

# Person-centered Prenatal Care (PCPC) Scale Questionnaire



The following questions refer to your experiences with your prenatal healthcare providers during this pregnancy (or your last pregnancy if responding in post-partum period). When we say “providers”, we mean the doctors, nurses, midwives, and other health professionals who are involved in your care. If you received care in more than one location, you may answer based on where you received your prenatal care most often. For these questions, we would like you to think about all of the prenatal care you may have received during this pregnancy, including individual and/or group prenatal care, both in person and by phone or video conference.

Each question has four response options. Please choose the answer that most closely aligns with your experience. For example, most questions have the responses as: no, never; yes, a few times; yes, most of the time; and yes, all the time. For these questions, you can select a few times if something happened one or two times, and most of the time will be if it happened 3 or more times, but not always.

Remember that all of your answers are confidential and will not be shared with your healthcare providers or anyone in any way that you can be identified

No.	Question	Label	Response Options
1.	How did you feel about the amount of time you had to wait to be seen by a health care provider during prenatal visits?	Wait time	0. It was just right 1. It was somewhat long 2. It was very long 3. It was extremely long
2.	How did you feel about the amount of time the providers spent with you? (i.e., was it rushed or did they take their time with you)	Time with provider	0. It was just right 1. It was somewhat short 2. It was very short 3. It was extremely short
3.	Did your providers introduce themselves to you when they first saw you? (If you were seen by only one provider and they introduced themselves, you can select yes, all of them)	Introduction	0. No, none of them 1. Yes, a few of them 2. Yes, most of them 3. Yes, all of them
4.	Did your providers call you by your preferred name?	Called preferred name	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
5.	Did your providers treat you with respect?	Treat you with respect	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
6.	Did you feel your experience and knowledge were valued?	Knowledge valued	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time

No.	Question	Label	Response Options
7.	Did you feel heard and listened to by your providers?	Heard and listened to	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
8.	Did providers knock on your room's door and wait for a response before entering?	Privacy-knock	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time 4. Not applicable
9.	During exams (like abdominal and pelvic exams) were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	Privacy-not exposed	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time 4. Not applicable
10.	Did you feel your health information was kept confidential and private by providers and staff?	Information confidentiality	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
11.	Did your providers involve you in decisions about your care?	Involved in decisions	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
12.	Did providers or other staff ask your permission/ consent before touching or doing procedures or examinations on you?	Consent	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
13.	Did your providers explain to you why they were doing examinations or procedures on you?	Explain procedures	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
14.	Did your providers explain to you why they were giving you any medicine?	Explain medications	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time 4. Not applicable/I was not given any medicine
15.	Did you feel you could ask your providers any questions you had?	Could ask any questions	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
16.	Did you hold back from asking questions for any reason?	Hold back on asking questions	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time

No.	Question	Label	Response Options
17.	Did your providers encourage you to ask questions?	Encourage you to ask questions	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
18.	Do you feel your questions were answered when you asked them?	Questions were answered	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> <li>4. Not applicable/I did not have any questions</li> </ul>
19.	Did your providers check that you understood information that was given to you?	Check you understood information	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
20.	Did your providers give you information in a way that showed they cared about you?	Information showed they cared	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
21.	Did you feel coerced or pressured into a decision by providers?	Coerced	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
22.	Did your providers ask about your birth preferences or birth plan?	Birth plan	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
23.	Did your providers ask about your emotional well-being?	Emotional well-being	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> </ul>
24.	Did your providers provide you with resources to help with your emotional well-being if you needed it?	Resources for emotional wellbeing	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> <li>4. Not applicable/I did not need these resources</li> </ul>
25.	Did providers respect your family or companions who were with you?	Respect your family	<ul style="list-style-type: none"> <li>0. No, never</li> <li>1. Yes, a few times</li> <li>2. Yes, most of the time</li> <li>3. Yes, all the time</li> <li>4. Not applicable/I did not have family or companions present</li> </ul>

No.	Question	Label	Response Options
26.	Did you feel your providers avoided, ignored, or otherwise neglected you?	Neglected	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
27.	Did you feel your providers shouted at you, scolded, insulted, threatened, or talked to you rudely?	Verbal abuse	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
28.	Did you feel your providers handled you roughly, held you down, or physically restrained you?	Physical abuse	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
29.	Did you feel your providers took the best care of you?	Best care	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
30.	Did you feel you could completely trust your providers with regards to your care?	Trust	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
31.	Would you say you were discriminated against because of your race, ethnicity, culture, sex, gender, sexual orientation, language, immigration status, religion, income, education, age, marital status, number of children, insurance status, or anything else?	Discrimination	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
32.	In general, did you feel physically safe in the place you received prenatal care?	Safe	0. No, never 1. Yes, once 2. Yes, a few times 3. Yes, many times
33.	Were you able to go to your preferred place/ clinic for prenatal care?	Preferred clinic	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time 4. Not applicable/I did not have a preferred place/clinic
34.	Were you able to see your preferred provider for prenatal care?	Preferred provider	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time 4. Not applicable/I did not have a preferred place/clinic

**Citation:** The paper describing the validation of this scale is : Afulani, P. A., Altman, M. R., Castillo, E., Bernal, N., Jones, L., Camara, T., Carrasco, Z., Williams, S., Sudhinaraset, M., & Kuppermann, M. (2021). Development of the Person-Centered Prenatal Care scale for People of Color. American Journal of Obstetrics & Gynecology, 0(0). <https://doi.org/10.1016/j.ajog.2021.04.216>

Access the guide to best use the tool: [US Person-Centered Prenatal and Maternity Care Scale: Access Form](#)

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