**Annual Provider Self-Efficacy Survey**

**Baseline Questionnaire**

*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 2020.*

***Survey Monkey Link:***Provider Baseline Self Efficacy Survey: <https://www.surveymonkey.com/r/ProviderSelfEfficacy>

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

Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. What is your primary medical specialty?[ ]  Obstetrics only

[ ]  Gynecology only[ ]  General Obstetrics and Gynecology[ ]  Maternal-Fetal Medicine Specialist[ ]  General Psychiatry[ ]  Perinatal Psychiatry[ ]  Primary Care/Family Medicine[ ]  Other (Specify)1. How many years have you been in practice?
2. Which of the following best describes yourpractice location?[ ]  Urban – inner city

[ ]  Urban – non-inner city[ ]  Suburban[ ]  Mid-sized town (10,000-50,000)[ ]  Rural[ ]  Military[ ]  Other (Specify)1. Which of the following best describes your typeof practice?

 [ ]  Solo Private Practice [ ]  Partnership or Group Practice [ ]  Multi-Specialty Group [ ]  HMO/Staff Model [ ]  University Full-Time Faculty and Practice [ ]  Military [ ]  Other (Specify) | 1. What is your gender?[ ]  Female

[ ]  Male[ ]  Other (Specify) [ ]  Prefer not to answer1. What race do you consider yourself? (select allthat apply)[ ]  American Indian/Native American

[ ]  Alaska Native[ ]  Asian/Asian American[ ]  Black/African American/African[ ]  Native Hawaiian/Other pacific Islander[ ]  White/Caucasian [ ]  Other (Specify) [ ]  Prefer not to answer1. What ethnicity do you consider yourself?[ ]  Hispanic or Latino

[ ]  Non-Hispanic or Latino[ ]  Prefer not to answer1. What is your professional title?[ ]  Physician

[ ]  Attending[ ]  Fellow[ ]  Resident[ ]  Certified Nurse Midwife[ ]  Nurse Practitioner[ ]  Nurse Manager[ ]  Social Worker or Case Manager[ ]  Other (Specify) |

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| **At the following time points, which of the following do you consistently screen for (using a validated screening tool)?**  |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| **Depression?** |
| 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)* |  |  |  |  |  |  |
| **Anxiety?** |
| Early pregnancy  |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Bipolar disorder?** |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Substance use disorders?** |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Trauma/PTSD?** |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |

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| **Please consider the following statements regarding your pregnant and postpartum patients and indicate the most appropriate response:** |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| I am able to provide education around depression and anxiety to my patients. |  |  |  |  |  |  |
| I discuss depression and anxiety and their treatment options with my patients. |  |  |  |  |  |  |
| I discuss the risks and benefits of antidepressant use during pregnancy and postpartum. |  |  |  |  |  |  |
| I discuss the risks and benefits of other psychiatric medications during pregnancy and postpartum. |  |  |  |  |  |  |
| I am able to treat my patients with antidepressant medications. |  |  |  |  |  |  |
| I am able to treat my patients with other psychiatric medications. |  |  |  |  |  |  |
| I am confident determining when to refer for therapy vs. when to start medications for depression or anxiety in my patients. |  |  |  |  |  |  |
| I am able to adequately access non-medication treatments for my patients with depression and anxiety. |  |  |  |  |  |  |
| When I need a perinatal psychiatric consultation, I am able to receive one in a timely manner. |  |  |  |  |  |  |
| I can facilitate referrals for my patients to depression/anxiety treatment. |  |  |  |  |  |  |
| I am able to ensure that my patients with depression and anxiety receive treatment in a timely manner. |  |  |  |  |  |  |
| I am confident monitoring depression/anxiety and adjusting medications for depression/anxiety in my patients. |  |  |  |  |  |  |
| When my patient’s care is complete, I am able to transition her for ongoing depression or anxiety follow-up if needed. |  |  |  |  |  |  |

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| **Please consider the following statements regarding your pregnant and postpartum patients and indicate the most appropriate response:** |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| I am able to provide education around substance use disorders to my patients. |  |  |  |  |  |  |
| I discuss substance use disorders and treatment options with my patients. |  |  |  |  |  |  |
| I am able to treat my patients with opioid use disorders by prescribing medications such as buprenorphine or methadone. |  |  |  |  |  |  |
| I am confident determining when to refer for therapy vs. when to start medications for substance use disorders in my patients. |  |  |  |  |  |  |
| I am able to adequately access non-medication treatments for my patients with substance use disorders. |  |  |  |  |  |  |
| When I need a perinatal substance use consultation, I am able to receive one in a timely manner. |  |  |  |  |  |  |
| I can facilitate referrals for my patients to substance use disorder treatment. |  |  |  |  |  |  |
| I am able to ensure that my patients with substance use disorders receive treatment in a timely manner. |  |  |  |  |  |  |
| I am confident monitoring substance use disorders and adjusting medications for substance use disorders. |  |  |  |  |  |  |
| When my patient’s care is complete, I am able to transition her for ongoing substance use disorder follow-up if needed. |  |  |  |  |  |  |