>other_sa_timing Show the field ONLY if: [pt_hx_sa_other] = '1'</p>	If yes: When?	checkbox <table border="1"> <tr> <td>1</td> <td>other_sa_timing__1</td> <td>Before pregnancy</td> </tr> <tr> <td>2</td> <td>other_sa_timing__2</td> <td>During pregnancy</td> </tr> <tr> <td>3</td> <td>other_sa_timing__3</td> <td>Unknown/NA</td> </tr> </table>	1	other_sa_timing__1	Before pregnancy	2	other_sa_timing__2	During pregnancy	3	other_sa_timing__3	Unknown/NA												
1	other_sa_timing__1	Before pregnancy																						
2	other_sa_timing__2	During pregnancy																						
3	other_sa_timing__3	Unknown/NA																						
153	comments_sa_hx	Comments on substance abuse history: <i>Please write "NA" if no other substance abuse history</i>	notes																					
154	pt_med_hx	Patient Medication History	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
155	<p>pt_meds_hx_list Show the field ONLY if: [pt_med_hx] = '1'</p>	Which medications? <i>Note: Please check all that apply</i>	checkbox <table border="1"> <tr> <td>1</td> <td>pt_meds_hx_list__1</td> <td>SSRIs</td> </tr> <tr> <td>2</td> <td>pt_meds_hx_list__2</td> <td>SNRIs</td> </tr> <tr> <td>3</td> <td>pt_meds_hx_list__3</td> <td>Other antidepressants</td> </tr> <tr> <td>4</td> <td>pt_meds_hx_list__4</td> <td>Benzodiazepines</td> </tr> <tr> <td>5</td> <td>pt_meds_hx_list__5</td> <td>Bipolar medications (anticonvulsants, lithium, etc.)</td> </tr> <tr> <td>6</td> <td>pt_meds_hx_list__6</td> <td>Other psychiatric medications</td> </tr> <tr> <td>7</td> <td>pt_meds_hx_list__7</td> <td>Other noteworthy medications</td> </tr> </table>	1	pt_meds_hx_list__1	SSRIs	2	pt_meds_hx_list__2	SNRIs	3	pt_meds_hx_list__3	Other antidepressants	4	pt_meds_hx_list__4	Benzodiazepines	5	pt_meds_hx_list__5	Bipolar medications (anticonvulsants, lithium, etc.)	6	pt_meds_hx_list__6	Other psychiatric medications	7	pt_meds_hx_list__7	Other noteworthy medications
1	pt_meds_hx_list__1	SSRIs																						
2	pt_meds_hx_list__2	SNRIs																						
3	pt_meds_hx_list__3	Other antidepressants																						
4	pt_meds_hx_list__4	Benzodiazepines																						
5	pt_meds_hx_list__5	Bipolar medications (anticonvulsants, lithium, etc.)																						
6	pt_meds_hx_list__6	Other psychiatric medications																						
7	pt_meds_hx_list__7	Other noteworthy medications																						
156	<p>psych_meds_classes Show the field ONLY if: [pt_meds_hx_list(6)] = '1'</p>	Please list class(es) of psychiatric medication(s)	notes																					
157	<p>other_medic_hist Show the field ONLY if: [pt_meds_hx_list(7)] = '1'</p>	Please specify/list other medications:	notes																					
158	labor_prior_cs	Labor prior to C/S?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes																			
1	Yes																							

