

Cognitive Interview Evaluation of Opioid-Related Questions for Inclusion on the Pregnancy Risk Assessment Monitoring System

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Introduction

The Pregnancy Risk Assessment Monitoring System (PRAMS), first implemented in 1987, is a surveillance system which collects data on current public health guidelines and topical issues concerning maternal and child health.¹ The questionnaire has been revised several times over the life of the survey as new issues emerge. A new supplement measuring opioid use during a woman's most recent pregnancy is planned for inclusion on the survey. The newly proposed questions require a validity test and evaluation to ensure constructs will be measured as intended. The proposed opioid supplement was cognitively tested by The Coordinating Center for Question Design and Evaluation Research (CCQDER) at the National Center for Health Statistics, in collaboration with the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Findings from this cognitive evaluation will assist in both question design efforts and understandings of the survey data, in terms of illuminating the constructs captured by each question.

Method

The aim of this cognitive interview study was to explore the ways in which respondents interpreted items in the PRAMS opioid supplement and how they formulated a response based on that interpretation. Particular attention was paid to the ways in which respondents understood the phrase "prescription pain relievers", as well as a list of specific opioid names. A total of 20 cognitive interviews were conducted with mothers, age 18 and over. Priority for inclusion in the study was given to mothers who had an infant between the ages of two and 18 months. However, because of significant recruitment challenges (described below), selection was expanded to include mothers with children of any age and who had used prescription pain relievers before or during pregnancy. Although their most recent pregnancy may not have been within the past 18 months, their conception of prescription pain relievers was explored. Nine interviews were conducted in English and 11 in Spanish. PRAMS is designed to be primarily a self-administered, mail paper-and-pencil (PAPI) survey. Although some PRAMS interviews are administered over the telephone, there was no time and not enough interviews

¹ See <https://www.cdc.gov/prams/index.htm> for a full description of the PRAMS surveillance project.

to test the instrument in this mode.² Interviews conducted in English were held in the lab at CCQDER; those in Spanish were conducted in the Chicago area in respondents' homes, public libraries, and a local Women, Infants, and Children (WIC) office. Interviews were no longer than one hour in length. Interviewers first allowed the respondents to complete the questionnaire by hand, then followed up with in-depth interviewing to examine the question-response process.

Recruitment challenges: Respondents were recruited through the usual methods of newspaper advertisements, Craig's List, posted flyers, and word-of-mouth. Recruitment was guided by the topic of the survey questions. Therefore, women who had used prescription pain relievers before or during pregnancy were specifically targeted. However, there was a lack of response to advertisements, flyers, and word-of-mouth. Although these are typically fruitful avenues of recruitment, the stigma associated with using medication or other drugs while pregnant likely played a role in suppressing willingness to participate in the study. For instance, during the screening process, recruiters observed multiple callers emphasizing that they used medication only prior to pregnancy and stopped immediately upon learning they were pregnant. Few admitted on the phone to using any type of drug while pregnant. This phenomenon of callers emphasizing the responsible nature of their drug/medication use while pregnant suggests that they did not want to be judged as negligent mothers. As a result, it is reasonable to conclude that many women who did take drugs or medication during pregnancy were unlikely to respond to advertisements, flyers, or even word-of-mouth. Therefore, recruiters turned their strategy to women's health clinics as potential sources of respondents.

Unfortunately, this second recruitment strategy was not successful. Local clinics specializing in maternal health proved unable to assist due largely to bureaucratic impediments. Contact was made with multiple women's clinics in the DC Metro area. However, these clinics were owned by or partnered with larger national organizations which had their own Ethics Review Boards and approval processes. Moving through that system took more time than was available for this study. Additionally, many of the clinics required their staff to partner with CCQDER in the study design or implementation, a requirement that was not possible to accommodate due to the nature of the research.

Recruitment proved difficult for both English- and Spanish-speaking populations. The study was originally designed to include 20 English and 20 Spanish interviews; however, given the challenges, more time would have been needed in order to obtain a purposive sample of 40 respondents. Nevertheless, those respondents who *were* successfully recruited with newspaper advertisements, Craig's List, posted flyers and word-of-mouth were able to provide relevant and rich information because they had experience with prescription pain medication (opioids) during pregnancy (and often outside of pregnancy as well). As a result, data from the 20 interviews are meaningful and systematic response patterns did emerge.

² Only one interview was administered in a telephone format, the rest were administered in a PAPI format.

Table 1 summarizes the demographic composition by language. Among the English language respondents, most were Non-Hispanic Black and the majority were in their 30's. Educational attainment was split evenly among this group. In comparison, educational attainment was generally lower among the Spanish-language respondents (more had a high school diploma or less, fewer had a college degree, and none had a graduate-level degree), but the age distribution was similar to the English-language respondents in that most were in their 30's. Roughly half of the total sample (55%) had a child from their most recent pregnancy within the age range of two to 18 months, with most being in the English-speaking group. The oldest child in the sample was eight years of age.

Table 1: Demographic Summary of Sample by Language and in Total

| | English (n=9) | Spanish (n=11) | Total (n=20) | |
|-----------------------------|---------------|----------------|--------------|---------|
| | Number | Number | Number | Percent |
| Age of respondent | | | | |
| Under 30 | 1 | 2 | 3 | 15% |
| 30 – 39 | 6 | 6 | 12 | 60% |
| 40 and over | 2 | 3 | 5 | 25% |
| | | | | |
| Education | | | | |
| High school diploma or less | 3 | 7 | 10 | 50% |
| 2- or 4-year college degree | 3 | 4 | 7 | 35% |
| Graduate degree | 3 | 0 | 3 | 15% |
| | | | | |
| Race/Ethnicity | | | | |
| Non-Hispanic White | 1 | 0 | 1 | 5% |
| Non-Hispanic Black | 7 | 0 | 7 | 35% |
| Hispanic | 1 | 11 | 12 | 60% |
| | | | | |
| Age of child | | | | |
| 2 – 5 months | 4 | 1 | 5 | 25% |
| 6 – 18 months | 5 | 1 | 6 | 30% |
| 19 months – 8 years old | 0 | 9 | 9 | 45% |

Analysis of the interviews included a three-stage process similar to the constant comparative method first developed by Glaser and Strauss (1967) and further refined specifically for cognitive interviews by Miller et al. (2014). This process was assisted by the use of Q-Notes, a data entry and analysis software application for cognitive interviews.

Every interview was first summarized into notes describing the ways in which respondents answered each question. These summaries include interpretations of key terms (such as prescription pain reliever), experiences considered by respondents when answering, and any response difficulties and errors they encountered.

Next, comparisons were made across all interviews to identify interpretive patterns (including patterns of response errors) and to develop larger conceptual themes explaining the question-response process. Finally, a third level of analysis was conducted across subgroups of respondents to determine whether patterns tended to vary by group, for example by educational level, language, or whether the respondent's most recent pregnancy was planned or unplanned. Quotes from individual interviews are presented as data to illustrate themes that have been developed with the constant comparative method.

A general overview of key findings is described next, followed by a question-by-question analysis of all items tested. Both the English and Spanish version of the questions may be found in the appendix.

Summary of Key Findings

In formulating their answers, respondents were often inconsistent when considering three key features of the questions: one specific pregnancy (most recent), timeframe (during pregnancy), and opioid pain reliever. First, all questions asked respondents to consider only their most recent pregnancy. Women with more than one pregnancy often did not consistently think of their most recent. Some respondents thought of the pregnancy most relevant to the question being asked, switching among their different pregnancy experiences from question to question. The same was true for timeline. Respondents were asked to include only events and behaviors that occurred during their most recent pregnancy – not before or after. Yet some respondents thought of before pregnancy, after pregnancy, or both if the experience was relevant to the question.

