

Name: _____

Address: _____

Your DOB: _____

Baby's DOB: _____

Phone Number: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt in the **past 7 days**, not just how to feel today.

Here is an example, already completed:

I have felt happy:

- Yes, all of the time *This would mean: "I have felt happy most of the time" during the past week.*
- Yes, most of the time *Please complete the other questions the same way.*
- No, not very often
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things.
 - As much as I always could (0)
 - Not quite so much now (1)
 - Definitely not so much now (2)
 - Not at all (3)
2. I have looked forward with enjoyment to things.
 - As much as I ever did (0)
 - Rather less than I used to (1)
 - Definitely less than I used to (2)
 - Hardly at all (3)
3. I have blamed myself unnecessarily when things went wrong.
 - Yes, all of the time (3)
 - Yes, most of the time (2)
 - Not very often (1)
 - No, not at all (0)
4. I have been anxious or worried for no good reason.
 - No, not at all (0)
 - Hardly ever (1)
 - Yes, sometimes (2)
 - Yes, very often (3)
5. I have felt scared of panicky for no very good reason.
 - Yes, quite a lot (3)
 - Yes, sometimes (2)
 - No, not much (1)
 - No, not at all (0)
6. Things have been getting on top of me.
 - Yes, most of the time I haven't been able to cope at all (3)
 - Yes, sometimes I haven't been coping as well as usual (2)
 - No, most of the time I have coped quite well (1)
 - No, I have been coping as well as ever (0)
7. I have been so unhappy that I have had difficulty sleeping.
 - Yes, all of the time (3)
 - Yes, most of the time (2)
 - No, not very often (1)
 - No, not at all (0)
8. I have felt sad or miserable.
 - Yes, most of the time (3)
 - Yes, quite often (2)
 - No, not very often (1)
 - No, not at all (0)
9. I have been so unhappy that I have been crying.
 - Yes, most of the time (3)
 - Yes, quite often (2)
 - No, not very often (1)
 - No, not at all (0)
10. The thought of harming myself has occurred to me.
 - Yes, quite often (3)
 - Sometimes (2)
 - Hardly ever (1)
 - Never (0)

Date: _____

Score: _____