

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



* 4. What is your gender?

- Female
- Male
- Prefer not to answer
- Other (please specify)

* 5. What race do you consider yourself? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/ Native American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Black/African American/African | |
| <input type="checkbox"/> Other (please specify) | |

* 6. What ethnicity do you consider yourself?

- Hispanic or Latino
- Non-Hispanic or Latino
- Prefer not to answer

* 7. What is your professional title?

- Physician - Attending
- Physician - Fellow
- Physician - Resident
- Certified Nurse Midwife
- Other (please specify)
- Nurse Practitioner
- Nurse Manager
- Social Worker or Case Manager

* 8. What is your primary medical specialty?

- Obstetrics only
- Gynecology only
- General Obstetrics and Gynecology
- Maternal-Fetal Medicine Specialist
- Other (please specify)
- General Psychiatry
- Perinatal Psychiatry
- Primary Care/Family Medicine
- Behavioral Health Provider

9. How many years have you been in practice? *(If you are a resident or fellow, please skip this question)*

* 10. Which of the following best describes your practice location?

- Urban - inner city
- Urban - non-inner city
- Suburban
- Other (please specify)
- Mid-sized town (10,000-50,000)
- Rural
- Military

* 11. Which of the following best describes your type of practice?

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

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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 depression and anxiety to my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 18. I discuss depression and anxiety and their treatment options with my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 19. I discuss the risks and benefits of antidepressant use during pregnancy and postpartum.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 20. I discuss the risks and benefits of other psychiatric medications during pregnancy and postpartum.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 21. I am able to treat my patients with antidepressant medications.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 22. I am able to treat my patients with other psychiatric medications.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 23. I am confident determining when to refer for therapy vs. when to start medications for depression or anxiety in my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 24. I am able to adequately access non-medication treatments for my patients with depression and anxiety.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 25. When I need a perinatal psychiatric consultation, I am able to receive one in a timely manner.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 26. I can facilitate referrals for my patients to depression/anxiety treatment.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 27. I am able to ensure that my patients with depression and anxiety receive treatment in a timely manner.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 28. I am confident monitoring depression/anxiety and adjusting medications for depression/anxiety in my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 29. I am able to transition my patient for ongoing depression or anxiety follow-up if needed.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 30. I am able to provide education around substance use disorders to my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 31. I discuss substance use disorders and treatment options with my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 32. I am able to treat my patients with opioid use disorders by prescribing medications such as buprenorphine or methadone.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 33. I am confident determining when to refer for therapy vs. when to start medications for substance use disorders in my patients.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 34. I am able to adequately access non-medication treatments for my patients with substance use disorders.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 35. When I need a perinatal substance use consultation, I am able to receive one in a timely manner.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 36. I can facilitate referrals for my patients to substance use disorder treatment.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 37. I am able to ensure that my patients with substance use disorders receive treatment in a timely manner.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 38. I am confident monitoring substance use disorders and adjusting medications for substance use disorders.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |

* 39. I am able to transition my patient for ongoing substance use disorder follow-up if needed.

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Often |
| <input type="radio"/> Rarely | <input type="radio"/> Always |
| <input type="radio"/> Sometimes | <input type="radio"/> Not applicable |