

Mother's Name: _____ Baby's Age: _____

Address: _____

Obstetrician's Name: _____ Dr.'s. Phone: _____

You have recently had a baby named _____, we would like to know how you are feeling.

Please SELECT the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things.

- ___ As much as I always could
- ___ Not quite so much now
- ___ Definitely, not so much now
- ___ Not at all

2. I have looked forward with enjoyment to things.

- ___ As much as I ever did
- ___ Rather less than I used to
- ___ Definitely less than I used to
- ___ Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- ___ Yes, most of the time
- ___ Yes, some of the time
- ___ Not very often
- ___ No, never

4. I have been anxious or worried for no good reason.

- ___ No, not at all
- ___ Hardly ever
- ___ Yes, sometimes
- ___ Yes, very often

5. I have felt scared or panicky for no very good reason.

- ___ Yes, quite a lot
- ___ Yes, sometimes
- ___ No, not much
- ___ No, not at all

6. Things have been getting on top of me.

- ___ Yes, most of the time I haven't been able to cope at all
- ___ Yes, sometimes I haven't been coping as well as usual
- ___ No, most of the time I have coped quite well
- ___ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- ___ Yes, most of the time
- ___ Yes, sometimes
- ___ Not very often
- ___ No, not at all

8. I have felt sad or miserable.

- ___ Yes, most of the time
- ___ Yes, quite often
- ___ Not very often
- ___ No, not at all

9. I have been so unhappy that I have been crying.

- ___ Yes, most of the time
- ___ Yes, quite often
- ___ Only occasionally
- ___ No, never

10. The thought of harming myself has occurred to me.

- ___ Yes quite often
- ___ Sometimes
- ___ Hardly ever
- ___ Never