Name: Date: Address: Baby's Age:

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:

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, 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