



Name of the respondent	Birth date
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As you have recently had a baby, we would like to know how you are feeling.  
Please note a cross by the answer which 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.**

- 1. As much as I always could
- 2. Not quite so much now
- 3. Definitely not so much now
- 4. Not at all

**2. I have looked forward with enjoyment to things.**

- 1. As much as I ever did
- 2. Rather less than I used to
- 3. Definitely less than I used to
- 4. Hardly at all

**3. I have blamed myself unnecessarily when things went wrong.**

- 1. Yes, most of the time
- 2. Yes, some of the time
- 3. Not very often
- 4. No, never

**4. I have been anxious or worried for no good reason.**

- 1. No, not at all
- 2. Hardly ever
- 3. Yes, sometimes
- 4. Yes, very often

**5. I have felt scared or panicky for not very good reason**

- 1. Yes, quite a lot
- 2. Yes, sometimes
- 3. No, not much
- 4. No, not at all

**6. Things have been getting on top of me.**

- 1. Yes, most of the time I haven't been able to cope at all
- 2. Yes, sometimes I haven't been coping as well as usual
- 3. No, most of the time I have coped quite well
- 4. No, I have been coping as well as ever



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**7. I have been so unhappy that I have had difficulty sleeping.**

- 1. Yes, most of the time
- 2. Yes, sometimes
- 3. Not very often
- 4. No, not at all

**8. I have felt sad or miserable.**

- 1. Yes, most of the time
- 2. Yes, quite often
- 3. Not very often
- 4. No, not at all

**9. I have been so unhappy that I have been crying**

- 1. Yes, most of the time
- 2. Yes, quite often
- 3. Only occasionally
- 4. No, never

**10. The thought of harming myself has occurred to me.**

- 1. Yes, quite often
- 2. Sometimes
- 3. Hardly ever
- 4. Never

Sign by the respondent

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