

The Angle Labor Pain Questionnaire (A-LPQ)

(Interviewer Administered Version)

Patient Name: _____
Interview Date (dd/mm/yy): ____/____/____
Interview Time (24hr clock): ____:____
Labor Stage (circle one): 1st /2nd /3rd
Fetal Position: _____

Most recent cervical dilation: _____ cm
Date (dd/mm/yy): ____/____/____
Time (24hr clock): ____:____
Contraction Frequency: _____ mins apart
Contraction Duration: _____ seconds
Contraction Strength by palpation (circle one):
 None Mild Moderate Strong

Instructions (To be read by the Interviewer):

The following are a list of words related to the experience of labor pain. Please choose the number from 0 to 10 that **best** describes the intensity of your pain or pain experiences over your *last three contractions* (this includes any labor pain in between the last three). You may experience contractions as we go through this questionnaire. If this happens, answer each question according to the new contraction plus the two that occurred just before. A score of 0 means “none” and a score of 10 means “worst possible” or “extremely”. If the word described is *not relevant* to your pain, rate it as “0”.

Subscale

Subscale

Name (Please circle the pain score provided) Score

Uterine Contraction Pain	Tightening	none	0 1 2 3 4 5 6 7 8 9 10	How Tightening is your pain?	Worst Possible	____/40
	Achy/Aching	none	0 1 2 3 4 5 6 7 8 9 10	How Achy or Aching is your pain?	Worst Possible	
	Squeezing	none	0 1 2 3 4 5 6 7 8 9 10	How Squeezing is your pain?	Worst Possible	
	Pressing	none	0 1 2 3 4 5 6 7 8 9 10	How Pressing is your pain?	Worst Possible	
Fear/Anxiety	Fearful	none	0 1 2 3 4 5 6 7 8 9 10	How Fearful are you of your pain?	Extremely	____/40
	Apprehensive	none	0 1 2 3 4 5 6 7 8 9 10	How Apprehensive are you of your pain?	Extremely	
	Surprising	none	0 1 2 3 4 5 6 7 8 9 10	How Surprising is your pain?	Extremely	
	Fear of Pain	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Fear of pain?	Extremely	
Back Pain/Long Haul	Overwhelming	none	0 1 2 3 4 5 6 7 8 9 10	How Overwhelming is your pain?	Extremely	____/50
	Exhausting	none	0 1 2 3 4 5 6 7 8 9 10	How Exhausting is your pain?	Extremely	
	Intense	none	0 1 2 3 4 5 6 7 8 9 10	How Intense is your pain?	Extremely	
	Back Pain during Contraction	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Back Pain during Contractions?	Worst Possible	
	Back Pain between Contraction	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Back Pain between Contractions?	Worst Possible	
Birthing Pain	Stinging	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Stinging pain?	Worst Possible	____/40
	Stretching	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Stretching pain?	Worst Possible	
	Tearing	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Tearing pain?	Worst Possible	
	Ring of Fire	none	0 1 2 3 4 5 6 7 8 9 10	How would you rate your Ring of Fire pain?	Worst Possible	
The Enormity of the Pain	Sickening	none	0 1 2 3 4 5 6 7 8 9 10	How Sickening is your pain?	Extremely	____/50
	Miserable	none	0 1 2 3 4 5 6 7 8 9 10	How Miserable is your pain?	Extremely	
	Killing	none	0 1 2 3 4 5 6 7 8 9 10	How Killing is your pain?	Extremely	
	Blinding	none	0 1 2 3 4 5 6 7 8 9 10	How Blinding is your pain?	Extremely	
	Punishing	none	0 1 2 3 4 5 6 7 8 9 10	How Punishing is your pain?	Extremely	
A-LPQ Summary Score:						____/220