

# The Well-being in Pregnancy (WiP) Questionnaire

Thinking about how you feel about your experience during your current pregnancy, please read each of the following statements and select the response that best represents how you feel.

|     |   | All of the time          | Most of the time         | Some of the time         | At no time                          |
|-----|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1.  | I feel very positive about being pregnant   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.  | I feel I connected to my baby   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.  | I am happy with how I look in pregnancy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.  | I am enjoying my pregnancy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.  | Being pregnant makes me feel confident  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.  | I have enough social contact with other people  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | I feel confident about caring for my baby   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.  | I worry that I will not have enough support after the birth of my baby                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.  | I feel prepared for life as a mother  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. | I am concerned about how I will cope when my baby is born                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. | I feel confident I will be supported by other people after the birth of my baby               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. | I am concerned I will not have enough support from health services after the birth of my baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Optional LTC module

A long-term condition (LTC) is any health issue that has lasted, or will last, for at least 12 months. Long-term conditions include memory problems, depression and other mental health conditions as well as physical health conditions such as diabetes and heart disease.

**Thinking about how you feel about your experience during your current pregnancy and your long-term condition(s), please read each of the following statements and select the response that best represents how you feel.**

|  | All of the time          | Most of the time         | Some of the time         | At no time               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I am able to cope well during pregnancy, despite my health condition(s)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Symptoms of my long term health condition(s) bother me during my pregnancy                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I feel confident in managing the day-to-day aspects of my health condition(s) during my pregnancy         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I feel that I will be able to cope after the birth of my baby, despite my health condition(s)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am concerned about managing the day-to-day aspects of my health condition(s) after the birth of my baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SAMPLE COPY - DO NOT USE