

Name: _____

Address: _____

Baby's Age: _____

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

Please UNDERLINE 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