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			<table border="1"> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> </table>	2	No	3	Unknown																				
2	No																										
3	Unknown																										
159	indication_cs	Indication for C/S:	checkbox, Required <table border="1"> <tr> <td>1</td> <td>indication_cs__1</td> <td>Repeat</td> </tr> <tr> <td>2</td> <td>indication_cs__2</td> <td>Multiple gestation</td> </tr> <tr> <td>3</td> <td>indication_cs__3</td> <td>Dystocia</td> </tr> <tr> <td>4</td> <td>indication_cs__4</td> <td>Malpresentation</td> </tr> <tr> <td>5</td> <td>indication_cs__5</td> <td>Fetal distress documented</td> </tr> <tr> <td>8</td> <td>indication_cs__8</td> <td>Failure to progress</td> </tr> <tr> <td>6</td> <td>indication_cs__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>indication_cs__7</td> <td>Unknown</td> </tr> </table>	1	indication_cs__1	Repeat	2	indication_cs__2	Multiple gestation	3	indication_cs__3	Dystocia	4	indication_cs__4	Malpresentation	5	indication_cs__5	Fetal distress documented	8	indication_cs__8	Failure to progress	6	indication_cs__6	Other	7	indication_cs__7	Unknown
1	indication_cs__1	Repeat																									
2	indication_cs__2	Multiple gestation																									
3	indication_cs__3	Dystocia																									
4	indication_cs__4	Malpresentation																									
5	indication_cs__5	Fetal distress documented																									
8	indication_cs__8	Failure to progress																									
6	indication_cs__6	Other																									
7	indication_cs__7	Unknown																									
160	specify_fetal_distress Show the field ONLY if: [indication_cs(5)] = '1'	Specify fetal distress documented:	notes, Required																								
161	specify_other_cs_indic Show the field ONLY if: [indication_cs(6)] = '1'	Specify "other" indication:	notes, Required																								
162	addl_surgical_proced	Additional Surgical Procedure(s)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>addl_surgical_proced__1</td> <td>None</td> </tr> <tr> <td>2</td> <td>addl_surgical_proced__2</td> <td>Closed rectus abdominus (review surgical note)</td> </tr> <tr> <td>3</td> <td>addl_surgical_proced__3</td> <td>Hysterectomy (review surgical note)</td> </tr> <tr> <td>5</td> <td>addl_surgical_proced__5</td> <td>Tubal ligation</td> </tr> <tr> <td>4</td> <td>addl_surgical_proced__4</td> <td>Other (check and can add comments)</td> </tr> </table>	1	addl_surgical_proced__1	None	2	addl_surgical_proced__2	Closed rectus abdominus (review surgical note)	3	addl_surgical_proced__3	Hysterectomy (review surgical note)	5	addl_surgical_proced__5	Tubal ligation	4	addl_surgical_proced__4	Other (check and can add comments)									
1	addl_surgical_proced__1	None																									
2	addl_surgical_proced__2	Closed rectus abdominus (review surgical note)																									
3	addl_surgical_proced__3	Hysterectomy (review surgical note)																									
5	addl_surgical_proced__5	Tubal ligation																									
4	addl_surgical_proced__4	Other (check and can add comments)																									
163	other_surgic_proced Show the field ONLY if: [addl_surgical_proced(4)] = '1'	If other: Add other related comments	notes, Required																								
164	cs_complications	Complications of C/S? <i>Note: If complications are unknown or difficult to surmise, please make a comment about it at the end of this form in the "Other Pertinent Patient Comments" box</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
165	specify_cs_complications Show the field ONLY if: [cs_complications] = '1'	If yes: Specify complications	notes, Required																								
166	anesth_mgmt	Anesthetic Management <i>Note: Please check all that apply</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>anesth_mgmt__1</td> <td>Spinal</td> </tr> <tr> <td>2</td> <td>anesth_mgmt__2</td> <td>Epidural</td> </tr> <tr> <td>3</td> <td>anesth_mgmt__3</td> <td>CSE</td> </tr> </table>	1	anesth_mgmt__1	Spinal	2	anesth_mgmt__2	Epidural	3	anesth_mgmt__3	CSE															
1	anesth_mgmt__1	Spinal																									
2	anesth_mgmt__2	Epidural																									
3	anesth_mgmt__3	CSE																									