Finally, the questions did not capture only opioid use. When completing the questionnaire, respondents did not think exclusively of the opioid prescription pain reliever they identified in the second question. As they progressed through the questions, they would also think of the over-the-counter (OTC) pain relievers and non-opioid prescription pain relievers (such as prescription strength Naproxen or Ibuprofen) they had taken. These three patterns of inconsistency were observed irrespective of educational level, language, or whether the pregnancy was planned.

Several factors account for the inconsistencies. First, many of the questions, particularly the response options, were very long and wordy. Prior research has shown that although some respondents put sufficient effort into completing surveys, others take short cuts or otherwise engage in satisficing behavior (Cannell, Miller, and Okesenberg, 1981; Krosnick and Alwin, 1987). We found that the excessive wording in this instrument contributed to respondents' inattentiveness to the questions. For example, many respondents skimmed the questions (or response options), ignored introductions, or missed instructions, such as 'check all that apply' or skip patterns. This contributed to response error, which is demonstrated in the question-by-question section.

Second, respondents often had more complicated experiences than the questions seem to assume, especially with regard to the number of medications respondents took. Many respondents had taken multiple medications either at once or at different times throughout their pregnancy. Moreover, these medications were usually not just opioids, but rather a mix of medications such as OTC pain relievers, non-opioid prescription pain relievers, *and* opioid pain relievers. Respondents tended to include different medications in their answers, switching back and forth across questions, depending on which one they saw as most relevant to the question at hand (for examples, see question O5). Other respondents thought of *all* their pain relievers at once and would choose multiple response options when the answer for each medication was different (see question O6).

Additionally, some respondents made little differentiation between the pain relievers they took. The most common lack of differentiation was between OTC Tylenol and Tylenol 3, but respondents also did not differentiate between Tylenol 3 (an opioid) and prescription strength Ibuprofen (a non-opioid). When discussed during probing, most (though not all) respondents were able to differentiate their medications by name, but when initially completing the survey they did not stick to one medication. Instead, they either thought of the medication that seemed most relevant to the given question or they thought of all their medications at once. Indeed, some even included medications that were not pain relievers at all, such as anti-depressants, antacids, and anti-fungal medication. These issues were exacerbated by the first problem – lack of careful reading of the introductions, instructions, questions, and response categories.

Finally, several questions asked respondents their reasons for certain behaviors. These reasons were often more complicated or not as straightforward as one might assume. Moreover, some respondents had not previously thought about their reasons for doing something. As a result, they had difficulty mapping their answer onto one of the response options, and some of the answers they chose were mischaracterizations of their actual reasons. (See question O7 and O10 in particular).

Question-by-Question Analysis

The next questions are about the use of prescription pain relievers or painkillers during pregnancy. We only want to know about prescription medication that is not available over the counter.

O1. *During your most recent pregnancy, did you use any prescription pain relievers?*

Some examples include Tylenol #3[®], Percocet[®], OxyContin[®], codeine, morphine, Lortab[®], and Vicodin[®].

No [Go to Page 3, Question O14]

Yes

Findings: These questions are intended to measure opioid use. However, because of the possible stigma associated with using opioids or because respondents might not be familiar with the word “opioid” or understand, medically, what an opioid is, the questions omit the generic word “opioid” in favor of specific examples. Even so, unintended drugs (i.e., drugs that did not fit the description of prescription opioid painkillers) were sometimes included in respondents’ answers to this question, such as OTC pain relievers and non-opioid prescription pain relievers. Some of this was due to respondents not reading carefully. Respondents often skipped the introduction altogether and others only skimmed the question itself. For example, one respondent who did both (ignored the introduction and skimmed the question) answered yes but was thinking about OTC Tylenol. As a result, she answered all the questions in relation to OTC Tylenol. Retrospective probing revealed that she had never taken an opioid. In none of the questions did she read the term “*prescription* pain reliever”, and even during probing never picked up on the word “prescription”. Another respondent made the same reading error, which she ultimately realized during probing: “Oh, it says prescription! I’m sorry, I don’t think I read that.” She was also thinking of OTC Tylenol when answering the questions.

One respondent could not remember the name of the pain medicine she took, but did remember that it was by prescription, so she included it in her answer. Because of her lack of knowledge, it was impossible to determine whether the medication she had taken was an opioid.

While inattention to the wording often resulted in false positive responses (i.e., including unintended medication), sometimes it resulted in false negative responses, depending on what part of the question respondents focused on. For example, one respondent only read the examples – not the actual question – and decided that it was asking about powerful pain medication. She said, “I was focusing on...all these hard-core stuff and I was like, no. I didn’t take that. And when I looked back, well, I *was* given Tylenol 3.” As a result, even though she had taken Tylenol 3 during pregnancy, she answered ‘no’ to this question.

On the other hand, some respondents answered the question as intended, especially when they knew the name of the opioid they had taken. However, mistakes were still made when they did not read the question carefully. Some respondents were not sure about the “during pregnancy” timeframe. This was especially noted among the Spanish-speaking respondents. One respondent answered ‘yes’ but during probing it became clear she was thinking of the Percocet and Tramadol she took *after* her C-section delivery. Others were uncertain about the timeframe and would ask the interviewer about it as they were completing the questionnaire. One respondent said, “This is referring to prescription pain relievers during your pregnancy. Is it only during your pregnancy?” Another asked, “During my pregnancy or after?” Because they had stopped to think about it, both Spanish-speaking respondents did end up answering correctly without help from the interviewer, but it is unclear what they might have done outside of the cognitive interview setting.

One English-speaking respondent had difficulty with the timeframe not because she did not read carefully, but because she was not sure what counted as ‘during’. To her, the experience of pregnancy began once she knew she was pregnant, but she struggled with the intent of the question. She said, “So it says ‘during your most recent pregnancy’...it was okay to either use it before you were pregnant or during? I was kind of still pregnant when I was using it. I didn’t realize I was pregnant...and then I got off it [once she found out].” She decided to answer yes, but clearly had to think about how to answer because she thought of her pregnancy as beginning once she discovered she was pregnant (it was an unplanned pregnancy). This pattern of understanding is a common one that has been found in previous work on the PRAMS survey (Willson & Schoua-Glusberg, 2016).

O2. During your most recent pregnancy, which of the following prescription pain relievers did you use? For each one, check **No** if you did not use it during your pregnancy or **Yes** if you did.

| | No | Yes |
|---------------------------------------------------------------------------------|----|-----|
| a. Vicodin®, Norco®, Lortab®, or other pain reliever with hydrocodone..... | ? | ? |
| b. Percocet®, Percodan®, OxyContin®, or other pain reliever with oxycodone..... | ? | ? |
| c. Tylenol #3® or other pain reliever with codeine..... | ? | ? |
| d. MS Contin® or other pain reliever with morphine..... | ? | ? |
| e. Dilaudid® or other pain reliever with hydromorphone..... | ? | ? |
| f. Opana® or other pain reliever with oxymorphone..... | ? | ? |
| g. Ultram®, Ultracet®, or tramadol..... | ? | ? |
| h. Duragesic®, Actiq®, or Fentanyl..... | ? | ? |
| i. Some other prescription pain reliever..... | ? | ? |

Please tell us:

Findings: The no/yes column format was not always used correctly by respondents. Many did not check the ‘no’ boxes, only the ‘yes’ boxes. One respondent confused the columns in her mind, reversing the order from no/yes to yes/no. As a result, everything she intended as a ‘no’ she actually marked as a ‘yes’ and vice versa.

