

# Mom Questionnaire

Baby's Name: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling.

Please circle the answer that 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**

- A) As much as I always could
- B) Not quite so much now
- C) Definitely not so much now
- D) Not at all

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

- A) As much as I ever did
- B) Rather less than I used to
- C) Definitely less than I used to
- D) Hardly ever at all

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

- A) Yes, most of the time
- B) Yes, some of the time
- C) Not very often
- D) No, never

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

- A) No, not at all
- B) Hardly ever
- C) Yes, sometimes
- D) Yes, very often

**5. I have felt scared or panicky for no very good reason**

- A) Yes, Quite a lot
- B) Yes, sometimes
- C) No, not much
- D) No, not at all

**6. Things have been getting to me**

- A) Yes, most of the time I haven't been able to cope
- B) Yes, I haven't been coping as well as usual
- C) No, most of the time, I have coped very well
- D) No, I have been coping as well as ever

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

- A) Yes, most of the time
- B) Yes, sometimes
- C) Not very often
- D) No, not at all

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

- A) Yes, most of the time
- B) Yes, quite often
- C) Not very often
- D) No, not at all

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

- A) Yes, most of the time
- B) Yes, quite often
- C) Not very often
- D) No, not at all

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

- A) Yes, quite often
- B) Yes, sometimes
- C) Hardly ever
- D) Never

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