Provider Self-Efficacy Survey Baseline Questionnaire - Cohort 3

For selected practices, this baseline self-efficacy survey will need to be completed by all providers within 45 days of being selected and once again in the last quarter of 2022.

Thank you for taking a few minutes to complete this questionnaire. The following questions address your experiences with perinatal mental health.

Disclaimer: No identifiable information will be shared - provider name is purely for tracking purposes.

* 1. Provider name:	
* 2. Practice name:	
* 3. Date of assessment:	
Date	
Date MM/DD/YYYY	
* 4. What is your gender?	
○ Female	
Male	
Prefer not to answer	
Other (please specify)	
	
* 5. What race do you consider yourself? (se	elect all that apply)
American Indian/ Native American	Native Hawaiian/Other Pacific Islander
Alaska Native	White/Caucasian
Asian/Asian American	Prefer not to answer
Black/African American/African	
Other (please specify)	

6. What ethnicity do you consider yours	
Hispanic or Latino	
Non-Hispanic or Latino	
Prefer not to answer	
7. What is your professional title?	
Physician - Attending	Nurse Practitioner
Physician - Fellow	Nurse Manager
Physician - Resident	O Social Worker or Case Manager
Certified Nurse Midwife	
Other (please specify)	
. O Mil . I	N. 2
8. What is your primary medical special Obstetrics only	General Psychiatry
Gynecology only	Perinatal Psychiatry
General Obstetrics and Gynecology	Primary Care/Family Medicine
	Timilary Care/Taminy Medicine
Maternal Fotal Medicine Specialist	Pohavioral Health Provider
Maternal-Fetal Medicine Specialist	Behavioral Health Provider
Maternal-Fetal Medicine Specialist Other (please specify)	Behavioral Health Provider
Other (please specify)	
Other (please specify) How many years have you been in practice estion) * 10. Which of the following best describe	ce? (If you are a resident or fellow, please skip th
Other (please specify) How many years have you been in practice estion) 10. Which of the following best describe	ce? (If you are a resident or fellow, please skip th
Other (please specify) How many years have you been in practice estion) 10. Which of the following best describe practice location?	ce? (If you are a resident or fellow, please skip th
Other (please specify) How many years have you been in practice estion) 10. Which of the following best describe practice location? Urban - inner city	ce? (If you are a resident or fellow, please skip thees your Mid-sized town (10,000-50,000)
Other (please specify) How many years have you been in practice estion) 10. Which of the following best describe practice location? Urban - inner city Urban - non-inner city Suburban	ce? (If you are a resident or fellow, please skip the es your Mid-sized town (10,000-50,000) Rural
Other (please specify) How many years have you been in practice estion) * 10. Which of the following best describe practice location? Urban - inner city Urban - non-inner city	ce? (If you are a resident or fellow, please skip the es your Mid-sized town (10,000-50,000) Rural

Solo Private Practice	MMO/Staff Model
artnership or Group Practice	University Affiliated Practice
Multi-Specialty Group	Military
Other (please specify)	

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At the following time points, which of the following do you consistently screen for?*
*using a validated screening tool

* 12. At the following time points, how often do you screen for **Substance use disorders** (using a validated screening tool)?

	Never	Rarely	Sometimes	Often	Always	Don't Know/ Not applicable
Early pregnancy (0-20 wks. GA)						
Late pregnancy (21 wks. or more GA)						
Hospitalization for delivery						
Early postpartum (0-3 months PP)						
Late postpartum (4- 12 months PP)	\bigcirc	\bigcirc	\circ	\bigcirc		

* 13. At the following time points, how often do you screen for **Depression** (using a validated screening tool)?

	Never	Rarely	Sometimes	Often	Always	Don't Know/ Not applicable
Early pregnancy (0-20 wks. GA)						
Late pregnancy (21 wks. or more GA)						
Hospitalization for delivery				\bigcirc		
Early postpartum (0-3 months PP)						
Late postpartum (4- 12 months PP)				\bigcirc		0

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	Never	Rarely	Sometimes	Often	Always	Don't Know/ Not applicable
Early pregnancy (0- 20 wks. GA)	\bigcirc			\bigcirc		
Late pregnancy (21 wks. or more GA)	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Hospitalization for delivery	\bigcirc			\bigcirc		\bigcirc
Early postpartum (0- 3 months PP)				\bigcirc		\bigcirc
Late postpartum (4- 12 months PP)						
15. At the followin alidated screening		ts, how ofte	n do you scree:	n for Bipol	ar Disordeı	r (using a Don't Know/ Not
	Never	Rarely	Sometimes	Often	Always	applicable
Early pregnancy (0- 20 wks. GA)						
Late pregnancy (21 wks. or more GA)						\bigcirc
Hospitalization for delivery						
Early postpartum (0- 3 months PP)	\bigcirc			\bigcirc		\bigcirc
Late postpartum (4- 2 months PP)						\bigcirc
16. At the followin alidated screening		ts, how ofte	n do you scree:	n for Trau r	na/PTSD (u	Don't Know/
	Never	Rarely	Sometimes	Often	Always	Not applicable
Early pregnancy (0- 20 wks. GA)			\bigcirc			\bigcirc
Late pregnancy (21 wks. or more GA)	\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc
Hospitalization for delivery	\bigcirc					\bigcirc
Early postpartum (0- 3 months PP)				\bigcirc		\bigcirc
Late postpartum (4- 12 months PP)						

