

Motherisk PUQE-24 scoring system

Please fill out the Motherisk PUQE Scoring System for the last 24 hours (*please tick box and write total score*)

| | | | | | | | |
|---|------------------------------|-----------------------------|------------------------|------------------------|---------------------------------|-----------|--|
| 1. In the last 24 hours, for how long have you felt nauseated or sick at your stomach, | Not at all (1) | 1 hour or less (2) | 2-3 hours (3) | 4-6 hours (4) | More than 6 hours (5) | Total hrs | Mild: ≤ 6 Moderate: 7-12 Severe: ≥13 Total score: _____ |
| 2. In the last 24 hours, have you vomited or thrown up, | 7 or more times (5) | 5-6 (4) | 3-4 (3) | 1-2 (2) | I did not throw up (1) | Total # | |
| 3. In the last 24 hours, how many times have you had retching or dry heaves without bringing anything up, | No time (1) | 1-2 (2) | 3-4 (3) | 5-6 (4) | 7 or more (5) | Total # | |

How many hours have you slept out of 24 hours? _____ Why?

On a scale of 0-10, how would you rate your *Well Being*?

0 (Worst possible) _____ 10 (The best you felt before pregnancy)

Can you tell me what causes you to feel that way?

Likert scale example (6-point)

| | Frequency | | | | | |
|--|-------------------|---------------------|---------------------------------------|--------------|-----------------------------------|------------------------|
| | 0 (not at all) | 1 (occasionally) | 2 (3-6 days during the week) | 3 (daily) | 4 (more than once a day) | 5 (all the time) |
| (1) How often have you felt like being sick (nauseous) in the past week? | | | | | | |
| (2) How often have you retched (but without actually being sick) in the past week? | | | | | | |
| (3) How often have you been physically sick during the past week? | | | | | | |

Visual Analogue Scale