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			<table border="1"> <tr> <td>4</td> <td>anesth_mgmt__4</td> <td>General anesthesia</td> </tr> </table>	4	anesth_mgmt__4	General anesthesia																		
4	anesth_mgmt__4	General anesthesia																						
167	postop_pain_mgmt	Post-Operative Pain Management (after CS, prior to hospital discharge) <i>Note: Please check all that apply</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postop_pain_mgmt__1</td> <td>NSAIDS</td> </tr> <tr> <td>2</td> <td>postop_pain_mgmt__2</td> <td>Tylenol</td> </tr> <tr> <td>3</td> <td>postop_pain_mgmt__3</td> <td>Oral narcotics</td> </tr> <tr> <td>4</td> <td>postop_pain_mgmt__4</td> <td>PCA</td> </tr> <tr> <td>5</td> <td>postop_pain_mgmt__5</td> <td>Other</td> </tr> </table>	1	postop_pain_mgmt__1	NSAIDS	2	postop_pain_mgmt__2	Tylenol	3	postop_pain_mgmt__3	Oral narcotics	4	postop_pain_mgmt__4	PCA	5	postop_pain_mgmt__5	Other						
1	postop_pain_mgmt__1	NSAIDS																						
2	postop_pain_mgmt__2	Tylenol																						
3	postop_pain_mgmt__3	Oral narcotics																						
4	postop_pain_mgmt__4	PCA																						
5	postop_pain_mgmt__5	Other																						
168	specify_postop_pain_mgmt Show the field ONLY if: [postop_pain_mgmt(5)] = '1'	If other: Specify	notes, Required																					
169	breakthru_pain_y_n	Indication of breakthrough pain or other issues in medical record?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> </table>	1	Yes	2	No	3	Unknown															
1	Yes																							
2	No																							
3	Unknown																							
170	other_postop_issues	Check records for breakthrough pain and other issues, and please comment here:	notes																					
171	pain_script_charact	Narcotic(s) script characteristics (in LMR) <i>Note: Please check all that apply</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>pain_script_charact__1</td> <td>Hydrocodone</td> </tr> <tr> <td>2</td> <td>pain_script_charact__2</td> <td>Oxycodone</td> </tr> <tr> <td>3</td> <td>pain_script_charact__3</td> <td>Percocet</td> </tr> <tr> <td>4</td> <td>pain_script_charact__4</td> <td>Hydromorphone</td> </tr> <tr> <td>5</td> <td>pain_script_charact__5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>pain_script_charact__6</td> <td>Unknown/NA</td> </tr> <tr> <td>7</td> <td>pain_script_charact__7</td> <td>None</td> </tr> </table>	1	pain_script_charact__1	Hydrocodone	2	pain_script_charact__2	Oxycodone	3	pain_script_charact__3	Percocet	4	pain_script_charact__4	Hydromorphone	5	pain_script_charact__5	Other	6	pain_script_charact__6	Unknown/NA	7	pain_script_charact__7	None
1	pain_script_charact__1	Hydrocodone																						
2	pain_script_charact__2	Oxycodone																						
3	pain_script_charact__3	Percocet																						
4	pain_script_charact__4	Hydromorphone																						
5	pain_script_charact__5	Other																						
6	pain_script_charact__6	Unknown/NA																						
7	pain_script_charact__7	None																						
172	tab_number	Tablet Number:	text, Required																					
173	pain_med_strength	Strength (in mg)	text, Required																					
174	other_pain_med_script_info	Other relevant information about script?: <i>E.g., info on ibuprofen Rx; otherwise please write "none" if no other script comments</i>	notes																					
175	other_comments_info	Other pertinent comments/information about patient? <i>Please write "none" if no other patient comments</i>	notes																					
176	medical_record_data_collection_form_opioid_med_pos_complete	Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> </table>	0	Incomplete																			
0	Incomplete																							