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Please consider the following statements regarding your pregnant and postpartum patients and indicate the most appropriate response:

* 17. I am able to provide education around dep	pression and anxiety to my patients.
O Never	Often
Rarely	Always
○ Sometimes	O Not applicable
* 18. I discuss depression and anxiety and their	r treatment options with my patients.
Never	Often
Rarely	Always
○ Sometimes	Ont applicable
* 19. I discuss the risks and benefits of antidep	ressant use during pregnancy and postpartum.
O Never	Often
Rarely	Always
○ Sometimes	O Not applicable
* 20. I discuss the risks and benefits of other ps	sychiatric medications during pregnancy and
postpartum.	J
	Often
postpartum.	
postpartum. Never	Often
postpartum. Never Rarely	Often Always Not applicable
postpartum. Never Rarely Sometimes	Often Always Not applicable
postpartum. Never Rarely Sometimes * 21. I am able to treat my patients with antide	Often Always Not applicable pressant medications.
postpartum. Never Rarely Sometimes * 21. I am able to treat my patients with antide	Often Always Not applicable pressant medications. Often
postpartum. Never Rarely Sometimes * 21. I am able to treat my patients with antide Never Rarely Rarely	Often Always Not applicable pressant medications. Often Always Not applicable
postpartum. Never Rarely Sometimes * 21. I am able to treat my patients with antide Never Rarely Sometimes Sometimes	Often Always Not applicable pressant medications. Often Always Not applicable
postpartum. Never Rarely Sometimes * 21. I am able to treat my patients with antide Never Rarely Sometimes * 22. I am able to treat my patients with other patients	Often Always Not applicable pressant medications. Often Always Not applicable osychiatric medications.

* 23. I am confident determining when to refer	for therapy vs. when to start medications for
depression or anxiety in my patients.	
Never	Often
Rarely	Always
Sometimes	Not applicable
* 24. I am able to adequately access non-medic	vation treatments for my nationts with
depression and anxiety.	action troubleness for my puttoness with
Never	Often
Rarely	Always
Sometimes	Not applicable
* 25. When I need a perinatal psychiatric consumants	altation, I am able to receive one in a timely
manner. Never	Often
Rarely	Always
Sometimes	Not applicable
* 26. I can facilitate referrals for my patients to	o depression/anxiety treatment.
Never	Often
Rarely	Always
○ Sometimes	O Not applicable
* 27. I am able to ensure that my patients with	depression and anxiety receive treatment in a
timely manner.	depression and annessy receive steamient in a
Never	Often
Rarely	Always
Sometimes	Not applicable
* 28. I am confident monitoring depression/any	viety and adjusting medications for
depression/anxiety in my patients.	dety and adjusting medications for
Never	Often
Rarely	Always
Sometimes	Not applicable
* 29. I am able to transition my patient for ong	oing depression or anxiety follow-up if needed.
Never	Often
Rarely	Always
Sometimes	Not applicable

* 30. I am able to provide education around sub	ostance use disorders to my patients.
Never	Often
Rarely	Always
○ Sometimes	Not applicable
* 31. I discuss substance use disorders and trea	atment options with my patients.
Never	Often
Rarely	Always
○ Sometimes	Ont applicable
* 32. I am able to treat my patients with opioid as buprenorphine or methadone.	use disorders by prescribing medications such
Never	Often
Rarely	Always
Sometimes	Not applicable
* 33. I am confident determining when to refer substance use disorders in my patients.	for therapy vs. when to start medications for
Never	Often
Rarely	Always
○ Sometimes	Ont applicable
* 34. I am able to adequately access non-medic substance use disorders.	ation treatments for my patients with
Never	Often
Rarely	Always
○ Sometimes	Not applicable
* 35. When I need a perinatal substance use comanner.	nsultation, I am able to receive one in a timely
Never	Often
Rarely	Always
○ Sometimes	Ont applicable
* 36. I can facilitate referrals for my patients to	substance use disorder treatment.
Never	Often
Rarely	Always
○ Sometimes	Not applicable

Never	Often
Rarely	Always
Sometimes	O Not applicable
* 38. I am confident monitoring sul	bstance use disorders and adjusting medications for
substance use disorders.	
Never	Often
Rarely	Always
Sometimes	O Not applicable
* 39. I am able to transition my pat	tient for ongoing substance use disorder follow-up if
needed.	
Never	Often
Rarely	Always
Sometimes	Ont applicable