Many respondents knew the name of what they had taken and were able to identify it on the list. Many reported taking Tylenol 3, but Percocet, Vicodin, hydrocodone, oxycodone, Tramadol, and Norco were also identified by respondents as opioids they had taken. However, as with the first question, respondents who did not read carefully sometimes answered in error. There were two false negative answers. It was discovered during probing that one respondent had taken hydrocodone and another had taken Norco during pregnancy, but

neither initially recorded those drugs because neither had read the complete list. Another person skipped the question by mistake because she misread the instructions in the first question and erroneously skipped to question O14.

Respondents who had taken multiple prescription drugs for multiple conditions sometimes were uncertain of all the names and purposes. For example, one respondent checked 'yes' for Vicodin, but said, "During my first pregnancy, I was prescribed Effexor, which I think the name would be Vicodin because I suffer from anxiety. It was prescribed right at the beginning of my pregnancy. According to the doctor it was okay for me to take it at the beginning of the pregnancy." Not only did the respondent not think about her most recent pregnancy, but she also was not clear about the differences between Effexor and Vicodin. (It is also of note that she did not check 'yes' for any anti-anxiety or anti-depression medication in the last question, O17, likely because either Effexor was not on the list or because she was thinking of Effexor in all the previous questions and thought it redundant to include again at the end.) Another respondent could not remember what she had taken for pain from Shingles, left the item blank, but proceeded with the rest of the questions anyway. This was because even though she could not remember the name, she knew it was a prescription pain reliever.

The next questions are about the prescription pain relievers that you checked in Question 2.

O3. What were the reasons that you used prescription pain relievers during your most recent pregnancy?

- To treat pain from an injury or condition I had *before* pregnancy
- To treat pain from an injury or accident that happened during my pregnancy
- To treat pain from surgery (not including oral surgery or dental procedures)
- To treat pain from oral surgery or dental procedures
- To treat pain from a pregnancy-related problem
- Other Please tell us: _____

Findings: Despite the introduction telling them to do so, respondents did not always refer to the specific opioid that they reported in question O2. Instead they included other kinds of medications as well. Inclusions were OTC pain medications such as Acetaminophen, Ibuprofen, and even Maalox (for intestinal pain). Medicines that were not pain relievers were also included. For example, one respondent was thinking of a medication she was taking for a yeast infection and another thought of her anti-depressant.

Not reading carefully also resulted in respondents choosing inaccurate categories. For example, several respondents did not fully read the 'oral surgery/dental procedure' category. As a result, they were thinking of dental pain and chose this category even when there was no dental procedure involved. One respondent explained she chose it "although I didn't have oral surgery." A second said she saw only the words 'dental' and 'oral' and chose that category even though probing revealed there was no dental procedure for her, only dental pain.

Some respondents simply chose 'other' and wrote in their ailment rather than take time to read all the options. For example, one respondent with a toothache chose 'other' and wrote in 'wisdom tooth'. Another respondent chose 'other' and wrote in 'fibromyalgia' but during probing decided that the first response was the best. In fact, the first option was probably more accurate in each of these examples, but respondents did not take the time to read the options and then fit them into their experiences.

Another problem with this question was the difficulty some respondents had in choosing response options even when they *did* read them carefully. Supplying a reason may seem straightforward, but respondents often had difficulty. Some had trouble with the first two options because it was not clear to them whether they should count a condition as existing prior to or during pregnancy. For example, one respondent had a difficult time assessing whether her migraine pain was pregnancy related or not. She said, "I knew that headaches in general are related to pregnancy. So I do get migraines. And I do know it can be related to kidneys [she had preexisting chronic kidney failure] or just regular migraines. But they're also related to pregnancy. So for me, it was just a pregnancy symptom." Others had similar difficulty disentangling conditions that existed prior to pregnancy but that were made worse by pregnancy. One respondent had a urinary tract infection and an imbalance of vaginal flora prior to pregnancy, but saw it as pregnancy related because her pain increased during pregnancy.

Other respondents had different kinds of difficulties mapping their experience onto the options provided. One respondent chose 'other' because she was confused about how to choose between the first two categories. She described herself as having an accident prior to pregnancy and explained, "I read all the answers first. And here, where it says, 'to treat pain from an injury or accident that happened...yes, that did happen. That is why I took the medication. But it also says, 'that happened during my pregnancy.' This was a work-related accident, but it happened BEFORE the pregnancy." Neither of the first two options were exactly right for her. Because 'accident' was not included in the first option and 'before pregnancy' was not included in the second, she decided to choose 'other'.

O4. How did you get the prescription pain relievers that you used during your most recent pregnancy?

- I received a prescription from a primary care provider
- I received a prescription from an ob-gyn or prenatal care provider

- I received a prescription from a dentist or oral health care provider
- I received a prescription from another type of medical specialist
- I received a prescription from a pain clinic
- I had pain relievers left over from an old prescription
- I got the pain relievers from a friend or family member who had a prescription
- I got the pain relievers without a prescription
- Other Please tell us: _____

Findings: Most respondents had no difficulty choosing among these categories. Most chose one of the first three options. However, problems arose when respondents were thinking about the incorrect medicine. For example, as reported in the previous few questions, some respondents were thinking of OTC pain relievers when answering these questions. In these cases, respondents chose ‘I got the pain relievers without a prescription’. For example, one respondent was taking both OTC Tylenol and Tylenol 3 during her pregnancy, but in this question was thinking only of the OTC Tylenol and chose the last option. She explained, “I was thinking about the regular...just the regular Tylenol bottle you can find at the pharmacy. So then I should have checked two. One was prescribed by a specialist and the other one was [OTC].” When respondents think about OTC pain relievers and choose the last category, misleading conclusions can be drawn. It also presents challenges when respondents think of more than one medicine when answering the question. Each may have been obtained differently, but it is impossible to know the drug for which they are answering.

O5. During your most recent pregnancy, did you ever use any prescription pain reliever in any way a health care provider did not direct you to use it? For example, used it in smaller or greater amounts, more or less often than prescribed, or used it for a shorter or longer time than you were told.

- No [**Go to Question O9**]
- Yes

Findings: Some respondents saw this question as asking about misuse or disorder/addiction. For example, one respondent who answered ‘no’ explained what she thought the question was asking: “I feel like it’s trying to get at, like, it’s me just taking it just to be taking it – even if I wasn’t in pain. Like I said, I don’t like taking pain medication anyway.” Another who answered ‘no’ also thought of disorder because she knew people who struggled with it. “Well, I know that pain medication can...because I have a family member that’s addicted...I just know they can be addictive.”

The problem with respondents understanding this question as asking about misuse or disorder/addiction is that they fail to report use in smaller amounts, less often, or for shorter times – even though these behaviors are explicitly included in the question. Several respondents answered ‘no’ to this question when they took the medication less often or for a shorter duration than prescribed because they understood the question as asking about drug abuse, which is typically associated with over use, recreational use, or use without a prescription. For example, when one respondent who took the medication less often and for a shorter duration was questioned about her answer of ‘no’, she explained that the question was asking whether she took medication prescribed to someone else (i.e., misuse).

As with the other questions, some respondents were thinking of medicines other than prescription pain relievers. This tended to result in false positive responses. For example, one respondent explained, “I was thinking about the anti-depression medication I was taking. First I didn’t think they were working and then when they increased my dose I was having side effects.” Even though this respondent also took prescription pain medication, she was not thinking of that when she answered this question “because...I did take them as prescribed. I had a lot of pain.” This example demonstrates that respondents often switched the medication they thought about, depending on which one they deemed as most relevant to the question at hand.

O6. How would you describe the way you used the prescription pain relievers during your most recent pregnancy?

