Mother's Name:	Baby's Age:
Address:	
	Phone:
You have recently had a baby named	, we would like to know how you are feeling.
Please SELECT the answer that	t comes closest to how you have felt INTHE PAST 7 DAYS, not
just how you feel today.	
I have been able to laugh and see the funny side of things.	6. Things have been getting on top of me.
Assessed and all assessed to	Yes, most of the time Thaven't
As much as I always could	been able to cope at all
Not quite so much now	Yes, sometimes I haven't been coping
Definitely not so much now	as well as usual
Not at all	No, most of the time I have coped quite well
2. Ihavelookedforward with	No, Ihave been coping as well as ever
enjoyment to things.	
	7. Ihave been so unhappy that Ihave
As much as lever did	had difficulty sleeping.
Rather less than I used to	,
Definitely less than I used to	Yes, most of the time
Hardly at all	Yes, sometimes
	Not very often
3. I have blamed myself unnecessarily	
things went wrong.	<u> </u>
timigs went wrong.	8. I have felt sad or miserable.
Vac most of the time	o. mave left sad of miserable.
<pre> Yes, most of the time Yes, some of the time</pre>	Mark and of the Care
Not very often	Yes, most of the time
Not very often	Yes, quite often
140, 116461	Not very often
4	No, not at all
 Ihave been anxious or worried for r good reason. 	10
	9. Ihave been so unhappy that I
No, not at all	have been crying.
Hardly ever	nave been orymig.
Yes, sometimes	Voc. most of the time
Yes, very often	Yes, most of the time
	Yes, quite often
E I have felt seered or penicky for no	Only occasionally
5. I have felt scared or panicky for no	very No, never
good reason.	
	10. The thought of harming myself
Yes, quite a lot	has occurred to me.
Yes, sometimes	
No, not much	Yes quite
No, not at all	often
	Sometimes
	Hardly ever
	Never