

Post Natal Questionnaire

Mother's Name: _____ D.O.B. _____

Infant's Name: _____ D.O.B. _____

Are you breastfeeding? _____ Yes _____ No Are you currently taking any medications? (please list) _____

Congratulations on Your New Baby...

Bringing a new baby into the world is a wonderful and exciting time in your life. It can also be very overwhelming. Sometimes the lack of sleep and new changes in your household, combined with the hormonal changes in your body, can cause women to feel more sensitive, tearful and vulnerable. This questionnaire is a tool to determine how you are coping. Please take a few minutes to answer the questions below. We will be monitoring your answers over the next few visits.

I have been able to laugh and see the funny side of things:

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

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

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

I have blamed myself unnecessarily when things went wrong:

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

I have felt scared or panicky for no good reason:

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

I have been feeling overwhelmed:

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

I have been so unhappy that I have had difficulty sleeping:

1. Not at all
2. Not very often
3. Yes, sometimes
4. Yes, most of the time

I have felt so sad or miserable:

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

I have been so unhappy that I have been crying:

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

The thought of harming myself has occurred to me:

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

SCORE: _____ NOTES: _____