*INSERT HOSPITAL NAME* would like to know about your experience with TeamBirth huddles and shared-decision making with your clinical team during this hospital stay. We invite you to take part in this survey to share your feedback. The survey will take about 3 minutes to complete. You can stop at any time, and you can skip questions that you prefer not to answer. If you do not take this survey, the health care you receive will not be affected in any way. Your responses will be anonymous with no ability to identify you. Once you are home, you may also receive a separate, hospital-wide survey via phone call. Please consider participating in that survey as well. Your participation in this survey is optional. There is no direct benefit to you for participating in this survey, and you will not be paid for participating.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please describe your experiences with decision making during your hospital stay.** (select one option for each statement) | **Completely Disagree** | **Strongly Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Strongly Agree** | **Completely Agree** |
| 1. My clinical team asked me how involved in decision making I wanted to be.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. My clinical team told me that there are different options for my maternity care.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. My clinical team explained the advantages and disadvantages of the maternal care options.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. My clinical team helped me understand all the information.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. I was given enough time to thoroughly consider the different maternity care options.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. I was able to choose what I considered to be the best care options.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |
| 1. My clinical team respected that choice.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 | ◯6 |

Tool Citation: Vedam, S., Stoll, K., Martin, K., Rubashkin, N., Partridge, S., Thordarson, D., & Jolicoeur, G. (2017). The Mother’s Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. PLoS one, 12(2), e0171804. <https://doi.org/10.1371/journal.pone.0171804>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please review the questions and/or statements in each row.**  (select one option for each statement) | **None****of the time** | **Some****of the time** | **Occasionally**  | **Most****of the time** | **All****of the time** |
| 1. How often did your clinical team discuss options and choices with you before decisions are made?
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 |
| 1. My clinical team told me the complete truth about my health-related problems.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 |
| 1. My clinical team made me feel that I am worthy of his/her time and effort.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 |
| 1. My clinical team was excellent at listening.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 |
| 1. My clinical team was sincerely interested in me as a person.
 | ◯1 | ◯2 | ◯3 | ◯4 | ◯5 |

Tool Citation: Crits-Christoph, P., Rieger, A., Gaines, A. et al. Trust and respect in the patient-clinician relationship: preliminary development of a new scale. BMC Psychol 7, 91 (2019). <https://doi.org/10.1186/s40359-019-0347-3>

**We define a “huddle” or a “check-in” as a full care team meeting at the bedside. A huddle/check-in involves your doctor/midwife and nurse talking together with you (in person or on the phone) about your preferences for labor or postpartum, agreeing on care plans for you and your baby, and setting plans for the next check-in or huddle.**

1. During your labor, did you participate in a huddle/check-in?

◯ Yes, I participated in at least one huddle/check-in

◯ No, I did not participate in a huddle/check-in

◯ I am not sure whether I participated in a huddle/check-in

1. During your postpartum stay, did you participate in a huddle/check-in?

◯ Yes, I participated in at least one huddle/check-in

◯ No, I did not participate in a huddle/check-in

◯ I am not sure whether I participated in a huddle/check-in

**We collect the following demographic information to help ensure we are treating everyone with respect and the care they deserve.**

1. What is your race? (Select all that apply):

◯ American Indian or Alaskan Native

◯ Asian

◯ Black or African American

◯ Native Hawaiian or other Pacific Islander

◯ White

◯ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◯ Prefer not to answer

1. Are you Hispanic, Latino, or Spanish?

◯ Yes

◯ No

◯ Prefer not to answer

1. What kinds of health insurance or health care coverage do you have? (Select all that apply)

◯ Private health insurance

◯ Medicaid (SoonerCare or Soon-to-be Sooners)

◯ Medicare

◯ Medigap (Medicare Supplemental Insurance)

◯ Children’s Health Insurance Program (CHIP)

◯ Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA

◯ Indian Health Service

◯ Other government program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◯ No coverage of any type

◯ Prefer not to answer

**Please share any additional thoughts or comments you have about your hospital stay:**