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			<table border="1"> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	1	Unverified	2	Complete											
1	Unverified																	
2	Complete																	
Instrument: Nonconsent Ineligibility And Lost To Follow Up Tra																		
177	excluded_record_id	EXCLUSION Record ID <i>Each group is given a letter prefix (A-, B-, C-, etc) and you should then assign consecutive numbers after that (e.g., A1, A2, A3, etc)</i>	text															
178	reason_exclusion	Reason patient was not included:	checkbox <table border="1"> <tr> <td>1</td> <td>reason_exclusion__1</td> <td>Did not consent</td> </tr> <tr> <td>2</td> <td>reason_exclusion__2</td> <td>Ineligible</td> </tr> <tr> <td>3</td> <td>reason_exclusion__3</td> <td>Lost to follow up</td> </tr> <tr> <td>4</td> <td>reason_exclusion__4</td> <td>Other</td> </tr> <tr> <td>5</td> <td>reason_exclusion__5</td> <td>Could not reach over the phone (never picked up phone calls)</td> </tr> </table>	1	reason_exclusion__1	Did not consent	2	reason_exclusion__2	Ineligible	3	reason_exclusion__3	Lost to follow up	4	reason_exclusion__4	Other	5	reason_exclusion__5	Could not reach over the phone (never picked up phone calls)
1	reason_exclusion__1	Did not consent																
2	reason_exclusion__2	Ineligible																
3	reason_exclusion__3	Lost to follow up																
4	reason_exclusion__4	Other																
5	reason_exclusion__5	Could not reach over the phone (never picked up phone calls)																
179	exclusion_reason_other Show the field ONLY if: [reason_exclusion(4)] = '1'	If other: Please specify	notes															
180	reasons_nonconsent	If explicitly did not consent: Why?	checkbox <table border="1"> <tr> <td>1</td> <td>reasons_nonconsent__1</td> <td>Too busy/overwhelmed</td> </tr> <tr> <td>2</td> <td>reasons_nonconsent__2</td> <td>Bad experience, did not wish to discuss</td> </tr> <tr> <td>3</td> <td>reasons_nonconsent__3</td> <td>Generally disinterested in study</td> </tr> <tr> <td>4</td> <td>reasons_nonconsent__4</td> <td>No concrete reason provided</td> </tr> <tr> <td>5</td> <td>reasons_nonconsent__5</td> <td>Other</td> </tr> </table>	1	reasons_nonconsent__1	Too busy/overwhelmed	2	reasons_nonconsent__2	Bad experience, did not wish to discuss	3	reasons_nonconsent__3	Generally disinterested in study	4	reasons_nonconsent__4	No concrete reason provided	5	reasons_nonconsent__5	Other
1	reasons_nonconsent__1	Too busy/overwhelmed																
2	reasons_nonconsent__2	Bad experience, did not wish to discuss																
3	reasons_nonconsent__3	Generally disinterested in study																
4	reasons_nonconsent__4	No concrete reason provided																
5	reasons_nonconsent__5	Other																
181	reasons_ineligible Show the field ONLY if: [reason_exclusion(2)] = '1'	If ineligible: Why?	checkbox <table border="1"> <tr> <td>1</td> <td>reasons_ineligible__1</td> <td>Language barrier</td> </tr> <tr> <td>2</td> <td>reasons_ineligible__2</td> <td>Did not recall receiving materials from doctor</td> </tr> <tr> <td>3</td> <td>reasons_ineligible__3</td> <td>Prolonged hospital stay >7 days</td> </tr> <tr> <td>4</td> <td>reasons_ineligible__4</td> <td>Past history of opioid abuse</td> </tr> <tr> <td>5</td> <td>reasons_ineligible__5</td> <td>Other</td> </tr> </table>	1	reasons_ineligible__1	Language barrier	2	reasons_ineligible__2	Did not recall receiving materials from doctor	3	reasons_ineligible__3	Prolonged hospital stay >7 days	4	reasons_ineligible__4	Past history of opioid abuse	5	reasons_ineligible__5	Other
1	reasons_ineligible__1	Language barrier																
2	reasons_ineligible__2	Did not recall receiving materials from doctor																
3	reasons_ineligible__3	Prolonged hospital stay >7 days																
4	reasons_ineligible__4	Past history of opioid abuse																
5	reasons_ineligible__5	Other																
182	other_reasons_nonconsent Show the field ONLY if: [reasons_nonconsent(5)] = '1'	If other: Please specify	notes															
183	excluded_ans_3_questions	Was patient able to answer some or all of the "three questions"?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
184	excluded_highest_pain_wk	If yes: What was your highest	text															

