



THE WOMEN'S HEALTHCARE GROUP
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HOW ARE YOU FEELING?

If you are pregnant or recently had a baby, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

Name: _____ **Date:** _____ **DOB:** _____

IN THE PAST SEVEN (7) DAYS:

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