

Your date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Estimated date of delivery: \_\_\_\_\_

Your baby's parity: 1st child 2nd child 3rd child 4th child Other (    th child)

Do you have any history of mental illness?

No    Yes (Name of mental illness: \_\_\_\_\_ )

Baby's date of birth: \_\_\_\_\_

Birth weight: \_\_\_\_\_ (g)

Please check 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

Date \_\_\_\_\_