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	Show the field ONLY if: [excluded_ans_3_questions] = '1'	pain level related to CS from 0-10 over past week? <i>Write NA if patient unable to answer this particular question of the three</i>																			
185	excluded_satisfaction_mgh Show the field ONLY if: [excluded_ans_3_questions] = '1'	If yes: What was your overall satisfaction with [name institution] after your CS?	radio <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>3</td><td>Slightly satisfied</td></tr> <tr><td>4</td><td>Slightly dissatisfied</td></tr> <tr><td>5</td><td>Dissatisfied</td></tr> <tr><td>6</td><td>Very dissatisfied</td></tr> <tr><td>7</td><td>Did not answer</td></tr> </table>	1	Very satisfied	2	Satisfied	3	Slightly satisfied	4	Slightly dissatisfied	5	Dissatisfied	6	Very dissatisfied	7	Did not answer				
1	Very satisfied																				
2	Satisfied																				
3	Slightly satisfied																				
4	Slightly dissatisfied																				
5	Dissatisfied																				
6	Very dissatisfied																				
7	Did not answer																				
186	excluded_take_opioids Show the field ONLY if: [excluded_ans_3_questions] = '1'	If yes: Did you take any opioid pain medication for pain control after left hospital?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>4</td><td>Did not answer</td></tr> </table>	1	Yes	2	No	3	Don't know	4	Did not answer										
1	Yes																				
2	No																				
3	Don't know																				
4	Did not answer																				
187	excluded_why_no_ans_quest Show the field ONLY if: [excluded_ans_3_questions] = '0'	If no: Why didn't/couldn't the patient answer the "three questions"?	checkbox <table border="1"> <tr><td>5</td><td>excluded_why_no_ans_quest__5</td><td>Did not understand questions (language barrier or other reason)</td></tr> <tr><td>6</td><td>excluded_why_no_ans_quest__6</td><td>Did not want to answer questions</td></tr> <tr><td>7</td><td>excluded_why_no_ans_quest__7</td><td>Had to get off phone/hung up</td></tr> <tr><td>8</td><td>excluded_why_no_ans_quest__8</td><td>Forgot to ask</td></tr> <tr><td>9</td><td>excluded_why_no_ans_quest__9</td><td>Other</td></tr> <tr><td>10</td><td>excluded_why_no_ans_quest__10</td><td>Not applicable to our institution (not approved by IRB)</td></tr> </table>	5	excluded_why_no_ans_quest__5	Did not understand questions (language barrier or other reason)	6	excluded_why_no_ans_quest__6	Did not want to answer questions	7	excluded_why_no_ans_quest__7	Had to get off phone/hung up	8	excluded_why_no_ans_quest__8	Forgot to ask	9	excluded_why_no_ans_quest__9	Other	10	excluded_why_no_ans_quest__10	Not applicable to our institution (not approved by IRB)
5	excluded_why_no_ans_quest__5	Did not understand questions (language barrier or other reason)																			
6	excluded_why_no_ans_quest__6	Did not want to answer questions																			
7	excluded_why_no_ans_quest__7	Had to get off phone/hung up																			
8	excluded_why_no_ans_quest__8	Forgot to ask																			
9	excluded_why_no_ans_quest__9	Other																			
10	excluded_why_no_ans_quest__10	Not applicable to our institution (not approved by IRB)																			
188	excluded_other_no_ans Show the field ONLY if: [excluded_why_no_ans_quest(9)] = '1'	If other: Please specify	notes																		
189	nonconsent_ineligibility_and_loss_to_follow_up_tra_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

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Appendix 2. Reasons for Exclusion

Ineligibility (n=35): n=15 had a language barrier, n=1 did not recall receiving materials from doctor, n=5 had prolonged hospital stay (>7 days), n=8 had a past history of opioid abuse, n=6 other.

Non-consent (n=55): n=11 were too busy/overwhelmed, n=2 had a bad experience and did not wish to discuss, n=20 were generally disinterested in the study, n=22 other.

Could not be reached (n=252): who were excluded because they could not be reached by phone after 2 weeks after discharge from CD.

Appendix 3. Reasons for Not Filling an Opioid Prescription After Cesarean Delivery

	N (%)
Total	105
Did not need/want	91 (87%)
Do not like how they make me feel	12 (11%)
Bad side effects from previous experience	9 (9%)
Forgot to fill it	0 (0%)
Co-pay too expensive	0 (0%)
Already had a bottle of leftover pills	1 (1%)
Other	8 (8%)

*Multiple reasons can be given

Appendix 4. Pain Scores for Women Who Did and Did Not Fill a Prescription for an Opioid Analgesic

Pain scores (median[IQR])	Filled Prescription (n=615)	Did Not Fill Prescription (n=105)	p-value
Day of CD	6 [4 to 8]	5 [3 to 6]	<0.001
Until hospital discharge	6 [4 to 7]	5 [3 to, 7]	0.002
Immediately after hospital discharge	5 [3, to 6]	3 [2, to 5]	<0.001
First week after discharge	4 [2 to, 5]	3 [2 to, 5]	<0.001
Second week after discharge	2 [1 to, 3]	1 [0 to, 2]	<0.001

*Pain score 0 to 10

Appendix 5. Patient-Reported Opioid-Related Side Effects Stratified by Tertiles of the Number of Opioid Analgesic Tablets Dispensed