- I used it less often than prescribed
- I used it more often than prescribed
- I used it for fewer days than prescribed
- I used it for more days than prescribed
- I used it in a lower dose than prescribed
- I used it in a higher dose than prescribed
- I used it for a reason different from the reason it was prescribed

Findings: Several respondents thought of different medicines they took during pregnancy, including OTC pain relievers, non-opioid prescription pain relievers, and non-pain medication. This was especially true for respondents who were taking multiple medications either at once or at different times during their pregnancy. For example, one respondent did take Tylenol 3 during her pregnancy, but in this question also thought about her husband’s prescription Ibuprofen. She took them interchangeably. She said, “I was told on the prescription [of Tylenol 3] only to use a certain amount. But I was using it more. I was also using some of my husband’s Ibuprofen that he had been prescribed.” Another respondent included non-pain medication because it was seen as more applicable than her pain medication. When asked if she saw the term ‘prescription pain reliever’ she said, “I was thinking more about depression because it applies more to the question. I did pay attention to the question. I thought about the anti-depression medication because the pain relievers, I did take them as prescribed.” After the

conversation she said her answer to the previous questions (O5) should have been ‘no’ – she did take pain medicine as prescribed. It was other medication that she took in ways not directed by her doctor.

Some respondents took more than one kind of opioid and answered for each. For example, one respondent was thinking of two opioids she took during pregnancy – Tylenol 3 and oxycodone. She provided two answers (‘less often than prescribed’ and ‘for a different reason than prescribed’) because the pattern was different for each drug. Although the question does allow for multiple responses, it assumes that those responses are associated with one opioid. In other words, there is no ability for a respondent to list multiple opioids and choose a reply associated with each. This is problematic for respondents who took multiple types of opioids during pregnancy.

Finally, the concept of ‘dose’ was not entirely clear to one respondent. As a result, she was confused about the answer choices ‘more often than prescribed’ and ‘higher dose than prescribed’. She decided to check them both. She said, “Because one pill every 6 hours [as prescribed] wasn’t cutting it. And the doctor wasn’t going to give me a higher dose [pills with higher milligrams]...so sometimes I might have taken two [instead of one].” When asked why she was confused about the choices she explained, “I was like, well, it IS a higher dose if I take two, but it wasn’t prescribed. So I wasn’t prescribed a higher dose, but if I took two it WAS a higher dose.” In other words, she wasn’t sure if the option ‘used it in a higher dose’ included taking higher milligram pills, taking more of the lower milligram pills, or both.

O7. What were the reasons you used the prescription pain reliever in a way other than prescribed?

- To relieve pain, the prescribed dose did not relieve pain
- To avoid side effects, the prescribed dose was too high
- To relieve other physical symptoms
- To relieve anxiety
- To relieve depression
- To relieve stress or tension
- To help me sleep
- To feel good or get high
- To go along with my husband or partner
- To fit in with friends
- To experiment to see what it would be like
- To prevent or relieve withdrawal symptoms
- Other Please tell us: _____

Findings: Respondents who took less than the prescribed amount because of concerns over negative effects the medicine might have on the unborn baby had a difficult time making a

choice because this reason was not among the response options. However, instead of choosing 'other please tell us', they chose a category that, to them, seemed close in meaning. For example, one respondent chose 'to avoid side effects, the prescribed dose was too high' and another chose 'to relieve other physical symptoms'. Both acknowledged that those answers did not accurately represent their reason (i.e., concern for the baby) and that they chose an answer judged to be closest to that rationale.

Respondents who understood this line of questioning as asking about misuse or disorder also had trouble finding an answer category when misuse did not apply to them. For example, two respondents used their medication less often than prescribed, fewer days than prescribed, or had completely stopped taking them. One of them indicated that this question seemed to apply only to people who answer more frequency, more days, or higher dose than prescribed by a doctor. Although she was not thinking about pain relief medication while answering this question, her struggle in choosing an option is informative. In her case, thinking about her anxiety medication, she used it fewer days than prescribed and answered 'to relieve anxiety'. To make sense of the question in relation to her experience, she answered based on why she was taking the medication, not why she had stopped taking it. The other respondent had problems finding a suitable answer for similar reasons. She answered 'to relieve pain, the prescribed dose did not relieve pain', but this did not reflect her situation at all. She had gradually stopped taking her medication, but not for any of the reasons included in the response options, because – she argued – those reasons applied more to someone who had increased their dosage of pain relievers or used them more often than prescribed.

Finally, one respondent was confused over the meaning of 'in a way other than prescribed'. She said, "I thought it meant outside of the toothache...something other than the toothache." In other words, she read it as 'for a different condition than prescribed'. Finding it difficult to choose, she decided to give three answers (to relieve pain, to relieve stress, and to help me sleep).

O8. During your most recent pregnancy, about how often did you use the prescription pain reliever in a way other than prescribed?

- Every day or nearly every day of my pregnancy
- Several times a week throughout my pregnancy
- Several times a month throughout my pregnancy
- Several times during my pregnancy
- Only once during my pregnancy

Findings: Several respondents had a difficult time making a judgment about how to respond. It was not always easy to map their experience onto the options. As a result, answers to this question were not always accurate representations of respondent patterns of use. For example, one respondent chose 'several times during my pregnancy' but was uncertain

whether that adequately reflected her behavior pattern, which varied across the life of the pregnancy. She said, “It was mostly every day, every other day, or maybe sometimes twice in one day.” The answer of ‘several times during pregnancy’ seems misleading, but she did not know how to accurately portray a pattern that changed over time. Another respondent who chose ‘several times during my pregnancy’ also felt this was not exactly accurate. She said, “There wasn’t an option to say...once or twice.” This was a respondent who took oxycodone three times before she realized she was pregnant and stopped thereafter.

Sometimes judgment was difficult because respondents had not previously reflected on their behavior pattern. For example, one respondent chose ‘only once during my pregnancy’ but this turned out to be inaccurate once she gave it more thought during probing. When asked to explain her answer she said, “None of these fit me. It wasn’t every day [or] several times a week – I went some weeks without using it. And then several times a month...hmm...I guess if I had to go back and choose one, maybe several times a month?” Because she was still unsure the interviewer asked her to sum it up in her own words. “Altogether I’d probably say 10 throughout, spread out.” It took her some time to mentally calculate her pattern, an effort she did not make when first completing the questionnaire. As a result, her initial answer (‘only once during pregnancy’) was incorrect.

As with other questions, some respondents included unintended medications in their answers. One respondent answered ‘several times during my pregnancy’ but was thinking of Effexor because she thought it was Vicodin. She was also thinking about her first pregnancy because it was more relevant to the issue. She said, “Once again, I was thinking of my first pregnancy which was more problematic for me.” Another respondent was also thinking of her anti-depressants when answering this question.

Finally social desirability may have played a role in answering this question for at least one respondent. She answered ‘only once during my pregnancy’ but probing revealed another pattern. She said during the first two weeks of her pregnancy she began tapering down her pain medicine and explained that she marked only once because she was trying to eliminate the medication altogether without the doctor’s authorization. It’s difficult to know exactly her rationale, but the answer she chose was not reflective of the pattern she described.

O9. During your most recent pregnancy, did you try to cut down or stop using prescription pain relievers?

- No [Go to Question O14]
- Yes

Findings: Most respondents answered this question without difficulty and many answered yes, explaining that they were motivated by protecting the health of the baby. However, those who were thinking of different medicines in other questions continued to do so here.

Additionally, one respondent commented on the word 'try'. She answered 'yes' but thought that could be misleading, depending on the intent of the question. She said, "Well, I had to put yes or no...well, yes, when I thought I was pregnant I did stop." But she emphasized that this was not something she had to "try" to do, as though it were difficult.

