



8 - CHILDBIRTH EXPERIENCE QUESTIONNAIRE

This form should be completed for **ALL WOMEN WHO WERE CONSENTED AND RANDOMISED IN THE WILL TRIAL**

(Do not complete this form for women who were NOT randomised)

Section 1 - Woman's details

1.1 Woman's study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.2 Last 4 digits of woman's NHS number	<input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/>
1.3 Woman's DOB e.g. JAN2017	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

Section 2 - Childbirth Experience

Dear New Mother:

One of the goals of childbirth care is to ensure a positive childbirth experience for the mother. The purpose of this questionnaire is to learn about how you experienced childbirth. Your answers, along with answers from other new mothers, will be used to evaluate childbirth care.

It is important that you answer all of the questions, please.

Please rest assured that the information we collect is confidential and no names will ever be used.

Questions 1 to 19 are like the example below.

EXAMPLE: Please tick ONE box beside the response choice that best corresponds to your opinion.

I eat fruit every day. Please tick one. Totally Agree Mostly Agree Mostly Disagree Totally Disagree

Here are questions 1-19.

Date of form completion: e.g. 01JAN2017	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.1 Labour and birth went as I had expected	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.2 I felt strong during labour and birth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.3 I felt scared during labour and birth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.4 I felt capable during labour and birth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.5 I was tired during labour and birth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.6 I felt happy during labour and birth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.7 I have many positive memories from childbirth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.8 I have many negative memories from childbirth	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.9 Some of my memories from childbirth make me feel depressed	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.10 I felt I could have a say whether I could get up and about or lie down	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree
2.11 I felt I could have a say in deciding my birthing position	<input type="radio"/> Totally Agree <input type="radio"/> Mostly Agree <input type="radio"/> Mostly Disagree <input type="radio"/> Totally Disagree

2.12 I would have preferred another form of pain relief	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.13 My midwife devoted enough time to me	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.14 My midwife devoted enough time to my partner	<input type="radio"/> Not applicable	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree
2.15 My midwife kept me informed about what was happening during labour and birth	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.16 My midwife understood my needs	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.17 I felt very well cared for by my midwife	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.18 My impression of the team's medical skills made me feel secure	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	
2.19 I felt that I handled the situation well	<input type="radio"/> Totally Agree	<input type="radio"/> Mostly Agree	<input type="radio"/> Mostly Disagree	<input type="radio"/> Totally Disagree	

Questions 20 to 22 are like the example below.

EXAMPLE: Please indicate your opinion by choosing a response between the two end-points of 0 and 10.

How much do you like apples? 0= Not at all, 10=My favourite fruit

0 1 2 3 4 5 6 7 8 9 10

Here are questions 20 to 22.

2.20 As a whole, how painful did you feel childbirth was? 0= No pain, 10=Worst imaginable pain

0 1 2 3 4 5 6 7 8 9 10

2.21 As a whole, how much control did you feel you had during childbirth? 0= No control, 10=Complete control

0 1 2 3 4 5 6 7 8 9 10

2.22 As a whole, how secure did you feel during childbirth? 0= Not at all secure, 10=Completely secure

0 1 2 3 4 5 6 7 8 9 10

Please share with us any additional comments that you would like to make:

Thank you for sharing your views. The questionnaire is now complete.

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