

**Pregnancy Experience Scale-Brief**

Below are 10 items that you may consider to be uplifting aspects of your pregnancy and 10 items that may be less appealing. Please circle the degree to which each item affects you now.

**0 = Not at all          1 = Somewhat          2 = Quite a bit          3 = A great deal**

How much have each of the following made you feel **happy, positive, or uplifted?**

- |                                                               |   |   |   |   |
|---------------------------------------------------------------|---|---|---|---|
| 1. How much the baby is moving                                | 0 | 1 | 2 | 3 |
| 2. Discussions with spouse about baby names                   | 0 | 1 | 2 | 3 |
| 3. Comments from others about your pregnancy/appearance       | 0 | 1 | 2 | 3 |
| 4. Making or thinking about nursery arrangements              | 0 | 1 | 2 | 3 |
| 5. Feelings about being pregnant at this time                 | 0 | 1 | 2 | 3 |
| 6. Visits to obstetrician/midwife                             | 0 | 1 | 2 | 3 |
| 7. Spiritual feelings about being pregnant                    | 0 | 1 | 2 | 3 |
| 8. Courtesy/assistance from others because you are pregnant   | 0 | 1 | 2 | 3 |
| 9. Thinking about the baby's appearance                       | 0 | 1 | 2 | 3 |
| 10. Discussions with spouse about pregnancy/childbirth issues | 0 | 1 | 2 | 3 |

How much have each of the following made you feel **unhappy, negative, or upset?**

- |                                                              |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|
| 1. Getting enough sleep                                      | 0 | 1 | 2 | 3 |
| 2. Physical intimacy                                         | 0 | 1 | 2 | 3 |
| 3. Normal discomforts of pregnancy (heartburn, incontinence) | 0 | 1 | 2 | 3 |
| 4. Your weight                                               | 0 | 1 | 2 | 3 |
| 5. Body changes due to pregnancy                             | 0 | 1 | 2 | 3 |

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|---------------------------------------------------------------|---|---|---|---|
| 6. Thoughts about whether the baby is normal                  | 0 | 1 | 2 | 3 |
| 7. Thinking about your labor and delivery                     | 0 | 1 | 2 | 3 |
| 8. Ability to do physical tasks/chores                        | 0 | 1 | 2 | 3 |
| 9. Concerns about physical symptoms<br>(pain, spotting, etc.) | 0 | 1 | 2 | 3 |
| 10. Clothes/shoes don't fit                                   | 0 | 1 | 2 | 3 |