O10. What were your reasons for trying to cut down or stop using prescription pain relievers?

- My prescription ran out
- I felt that I didn't need them any more
- They were too expensive
- I didn't like the way they made me feel
- I was worried about my health
- I was worried about the health of my baby
- I was worried about other members of my family
- My doctor or health care provider recommended that I cut down or stop
- A family member or friend suggested that I cut down or stop
- Other Please tell us: _____

Findings: As with other questions that ask for reasons, judgment was often difficult for respondents in this question and the answers they chose had varying degrees of accurateness when compared to their explanations. Respondents who were worried about addiction or dependency were not sure which option to choose. For example, one respondent chose 'worried about my health' and 'worried about health of baby' and while those choices were not inaccurate, they were not exactly accurate either. When asked to describe her reasons in her own words she said, "I wanted to cut down because, like I said, I don't really like taking pain medication. Sometimes I feel like they have harmful effects, especially if you're taking them too much – and to the point where your body will eventually become immune to the effects of it. I didn't want to see myself become addicted." Her main concern was addiction, not health per se.

The same was true for those who in general do not like taking pills or medicine. They could not find a response that matched their reason. Two respondents specifically said they try to take the minimum amount of medicine necessary for any situation, and both chose 'I felt like I didn't need them anymore'. It is not that they did not need the pills because their pain had resolved, it was that they *in general* resist taking medicine.

The above respondents found answers that were approximations of their reason for cutting down or stopping. However, other respondents who had difficulty matching their experience to a response option chose answers that were more obvious mischaracterizations of their reasons. For example, one respondent chose 'my doctor recommended I cut down'. However,

probing revealed this not to be the case. When she described why in her own words, she clearly did not like the way they made her feel. She said, “Like with Aleve and Naproxen you feel normal. But Percocet is very addictive. I was not in control of me. I was not in control of my body. I lost time. My speech was slurred. My vision was blurred.” It was confirmed that she did tell her doctor she was discontinuing the Percocet. But she did not stop because her doctor told her to. Similarly, another respondent chose ‘felt like I didn’t need them’ and ‘I didn’t like the way they made me feel’. However, in her own words, those reasons never came up. Her explanation was, “Because I was pregnant and I felt like, okay, I don’t want to be taking this medicine. I don’t know what it really could be doing, even though the doctor gave me the okay. I don’t know what it really could be doing to my body.” This explanation suggests that ‘I was worried about my health’ was the better option but the respondent never made that connection.

Some respondents missed the best option when they simply did not read all the choices carefully. This pattern was identified in several cases, where respondents added another answer during probing, when they read the answer categories more carefully. They explained that they simply missed it the first time.

O11. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?

- No
- Yes

Findings: As with previous questions, respondents included different kinds of pain relievers in their answers (not just the opioid they may have identified in question O2). For example, one respondent thought about both OTC Tylenol and oxycodone and had different answers for each. She answered ‘no’ to this question, which was based on her experience with Tylenol. She said, “Not for the Tylenol. I don’t find it addictive or anything. The oxy, I didn’t have strong withdrawals, but it was hard to quit in the sense that I enjoyed it.” Had she been thinking about the oxycodone more exclusively; she would have answered ‘yes’ to this question. In addition, she specifically mentioned the idea of addiction. This was another interpretation among respondents, which was linked to the idea of having ‘trouble’ cutting down or stopping.

Respondents thought of ‘having trouble’ in different ways. Some thought the question was asking specifically about addiction. For example, one respondent answered ‘no’ and said, “I’m not addicted to these drugs. I only take them when I need help for the pain that I can’t relieve in any other way. I try all kinds of stuff...heating pads, homeopathic stuff...home remedies that don’t require me to have prescription drugs.” Another respondent answered ‘no’ for a similar reason. She said the question was asking “If I had problems stopping the use of the medication...if it was an addiction.” She had been on Tramadol from an injury and was switched to Tylenol 3 once her pregnancy was discovered.

Others thought about ‘having trouble’ as the degree to which they were able to tolerate pain. For example, one respondent answered ‘yes’ and explained how it was difficult to tolerate her pain. She refrained from taking Percocet as prescribed because she was worried about its effect on the baby. She said, “I was thinking about the most recent one (pregnancy) and the Percocet. Because it was difficult. I needed it because my pain was very strong. I wanted to take it but I always thought about my baby and would say no...It was difficult because I had to deal with strong pain at night.” Another respondent also answered ‘yes’ because she was “afraid” she would feel the pain again. However, in neither case was it difficult to abstain from the drug because of issues with dependency.

O12. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?

- No
- Yes, but it was not enough or the right kind of help for me
- Yes, I got the help I needed **[Go to Question O14]**

Findings: The intent of this question is unclear. Specifically, the word ‘help’ can imply different things and be interpreted different ways. One interpretation was to see ‘help’ simply as advice or a discussion with a health provider. One respondent said, “This question was a little confusing. I do not understand what type of help they are referring to. I think that the help I needed was telling me that if I took a large dose of Ibuprofen it could affect the baby neurologically. To me that was ‘advice’, but I don’t know what type of help they are referring to.” She answered ‘yes’ because she got the ‘help’ she needed (aside from the fact that she was thinking of OTC medicine). Another respondent had similar confusion. She initially answered ‘yes’ but during probing decided her answer should have been ‘no’. “Maybe I should’ve answered no, because nobody had to help me...I just stopped taking it.” When asked what she was originally thinking, she said, “I was thinking about what my doctor said on the phone...her suggestion or help.” In other words, when the OB/GYN suggested the respondent stop taking the pills, this advice could be considered help.

Relatedly, other answers of ‘yes’ referred to physicians prescribing different doses or medications due to the pregnancy. One respondent answered yes (she got the help she needed) because once she became pregnant, her doctor told her to take it once a day instead of three times a day. Another gave the same answer and explained, “I answered ‘yes’ because the doctor did tell me that the other medication was stronger and could affect the pregnancy. So they changed the prescription.” It is not clear whether the concept of advice or modification of a prescription due to pregnancy is intended to be included as ‘help’ in this question.

Other respondents saw ‘help’ as relating to addiction treatment programs. One respondent answered ‘no’ and said, “I think it is referring to when you are already addicted to the

medication and you need help to stop using it. In my case it was just the opposite.” Another respondent who answered ‘no’ also saw the question as asking about addiction treatment. “I think that is for people who have problems with addiction or unless they take the medicine they don’t feel good.”

O13. What were the reasons that you did not get the help you needed to cut down or stop using the prescription pain relievers?

- I could not get an appointment or was put on a waiting list
- I was able to cut down or stop using without help
- I didn’t think I needed help
- I didn’t have enough money or insurance to pay for the services
- My insurance plan did not cover the services
- I didn’t know where to go for help
- I could not get an appointment
- I didn’t have transportation
- I didn’t want people to think I had a problem
- My partner did not want me to get help
- I was afraid to lose custody of my new baby or children
- I had too many other things going on
- Other Please tell us: _____

Findings: As discussed above, respondents thought these questions were asking about either their ability to tolerate pain or whether they were addicted to the pain reliever. Many respondents who thought about their ability to tolerate pain answered ‘I was able to cut down without help’ or ‘I didn’t think I needed help’, but were also cognizant of the idea that the question could be targeting addiction. For example, one respondent said, “It wasn’t like I had trouble. It just was, how bad did I want to manage the pain? So it’s not like I’m having addiction problems.” Another respondent who chose ‘didn’t think I needed help’ was thinking about her ability to tolerate the pain, specifying that it was not about addiction. She explained, “If I didn’t have anything to do that day, I would just [not take the medicine and] be in pain...I didn’t feel addicted to it or anything, I could just stop.”

