Date:

Subject ID:

Attitudes About Treatment Questionnaire

Circle the appropriate number to indicate how you feel.

1. How do you feel about the low phenylalanine formula?

1	2	3	4	5	6	7
I hate it			It's okay			I like it a lot

2. How do you feel about the PKU diet?

1	2	3	4	5	6	7
I hate it			It's okay			I like it a lot

3. I am feeling positive about this pregnancy.

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

4. I feel I can cope with the maternal PKU diet during pregnancy.

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

5. I feel I need the services of a Resource Mother.

1	2	3	4	5	6	7
Not very much			Somewhat			Very much