

POST PREGNANCY HEALTH INVENTORY (PPHI)

Thank you for helping us study the impact of pregnancy on a person's subsequent health. As you may know, physicians are becoming increasingly interested in how all kinds of pregnancy outcomes may improve or worsen a person's health. With your aid we are studying this, and already there are some interesting findings. These will be published in scientific journals. We promise to maintain confidentiality and will erase any identifying data and replace it with a code. Whether you complete this questionnaire or not will not affect our attitude toward you or treatment of you. Please be assured you can withdraw at any time. We hope, at some point, to be able to share the results with you. If you want further information, please contact our research assistant. If doing this questionnaire triggers a desire for medical, psychiatric or psychological help, please let us know.

Please answer each question as directed with either a check mark () , short statement, or draw a small mark (as illustrated) across the visual analog scale (VAS) line that best indicates you feeling or estimate between the opposite extremes. For example:

The weather in my home town is:

always sunny _____ / _____ never sunny

Mark any question that does not apply to you with "N/A".

Please return your questionnaire to: The International Institute for Pregnancy Loss and Child Abuse Research and Recovery (IPLCARR), Box 27103, Langford P.O., Victoria, BC, Canada, V9B 5S4.

Background Information: Code Number _____

1. Your initials: _____ * to be deleted after code number is assigned *
2. Age: _____ 3. Sex: _____ 4. Marital Status: _____
5. Occupation: _____ 6. Number of your children: _____
7. Total number of all your hospitalizations: _____ 8. Highest level of education: _____
9. Have you done this questionnaire before? No ___ Yes ___ 10. When? ___ / ___ / ___
(dd/mm/yyyy)
11. Where? _____
12. You attend church or religious meetings what number of times per year? _____
13. Which church or group? _____

GRIEF

PLACE A MARK ON THE VISUAL ANALOG SCALE THAT INDICATES YOUR POSITION BETWEEN THE TWO EXTREMES.

14. I am grieving.

Not at all _____ All the time

15. I feel bereft.

Not at all _____ All the time

16. I still think of my baby/child.

Not at all _____ All the time

17. I wonder if I can live with my child.

Not at all _____ All the time

GUILT

18. I feel guilty about my contribution to my pregnancy losses.

Not at all _____ All the time

19. I feel I should have done more to prevent my pregnancy losses.

Not at all _____ All the time

20. I cannot forgive myself for my pregnancy losses.

Not at all _____ All the time

21. I feel God cannot forgive me for my pregnancy losses.

Not at all _____ All the time

22. I feel I am being punished for my contribution to my pregnancy losses.

Not at all _____ All the time

23. I feel I have been forgiven by God.

Not at all _____ All the time

24. I feel I have been forgiven by God but I will still experience the consequences.

Not at all _____ All the time

DESPAIR

25. I feel Life is not worth living.

Never _____ All the time

26. I feel I don't deserve to be alive.

Never _____ All the time

27. I feel life will not improve.

Never _____ All the time

28. I feel like killing myself.

Never _____ All the time

29. I don't see any way out of my bad situation.

Never _____ All the time

EMOTIONAL HEALTH

30. I am emotionally unwell.

Never _____ All the time

31. The intensity of my emotional poor health is:

Non existent _____ Extreme

32. I am able to cope with my poor emotional health.

Never _____ Always

33. The nature of my problems are: (check as many as apply)

___ depression ___ schizophrenic

___ phobias ___ obsessive compulsive

___ panic ___ addiction

___ dissociation ___ post traumatic stress disorder

Other _____

ANGER

34. I feel angry.

No anger _____ Extreme anger

35. I feel angry enough to kill.

Never _____ All the time

36. I have thoughts of punishing

___ myself ___ my partner ___ my parents

___ my friends ___ my doctor ___ the politicians

___ society ___ welfare

37. I am angry at (check as many as you wish)

___ myself ___ doctor ___ partner

___ family ___ politicians ___ abortion doctor

___ parents ___ pastor/priest ___ friends

38. My body is suffering the effects of my anger. ___ yes ___ no

39. Symptoms from my anger are _____

40. As a result of my anger I feel:

___ irritable ___ stomach pain ___ critical

___ depressed ___ headaches ___ like yelling

___ chest pain ___ back pain

PAIN

41. I intensity of the pain I feel is.

None existent _____ Extreme

42. The duration of pain I feel

Never _____ All the time

43. I can successfully relieve my pain.

Never _____ All the time

44. I feel pain in my: (check as many as you wish)

___ back ___ heart ___ whole body

___ chest ___ head ___ joints

___ stomach ___ genitalia

45. Describe pain. _____

46. How long have you had this pain? ___years ___ months

FEAR

46. I feel afraid.

Never _____ Always

47. The intensity of the fear I feel is.

Non existent _____ Extreme

48. I can successfully relieve this fear.

Never _____ All the time

49. I am afraid of: (check as many as you wish)

___ darkness ___ heights ___ hospitals ___ men

___ everything ___ people ___ snakes ___ women

Other _____

50. The cause of my fear is _____

SLEEP AND DREAMING

51. I sleep badly.

Never _____ All the time

52. My sleep is

Peaceful _____ Very disturbed

53. I can relieve my sleep problems.

Never _____ All the time

54. My dreams are

Non threatening _____ Terrifying

55. My dreams are about:

___ being chased ___ falling ___ blood & gore ___ wild animals
___ getting lost ___ accidents ___ being trapped ___ rape
___ Other (please describe) _____

DISTRUST

56. I trust people.

Always _____ Never

57. My distrust is

None existent _____ Extreme

58. I can handle my distrust.

All the time _____ Never

59. The people (person) I distrust are:

___ male partner ___ religious people ___ my partner

___ female partner ___ my parents ___ everyone

___ my doctor ___ my pastor/priest ___ myself

___ Other (please describe) _____

60. The reasons I distrust people are:

ALIENATION

61. I feel all alone.

Never _____ All the time

62. The intensity of my feelings of isolation is

Non existent _____ Extreme

63. I can overcome my loneliness.

Never _____ Any time I want

64. I feel isolated from my

___ boyfriend ___ parents ___ children ___ friends

___ girlfriend ___ partner ___ community ___ God

65. The reasons for feeling isolated are:

BONDING

66. I feel bonded to my children.

Very strongly _____ Not at all

67. I feel bonded to my partner.

Very strongly _____ Not at all

68. The lack of bonding interferes with relationships.

73.

My or My Partner's Pregnancy History: (Please for each pregnancy)

PREGNANCY OUTCOME	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
Full term, normal birth weight									
Full term, low birth weight									
Premature									
Miscarriage									
Induced abortion									
Stillbirth									
Early infant death									
Ectopic pregnancy									
Now pregnant									

ADDICTIONS

74. I am addicted to alcohol.

Not at all _____ Completely

75. I am addicted to street drugs.

Not at all _____ Completely

76. I am addicted to prescription drugs.

Not at all _____ Completely

77. I am addicted to pornography.

Not at all _____ Completely

78. I am addicted to sex.

Not at all _____ Completely

79. I am addicted to media entertainment.

Not at all _____ Completely

80. I am addicted to shopping.

Not at all _____ Completely

81. I am addicted to gambling.

Not at all _____ Completely

82. I am addicted to stealing.

Not at all _____ Completely