Due to the lack of construct specificity associated with ‘help’, one respondent was completely confused by the question. She answered ‘insurance plan did not cover the services’ but was thinking about help obtaining her prescription, not help in stopping the use of the medication. She said, “Yes, but I am not sure what they mean with ‘help’. Is it help buying the medication or help from the doctor? If they are asking about help with medication during pregnancy, then I did have help from the insurance.”

O14. Do you think using prescription pain relievers could be harmful to a person's health?

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed
- Harmful, only if used not as prescribed
- I don't know

Findings: Respondents thought of this question one of two ways. Focusing on the word 'harmful', some thought of addiction. For example, one respondent said, "Because I've seen a lot of addictions come about due to these painkillers. They can become addictive even if taken as prescribed."

However, most other respondents thought about the potential for damage to internal organs resulting from prescription pain relievers, OTC pain relievers, or both. When asked what she was thinking, one respondent who answered 'not harmful if taken as prescribed' said, "Hurting you or making organs fail." Another who answered 'don't know' explained, "I heard people say it will damage your liver. I don't have any proof of that or experience with that. That's why I generally put don't know." Another respondent had similar rationale but chose 'harmful, even if taken as prescribed.' When asked to explain her answer she said, "That if you take the medication even if it is prescribed by the doctor, they could affect your health. Yes, they do affect you, even if you are not pregnant, they affect your liver."

Finally, two of the response options were seen as similar or even identical. This was observed among the Spanish language respondents. For example, one respondent chose both 'not harmful if taken as prescribed' AND 'harmful, only if taken not as prescribed'. She said, "To me these two mean the same thing. The only thing that changes is the position of the 'no'." Two others identified the same issue. Although this issue came up in the Spanish language interviews, the rationale is applicable to the English version as well.

O15. Do you think using prescription pain relievers during pregnancy could be harmful to a baby's health?

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed
- Harmful, only if used not as prescribed
- I don't know

Findings: Respondents had a similar rationale when answering this question, often thinking more specifically of the greater vulnerability of a fetus. As one respondent put it, "A baby's more vulnerable than we are as an adult. Plus, you have to ask your doctor before you do

anything while you're pregnant." Another said, "I think that all medications have a secondary effect. And being pregnant is something delicate."

Some respondents put full trust in doctors and answered 'not harmful if taken as prescribed.' One respondent said, "If the doctor prescribes something, I have to take it. I cannot take any other medication if it was not prescribed by the doctor because it could harm me and the baby. Especially the baby." However, others were more skeptical of doctors' advice. One respondent chose 'harmful even if taken as prescribed' because she was not convinced of medical knowledge. "They can say it's safe, but they don't 100% know it doesn't impact the baby."

O16. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers could affect you or your baby?

- No
- Yes

Findings: As with prior questions, some respondents, in addition to prescription pain relievers, were thinking about OTC pain relievers or other medication they were taking such as anti-depressants. They also continued to include different time frames, such as prior to or after their most recent pregnancy. For example, one respondent answered 'no' to this question. Because she had previously discussed being on OxyContin, the interviewer asked about that experience. The respondent said, "But that was before pregnancy...I guess it was during...it was during the pregnancy but it was right when I found out. So my mind was like, before. So it didn't count. But I guess, yes, it was during the pregnancy. He told me we're not going to give you another refill." She originally answered 'no' because even though she took the opioid during pregnancy, she saw it as taking the opioid before pregnancy because she was unaware of her condition. Additionally, she said that the conversation was focused more on concerns over the respondent's possible addiction than it was on the effects OxyContin could have on the baby. This point came up for other respondents as well.

Some respondents interpreted the question as asking about discussions related only to possible effects on the baby – not on them. Therefore, when the conversation did not explicitly include the baby, they answered 'no'. For example, one respondent answered 'no' and explained, "She [the physician] just said if you can bear with it [the pain], then do so. It wasn't like, well, this can cause harm to the baby." Respondents who interpreted the question in this manner answered 'yes' only when they remembered that the health care provider explicitly mentioned the baby. For example, one respondent said, "My doctor talked to me about it. She said that too much strong medication, it could affect my baby neurologically."

Other respondents had an even narrower view of what to include in this answer. For example, one respondent answered 'no' even though such a conversation did occur between her and her physician. She said, "The gynecologist told me that they [the pills] could affect my baby only if I

didn't take them as indicated." In further explaining why she answered 'no', the respondent said that no one talked with her about *how* the medication could affect the baby, only that it *could* if not taken as prescribed. In other words, the physician did not discuss 'how using prescription pain relievers could affect your baby', as worded in the question. Hence this phrase could be taken two ways. It could be asking 1) whether the doctor told you *that* prescription pain medication could affect your baby or 2) whether the doctor told you *the ways in which* prescription pain medication could affect your baby.

Finally, a couple respondents interpreted this question as asking about conversations that were initiated by the health care provider and did not include conversations that they, themselves, initiated.

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

O17. During your most recent pregnancy, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

| | No | Yes |
|---------------------------------------------------------------------------------------------------------------|----|-----|
| a. Over the counter pain medications relievers such as aspirin, Tylenol®, Advil®, or Aleve®..... | ? | ? |
| b. Prozac®, Zoloft®, Lexapro®, Paxil®, Celexa®, or other selective serotonin reuptake inhibitors (SSRIs)..... | ? | ? |
| c. Valium®, Xanax®, Ativan®, Klonopin®, Restoril®, or other benzodiazepines..... | ? | ? |
| d. Methadone, buprenorphine, Subutex®, or Suboxone® | ? | ? |
| e. Naloxone..... | ? | ? |
| f. Adderall®, Ritalin®, or another stimulant.... | ? | ? |
| g. Marijuana or hash..... | ? | ? |
| h. Synthetic marijuana (K2, Spice)..... | ? | ? |
| i. Heroin (smack, junk, Black Tar, Chiva)..... | ? | ? |
| j. Amphetamines (uppers, speed, crystal meth, crank, ice, <i>agua</i>)..... | ? | ? |
| k. Cocaine (crack, rock, coke, blow, snow, <i>nieve</i>)..... | ? | ? |
| l. Tranquilizers (downers, ludes)..... | ? | ? |
| m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)..... | ? | ? |
| n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)..... | ? | ? |

Findings: This question was not extensively tested because most respondents marked 'no' to almost all of these items. Items that were checked 'yes' were almost exclusively OTC medications. However, there was some confusion on some of the other drugs because respondents were not always aware of the names, particularly for anti-depression and anti-anxiety medication. For example, one respondent chose 'b. Zoloft' but during probing realized this may have been a mistake. She said, "Is this for nausea? Zoloft? I thought Zoloft was for nausea." But as she thought about it more, she began to think it was for depression and changed her answer to no.

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The next questions are about the use of prescription pain relievers or painkillers during pregnancy. We only want to know about prescription medication that is not available over the counter.

O1. During your most recent pregnancy, did you use any prescription pain relievers?

Some examples include Tylenol #3®, Percocet®, OxyContin®, codeine, morphine, Lortab®, and Vicodin®.

