

## London Measure of Unplanned Pregnancy-UK 2020

### CIRCUMSTANCES OF PREGNANCY

Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current (or most recent) pregnancy when answering the questions below.

Scoring:

1) In the month that I became pregnant.....

**(Please tick the statement which most applies to you):**

- 2  I/we were not using contraception
- 1  I/we were using contraception, but not on every occasion
- 1  I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once
- 0  I/we always used contraception

2) In terms of becoming a mother (*first time or again*), I feel that my pregnancy happened at the.....

**(Please tick the statement which most applies to you):**

- 2  right time
- 1  ok, but not quite right time
- 0  wrong time

3) Just before I became pregnant.....

**(Please tick the statement which most applies to you):**

- 2  I intended to get pregnant
- 1  my intentions kept changing
- 0  I did not intend to get pregnant

4) Just before I became pregnant...

**(Please tick the statement which most applies to you)**

- 2  I wanted to have a baby
- 1  I had mixed feelings about having a baby
- 0  I did not want to have a baby

*In the next question, we use the word "partner" - this might be (or have been) your husband/wife/civil partner, a partner you live with, a partner who lives elsewhere, someone you've had sex with once or twice, or a parenting (non-romantic) partner*

5) Before I became pregnant...

**(Please tick the statement which most applies to you)**

- 2  My partner and I had agreed that we would like me to be pregnant
- 1  My partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- 0  We never discussed having children together
- 2  I chose to become pregnant without a partner

6) Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

***(Please tick all that apply)***

took folic acid

2=2 or more actions  stopped or cut down smoking

1=1 action  stopped or cut down drinking alcohol

ate more healthily

sought medical/health advice

took some other action, please describe \_\_\_\_\_

or

0  I did not do any of the above before my pregnancy