



A.K.A: Pro Star Pediatrics, PA

## Post-Partum Assessment Questionnaire

For 1mo, 2mo, 4mo, and 6mo

**INSTRUCTIONS:** As you have recently had a baby, we would like to know how you are feeling. Please circle the answer which comes closest to how you have felt **in the past 7 days**, not just how you feel today.

Question	Circle One
1. I have been able to laugh and see the funny side of things.	<ul style="list-style-type: none"> <li>• As much as I always could</li> <li>• Not quite so much now</li> <li>• Definitely not so much now</li> <li>• Not at all</li> </ul>
2. I have looked forward with enjoyment to things.	<ul style="list-style-type: none"> <li>• As much as I ever did</li> <li>• Rather less than I used to</li> <li>• Definitely less than I used to</li> <li>• Hardly at all</li> </ul>
3. I have blamed myself unnecessarily when things went wrong.	<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, some of the time</li> <li>• Not very often</li> <li>• No, never</li> </ul>
4. I have been anxious or worried for no good reason.	<ul style="list-style-type: none"> <li>• No, not at all</li> <li>• Hardly ever</li> <li>• Yes, sometimes</li> <li>• Yes, very often</li> </ul>
5. I have felt scared or panicky for no very good reason.	<ul style="list-style-type: none"> <li>• Yes, quite a lot</li> <li>• Yes, sometimes</li> <li>• No, not much</li> <li>• No, not at all</li> </ul>
6. Things have been getting on top of me.	<ul style="list-style-type: none"> <li>• Yes, most of the time I haven't been able to cope at all</li> <li>• Yes, sometimes I haven't been coping as well as usual</li> <li>• No, most of the time I have coped quite well</li> <li>• No, have been coping as well as ever</li> </ul>
7. I have been so unhappy that I have had difficulty sleeping.	<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, sometimes</li> <li>• Not very often</li> <li>• No, not at all</li> </ul>
8. I have felt sad or miserable.	<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, quite often</li> <li>• Not very often</li> <li>• No, not at all</li> </ul>
9. I have been so unhappy that I have been crying.	<ul style="list-style-type: none"> <li>• Yes, most of the time</li> <li>• Yes, quite often</li> <li>• Only occasionally</li> <li>• No, never</li> </ul>
10. The thought of harming myself has occurred to me.	<ul style="list-style-type: none"> <li>• Yes, quite often</li> <li>• Sometimes</li> <li>• Hardly ever</li> <li>• Never</li> </ul>

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_