- No
 Yes

→ **Go to Page 3, Question O14**

O2. During your most recent pregnancy, which of the following prescription pain relievers did you use? For each one, check **No if you did not use it during your pregnancy or **Yes** if you did.**

No Yes

- a. Vicodin®, Norco®, Lortab®, or other pain reliever with hydrocodone
- b. Percocet®, Percodan®, OxyContin®, or other pain reliever with oxycodone
- c. Tylenol #3® or other pain reliever with codeine
- d. MS Contin® or other pain reliever with morphine
- e. Dilaudid® or other pain reliever with hydromorphone
- f. Opana® or other pain reliever with oxymorphone
- g. Ultram®, Ultracet®, or tramadol
- h. Duragesic®, Actiq®, or Fentanyl
- i. Some other prescription pain reliever

Please tell us:

The next questions are about the prescription pain relievers that you checked in Question 2.

O3. What were the reasons that you used prescription pain relievers during your most recent pregnancy?

Check ALL that apply

- To treat pain from an injury or condition I had *before* pregnancy
- To treat pain from an injury or accident that happened during my pregnancy
- To treat pain from surgery (not including oral surgery or dental procedures)
- To treat pain from oral surgery or dental procedures
- To treat pain from a pregnancy-related problem
- Other _____ → Please tell us:

O4. How did you get the prescription pain relievers that you used during your most recent pregnancy?

Check ALL that apply

- I received a prescription from a primary care provider
- I received a prescription from an ob-gyn or prenatal care provider
- I received a prescription from a dentist or oral health care provider
- I received a prescription from another type of medical specialist
- I received a prescription from a pain clinic
- I had pain relievers left over from an old prescription
- I got the pain relievers from a friend or family member who had a prescription
- I got the pain relievers without a prescription
- Other _____ → Please tell us:

05. During your most recent pregnancy, did you ever use any prescription pain reliever in any way a health care provider did not direct you to use it? For example, used it in smaller or greater amounts, more or less often than prescribed, or used it for a shorter or longer time than you were told.

No → **Go to Question O9**

Yes

06. How would you describe the way you used the prescription pain relievers during your most recent pregnancy?

Check ALL that apply

- I used it less often than prescribed
- I used it more often than prescribed
- I used it for fewer days than prescribed
- I used it for more days than prescribed
- I used it in a lower dose than prescribed
- I used it in a higher dose than prescribed
- I used it for a reason different from the reason it was prescribed

07. What were the reasons you used the prescription pain reliever in a way other than prescribed?

Check ALL that apply

- To relieve pain, the prescribed dose did not relieve pain
- To avoid side effects, the prescribed dose was too high
- To relieve other physical symptoms
- To relieve anxiety
- To relieve depression
- To relieve stress or tension
- To help me sleep
- To feel good or get high
- To go along with my husband or partner
- To fit in with friends
- To experiment to see what it would be like
- To prevent or relieve withdrawal symptoms
- Other → Please tell us:

08. During your most recent pregnancy, about how often did you use the prescription pain reliever in a way other than prescribed?

Check ONE answer

- Every day or nearly every day of my pregnancy
- Several times a week throughout my pregnancy
- Several times a month throughout my pregnancy
- Several times during my pregnancy
- Only once during my pregnancy

09. During your most recent pregnancy, did you try to cut down or stop using prescription pain relievers?

No → **Go to Question O14**

Yes

O10. What were your reasons for trying to cut down or stop using prescription pain relievers?

Check ALL that apply

- My prescription ran out
- I felt that I didn't need them any more
- They were too expensive
- I didn't like the way they made me feel
- I was worried about my health
- I was worried about the health of my baby
- I was worried about other members of my family
- My doctor or health care provider recommended that I cut down or stop
- A family member or friend suggested that I cut down or stop
- Other → Please tell us:

O11. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?

- No
- Yes

O12. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?

- No
- Yes, but it was not enough or the right kind of help for me
- Yes, I got the help I needed → **Go to Question O14**

O13. What were the reasons that you did not get the help you needed to cut down or stop using the prescription pain relievers?

Check ALL that apply

- I could not get an appointment or was put on a waiting list
- I was able to cut down or stop using without help
- I didn't think I needed help
- I didn't have enough money or insurance to pay for the services
- My insurance plan did not cover the services
- I didn't know where to go for help
- I could not get an appointment
- I didn't have transportation
- I didn't want people to think I had a problem
- My partner did not want me to get help
- I was afraid to lose custody of my new baby or children
- I had too many other things going on
- Other → Please tell us:

O14. Do you think using prescription pain relievers could be harmful to a person's health?

Check ONE answer

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed
- Harmful, only if used not as prescribed
- I don't know

O15. Do you think using prescription pain relievers during pregnancy could be harmful to a baby's health?

Check ONE answer

- Not harmful at all
- Not harmful, if taken as prescribed
- Harmful, even if taken as prescribed
- Harmful, only if used not as prescribed
- I don't know

O16. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers could affect you or your baby?

- No
- Yes

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

O17. During your most recent pregnancy, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

- | | No | Yes |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Over the counter pain medications relievers such as aspirin, Tylenol®, Advil®, or Aleve® | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Prozac®, Zoloft®, Lexapro®, Paxil®, Celexa®, or other selective serotonin reuptake inhibitors (SSRIs) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Valium®, Xanax®, Ativan®, Klonopin®, Restoril®, or other benzodiazepines | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Methadone, buprenorphine, Subutex®, or Suboxone® | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Naloxone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Adderall®, Ritalin®, or another stimulant.. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Marijuana or hash..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Synthetic marijuana (K2, Spice)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Heroin (smack, junk, Black Tar, <i>Chiva</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Amphetamines (uppers, speed, crystal meth, crank, ice, <i>agua</i>)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Cocaine (crack, rock, coke, blow, snow, <i>nieve</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Tranquilizers (downers, ludes)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) | <input type="checkbox"/> | <input type="checkbox"/> |

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

Las próximas preguntas se refieren al uso de analgésicos o medicamentos recetados para el dolor durante el embarazo. Solo queremos saber acerca de los medicamentos recetados, que no están disponibles para la venta sin receta médica.

O1. Durante su embarazo más reciente, ¿usó algún medicamento recetado para aliviar el dolor? Algunos ejemplos incluyen Tylenol #3®, Percocet®, OxyContin®, codeine, morphine, Lortab® y Vicodin®.

No → **Pase a la Página 3, pregunta O14**

Sí

O2. Durante su embarazo más reciente, ¿cuál de los siguientes medicamentos recetados usó para aliviar el dolor? Para cada uno, marque **No**, si no lo usó, o **Sí**, si lo usó.

No Sí

- a. Vicodin®, Norco®, Lortab® u otro medicamento para aliviar el dolor con hidrocodona.....
- b. Percocet®, Percodan®, OxyContin® u otro medicamento para aliviar el dolor con oxicodona.....
- c. Tylenol #3® u otro medicamento para aliviar el dolor con codeína.....
- d. MS Contin® u otro medicamento para aliviar el dolor con morfina.....
- e. Dilaudid® u otro medicamento para aliviar el dolor con hidromorfona
- f. Opana® u otro medicamento para aliviar el dolor con oximorfona
- g. Ultram®, Ultracet®, or tramadol.....
- h. Duragesic®, Actiq®, or Fentanilo.....
- i. Algún otro medicamento para aliviar el dolor recetado.....

Por favor escríbalo:

Las siguientes preguntas son acerca de los medicamentos recetados para el dolor que usted marcó en la Pregunta 2.

O3. ¿Cuáles fueron las razones por las que usó medicamentos recetados para aliviar el dolor durante su embarazo más reciente?

Marque TODAS las que correspondan

- Para tratar el dolor de una lesión o una afección que tenía *antes* del embarazo
- Para tratar el dolor de una lesión o un accidente que ocurrió durante mi embarazo
- Para tratar el dolor al recuperarme de una operación (sin incluir operaciones de la boca o procedimientos dentales)
- Para tratar el dolor de una operación de la boca o procedimientos dentales
- Para tratar el dolor de un problema relacionado con el embarazo
- Otra → Por favor escríbala:

O4. ¿Cómo obtuvo los medicamentos recetados para aliviar el dolor que usó durante su embarazo más reciente?

