Your Name _____

First   Middle Initial   Last

Woman's Feelings

Instructions:
Because you have recently had a baby, we would like to know how you are feeling. Please underline the answer that comes closest to how you have felt in the past seven days, not just how you feel today. Here is an example:

   I've felt happy;
    Yes, all of the time.
    <u>Yes, most of the time</u>.
    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 seven days:

1. I've been able to laugh and see the funny side of things:
   - 0 As much as I always did.
   - 1 Not quite so much now.
   - 2 Definitely not so much now.
   - 3 Not at all.

2. I've looked forward with enjoyment to things:
   - 0 As much as I ever did.
   - 1 Rather less than I used to.
   - 2 Definitely less than I used to.
   - 3 Hardly at all.

3. I've blamed myself unnecessarily when things went wrong:
   - 0 No, never.
   - 1 Not very often
   - 2 Yes, some of the time.
   - 3 Yes, most of the time.

4. I've been anxious or worried for no good reason:
   - 0 No, not at all.
   - 1 Hardly ever.
   - 2 Yes, sometimes.
   - 3 Yes, very often.

5. I've felt scared or panicky for no very good reason:
   - 0 No, not at all.
   - 1 No, not much.
   - 2 Yes, sometimes.
   - 3 Yes, quite a lot.

6. Things have been getting the best of me:
   - 0 No, I have been coping as well as ever.
   - 1 No, most of the time I have coped quite well.
   - 2 Yes, sometimes I haven't been coping as well as usual.
   - 3 Yes, most of the time I haven't been able to cope at all.

7. I've been so unhappy that I've had difficulty sleeping:
   - 0 No, not at all.
   - 1 Not very often.
   - 2 Yes, sometimes.
   - 3 Yes, most of the time.

8. I've felt sad or miserable:
   - 0 No, not at all.
   - 1 Not very often.
   - 2 Yes, quite often.
   - 3 Yes, most of the time.

9. I've been so unhappy that I have been crying:
   - 0 No, never.
   - 1 Only occasionally.
   - 2 Yes, quite often.
   - 3 Yes, most of the time.

10. The thought of harming myself has occurred to me:
    - 0 Never.
    - 1 Hardly ever.
    - 2 Sometimes.
    - 3 Yes, quite often.

For clinical use only		
0 x __0__	=	__0__
1 x _____	=	_____
2 x _____	=	_____
3 x _____	=	_____
TOTAL _____		