



SOLVE Maternal Satisfaction Questionnaire

Section to be completed by Obstetrician or Midwife

Study Number

Patient Initials

Completed date

Dear SOLVE Study Participant,

Now that you have had your baby, we would be very grateful if you could spend a couple of minutes completing this short questionnaire to tell us how you felt about the induction process. By completing this questionnaire you are confirming your ongoing willingness to continue in the study.

All of the questions can be answered by ticking or circling the option which best describes your experience. The information we collect is confidential and no names will ever be used. Only the research team will have access to this information.

If you received both interventions (DILAPAN-S and PROPESS), please answer the questions for the **FIRST** intervention you received (in the questionnaire, PROPESS is referred to as a 'drug', and DILAPAN-S as a 'device').

For the following questions think about the INSERTION of the device (please tick one option ONLY for each question):

	Not at all	Slightly	Moderately	Very	Extremely
1. Before placement of the induction drug/device, were you worried about the insertion procedure itself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did insertion of the drug/device cause you to become anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did insertion of the drug/device cause you any discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much pain did you have while the drug/device was being put in place?

Please circle one answer:

0 1 2 3 4 5 6 7 8 9 10
No pain Worst pain imaginable

For the following questions think about the period when the drug/device was **IN PLACE** (please tick one option **ONLY** for each question):

	Always	Often	Sometimes	Seldom	Never
5. Were you able to perform your desired daily activities such as walking, dressing, hygiene, shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you able to get some relaxing time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you able to get some sleeping time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were you able to feel contractions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not at all	Slightly	Moderately	Very	Extremely
9. Were contractions frequent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were contractions intense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you feel any discomfort with the drug/device in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate the overall pain that you had while the drug/device was in place.

Please circle one answer:

0 1 2 3 4 5 6 7 8 9 10
 No pain Worst pain imaginable

13. How likely is it that you would have the same drug/device in your next pregnancy if you needed an induction?

Please circle one answer:

0 1 2 3 4 5 6 7 8 9 10
 Not at all likely Extremely likely

14. How likely is it that you would recommend the same drug/device to a friend if they needed an induction?

Please circle one answer:

0 1 2 3 4 5 6 7 8 9 10
 Not at all likely Extremely likely

For the following questions* think about your OVERALL experience (please tick one option ONLY for each question):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. I was satisfied with my overall childbirth experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I was treated with respect by all of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I was involved in making decisions as much as I wanted to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My expectations for labour and birth were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt safe at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Good communication from the staff kept me well informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I felt in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My induction drug/device was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I was satisfied with the overall induction of labour procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*We would like to acknowledge the BUMPES Trial for enabling us to use questions 15-23 from the BUMPES Maternal Satisfaction Questionnaire.

THANK YOU for taking the time to complete this questionnaire

Please make sure you return your completed questionnaire to a member of the SOLVE study team at your hospital.