Baby’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baby’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the answer that best describes how you have felt over the past 7 days:

*In the past 7 days…*

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

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have looked forward to things

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have blamed myself when things went wrong

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have been anxious or worried for no reason

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have felt scared or panicked for no reason

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have felt like things are piling up on me

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have been so unhappy that I have had difficulty sleeping

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have felt sad or miserable

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. I have been so unhappy that I have been crying

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree

1. The thought of harming myself and/or my child has occurred to me

0-Strongly Agree

1-Agree

2-Disagree

3-Strongly Disagree