




Name: \_\_\_\_\_ Date: \_\_\_\_\_

Baby's Age: \_\_\_\_\_ Chart 

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

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

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

**In the past 7 days:**

<p>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</p>	<p>*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, have been coping as well as ever</p>
<p>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</p>	<p>*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</p>
<p>*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</p>	<p>*8. I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all</p>
<p>4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often</p>	<p>*9. I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never</p>
<p>*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</p>	<p>*10. The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never</p>