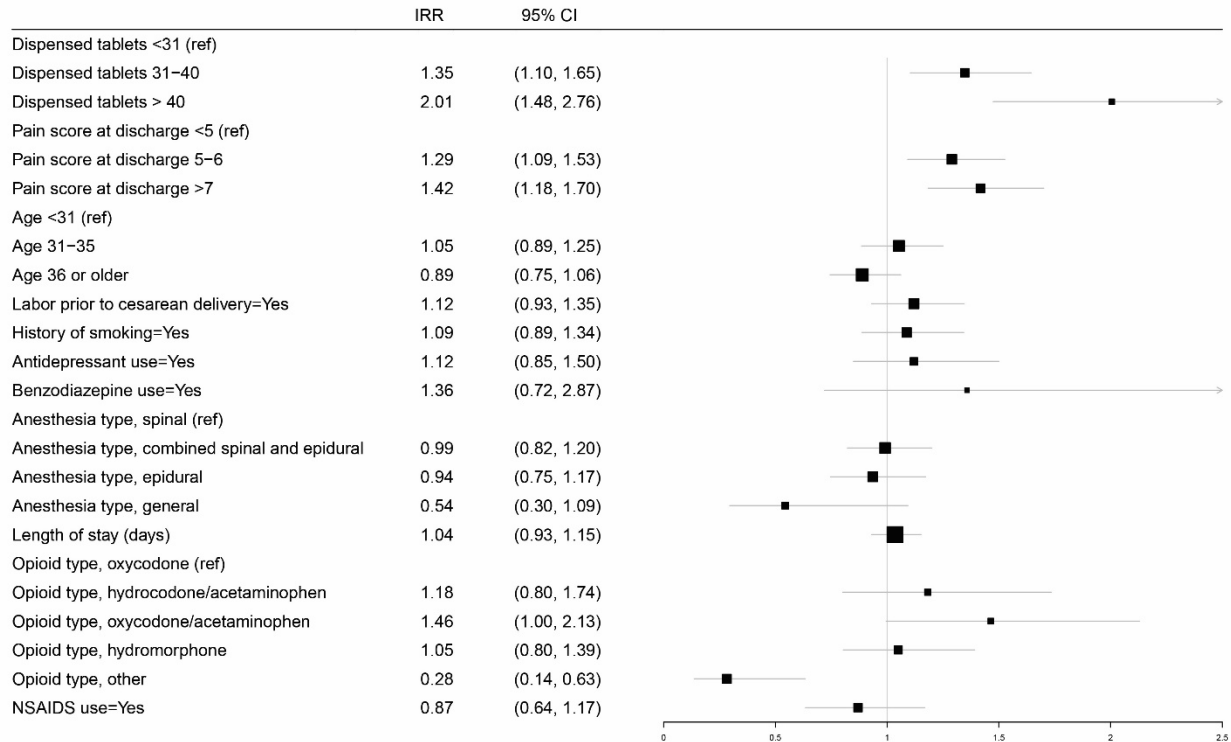
	Tertile Dispensed (N, (%))			Overall
	≤30 Tablets (n=237)	31-40 Tablets (n=299)	>40 Tablets (n=69)	
Drowsiness	57 (24)	94 (31)	29 (42)	182 (29)
Nausea/Vomiting	5 (2)	12 (4)	4 (6)	21 (3)
Abdominal discomfort	2 (<1)	6 (2)	5 (7)	13 (2)
Constipation	56 (24)	120 (40)	30 (43)	209 (34)
Dizziness	5 (2)	19 (6)	12 (17)	36 (6)
Confusion	3 (1)	6 (2)	2 (3)	11 (2)
Insomnia/Sleeping issues	0 (<1)	1 (<1)	1 (1)	2 (<1)
Itching	2 (<1)	8 (3)	10 (14)	20 (3)
Difficult urination	0 (<1)	1 (<1)	1 (1)	2 (<1)
Mood swings	1 (<1)	4 (1)	6 (9)	11 (2)
Other	7 (3)	22 (7)	5 (7)	34 (6)

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The authors provided this information as a supplement to their article.

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Appendix 6. Results of the negative binomial regression predicting the number of opioid tablets consumed, as a function of the number of tablets dispensed accounting for patient characteristics. IRR, incidence rate ratio; CI, confidence interval; NSAID, nonsteroidal anti-inflammatory drug.



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