

Complementary Therapies for Labour and Birth Study

POST PARTUM QUESTIONNAIRE: Labour Agency Scale

PATIENT INITIALS: _____

MRN: _____

Version 1:10/10/11

FEELINGS DURING CHILDBIRTH SCALE:

Please answer each question reflecting how you felt during your childbirth

1. I felt confident	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
2. I felt defeated	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
3. I felt important	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
4. I felt tense	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
5. I had a sense of understanding of what was happening	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
6. I felt insecure	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
7. I felt relaxed	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
8. I felt competent	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
9. Someone or something else was in charge of my labour	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	
10. I felt inadequate	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7	

11. I experienced a sense of distress	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
12. Everything seemed unclear and unreal	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
13. I was completely aware of everything that was happening	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
14. I felt panicked	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
15. I felt like I was falling to pieces	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
16. I had a feeling of constriction and of being confined	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
17. I was in control	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
18. I experienced a sense of being with others who care	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
19. Everything made sense	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
20. I felt like I was dying	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
21. I felt like I was doing everything I should have been doing	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
22. I felt helpless	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
23. Everything seemed calm and peaceful	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7

24. I experienced a sense of success	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
25. I felt powerless	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
26. I experienced a sense of failure	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
27. I was accepting of what was happening	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
28. I felt capable	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7
29. I felt bad about my behaviour during labour	Almost always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
		1	2	3	4	5	6	7