Marque TODAS las que correspondan

- Un proveedor de atención primaria me dio una receta
- Un ginecólogo-obstetra o proveedor de atención prenatal me dio una receta
- Un dentista o proveedor de atención de salud bucal me dio una receta
- Otro tipo de especialista médico me dio una receta
- En una clínica para el dolor me dieron una receta
- Tenía medicamentos para aliviar el dolor que me sobraron de una receta vieja
- Un amigo o pariente me dio medicamentos para aliviar el dolor de su receta
- Obtuve los medicamentos para aliviar el dolor sin receta
- Otra → Por favor escríbala:

O5. Durante su embarazo más reciente, ¿usó en algún momento un medicamento recetado para aliviar el dolor de alguna manera que el proveedor de atención no le hubiera indicado que lo usara? Por ejemplo, lo usó en menor o mayor cantidad, con más o menos frecuencia de lo recetado, o lo usó por un periodo más corto o más largo que lo que se le dijo.

- No → **Pase a la pregunta O9**
 Sí

O6. ¿Cómo describiría la manera en que usó los medicamentos recetados para aliviar el dolor durante su embarazo más reciente?

Marque TODAS las que correspondan

- Los usé con menos frecuencia que la recetada
 Los usé con más frecuencia que la recetada
 Los usé menos días que los recetados
 Los usé más días que los recetados
 Los usé en una dosis menor que la recetada
 Los usé en una dosis mayor que la recetada
 Los usé por una razón distinta a aquella por la que me los recetaron

O7. ¿Por qué razones usó los medicamentos recetados para aliviar el dolor de manera distinta a la recetada?

Marque TODAS las que correspondan

- Para aliviar el dolor, la dosis recetada no lo aliviaba
 Para evitar los efectos secundarios, la dosis prescrita fue muy alta
 Para aliviar otros síntomas físicos
 Para aliviar la ansiedad
 Para aliviar la depresión
 Para aliviar el estrés o la tensión
 Para que me ayudaran a dormir
 Para sentirme bien o drogarme
 Para acompañar a mi esposo o pareja
 Para sentirme aceptada por mis amigos
 Para experimentar lo que sería
 Para prevenir o aliviar los síntomas de abstinencia
 Otra razón → Por favor escríbala:

O8. Durante su embarazo más reciente, ¿más o menos con qué frecuencia usó los medicamentos recetados para aliviar el dolor de manera distinta a la recetada?

Marque UNA respuesta

- Todos los días o casi todos los días de mi embarazo
 Varias veces a la semana durante todo mi embarazo
 Varias veces al mes durante todo mi embarazo
 Varias veces durante mi embarazo
 Solo una vez durante mi embarazo

O9. Durante su embarazo más reciente, ¿trató de reducir o dejar de usar los medicamentos recetados para aliviar el dolor?

- No → **Pase a la pregunta O14**
 Sí

O10. ¿Cuáles fueron sus razones para tratar de reducir o dejar de usar los medicamentos recetados para aliviar el dolor?

Marque TODAS las que correspondan

- Mi receta se agotó
 Sentí que ya no lo necesitaba más
 Eran demasiado caros
 No me gustaba como me hicieron sentir
 Me preocupaba mi salud
 Me preocupaba la salud de mi bebé
 Me preocupaban otros miembros de mi familia
 Mi médico o proveedor de atención médica recomendó que los redujera o dejara de tomarlos
 Un pariente o amigo sugirió que los redujera o dejara de tomarlos
 Otra → Por favor escríbala:

O11. Durante su embarazo más reciente, ¿tuvo problemas para reducir o dejar de usar los medicamentos recetados para aliviar el dolor?

- No
 Sí

O12. Durante su embarazo más reciente, ¿la ayudó un doctor, enfermera u otro profesional de salud a reducir o dejar de usar medicamentos recetados contra el dolor?

- No
- Sí, pero no era suficiente ni la clase de ayuda correcta para mí
- Sí, obtuve le ayuda que necesitaba → **Pase a la pregunta O14**

O13. ¿Cuáles fueron las razones por las que no obtuvo ayuda para reducir o dejar de usar los medicamentos recetados para aliviar el dolor?

Marque TODAS las que correspondan

- No pude lograr una cita o me pusieron en una lista de espera
- Fui capaz de reducirlos o dejar de usarlos sin ayuda
- No pensé que necesitaba ayuda
- No tenía suficiente dinero ni seguro para pagar por los servicios
- Mi plan de seguro no cubrió el costo de los servicios
- No sabía a dónde ir por ayuda
- No tenía transporte
- No quería que las personas pensarán que yo tenía un problema
- Mi pareja no quería que buscara ayuda
- Temía perder la custodia de mi bebé o mis otros hijos
- Tenía muchas otras cosas que estaban pasando
- Otra _____ → Por favor escríbala:

O14. ¿Cree usted que el uso de los medicamentos recetados para aliviar el dolor puede ser dañino para la salud de una persona?

Marque UNA respuesta

- No son dañinos para nada
- No son dañinos, si se toman como se recetaron
- Son dañinos, incluso si se toman como se recetaron
- Son dañinos, solo si no se usan como se recetaron
- No sé

O15. ¿Cree usted que el uso de los medicamentos recetados para aliviar el dolor durante el embarazo puede ser dañino para la salud del bebé?

Marque UNA respuesta

- No son dañinos para nada
- No son dañinos, si se toman como se recetaron
- Son dañinos, incluso si se toman como se recetaron
- Son dañinos, solo si no se usan como se recetaron
- No sé

O16. En algún momento durante su embarazo más reciente, ¿un doctor, enfermera u otro profesional de salud habló con usted acerca de la manera en que el uso de medicamentos recetados para aliviar el dolor podría afectarla a usted o su bebé?

- No
- Sí

La última pregunta es acerca del uso de otros medicamentos o drogas durante el embarazo.

O17. Durante su embarazo más reciente, ¿tomó o usó alguna de las siguientes drogas por alguna razón? Para cada una, marque **No**, si no la usó, o **Sí**, si lo hizo. Sus respuestas son completamente confidenciales.

- | | No | Sí |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Medicamentos para aliviar el dolor que se pueden comprar sin receta médica, como aspirina, Tylenol®, Advil® o Aleve® .. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Prozac®, Zoloft®, Lexapro®, Paxil®, Celexa® u otros inhibidores selectivos de la recaptación de serotonina (SSRI)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Valium®, Xanax®, Ativan®, Klonopin®, Restoril® u otras benzodiazepinas | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Metadona, buprenorfina, Subutex® o Suboxone® | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Naloxona..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Adderall®, Ritalin® u otro estimulante | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Marihuana o hachís..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Marihuana sintética (K2, Spice) | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Heroína (<i>smack, junk, Black Tar, chiva, alquitrán negro</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Anfetaminas (<i>uppers, speed, crystal meth, crank, ice, agua</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Cocaína (<i>crack, rock, coke, blow, snow, nieve</i>)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Tranquilizantes (calmantes, <i>downers, ludes</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Alucinógenos (LSD/ácido, PCP/polvo de ángel, éxtasis, <i>Molly</i> , hongos, sales de baño) | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Inhalación de gasolina, pegamento, aerosoles en latas o pintura para drogarse (<i>huffing</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

**¡Gracias por responder estas preguntas!
Sus respuestas nos ayudarán a entender cómo mejorar la salud de las madres y los bebés.**