

# Edinburgh Postnatal Depression Scale

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all
2. I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all
3. I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
4. I have been anxious or worried for no good reason
  - No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
5. I have felt scared or panicky for no very good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
6. Things have been getting on top of me
  - Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped quite well
  - No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all
8. I have felt sad or miserable
  - Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
9. I have been so unhappy that I have been crying
  - Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
10. The thought of harming myself has occurred to me
  - Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

## Identifying Depression in Pregnancy & Early Motherhood

### Acceptability Questionnaire (Prenatal)

We would like you to tell us your views about the types of questions used to find out about how you are feeling during pregnancy. Please take a few minutes to read the questions for the different screening questionnaires and respond to the following questions.

#### NICE Ultra Brief Screening Questionnaire

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
2. During the past month, have you often been bothered by little interest or pleasure in doing things?

If yes to either of the above two questions, a third help question may be asked:

3. Is this something you feel you need or want help with?

1. Do you think it is a good idea to ask women about how you are feeling during pregnancy using the NICE Ultra Brief Screening Questionnaire? (please cross one box only for your answer)

Yes  No  Unsure

2. How comfortable did you feel when you were completing the questions for the NICE Ultra Brief Screening questionnaire? (please cross one box only for your answer)

Very comfortable  Fairly comfortable  Comfortable  Fairly uncomfortable  Uncomfortable

3. Was it easy or difficult to understand the meaning of question 1? (please cross one box only for your answer)

Very easy  Fairly easy  Easy  Fairly difficult  Difficult

4. Was it easy or difficult to remember whether you have often been feeling down, depressed or hopeless in the last month?

Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

5. How sure do you feel about your answer for question 1 about feeling down?

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure

6. Was it easy or difficult to understand the meaning of question 2? *(please cross one box only for your answer)*

Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

7. Was it easy or difficult to remember whether you have often been bothered by little interest or pleasure in doing things in the past month?

Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

8. How sure do you feel about your answer for question 2 about feeling little interest?

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure

9. How sure do you feel about your answer for question 3 about needing help (if asked)?  
*(please cross one box only for your answer)*

Not asked

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure

10. Please provide any additional information about completing the NICE ultra-brief screening questions you would like to share in the box below.

11. Do you think it is a good idea to ask women about how you are feeling during pregnancy using the EPDS (see questions for your information below)? (please cross one box only for your answer)

Yes  No  Unsure

**Edinburgh Postnatal Depression Scale (EPDS)**

In the past 7 days:

<p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I always could</li><li><input type="checkbox"/> Not quite so much now</li><li><input type="checkbox"/> Definitely not so much now</li><li><input type="checkbox"/> Not at all</li></ul> <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I ever did</li><li><input type="checkbox"/> Rather less than I used to</li><li><input type="checkbox"/> Definitely less than I used to</li><li><input type="checkbox"/> Hardly at all</li></ul> <p>3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, some of the time</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, never</li></ul> <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> No, not at all</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Yes, very often</li></ul> <p>5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite a lot</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> No, not much</li><li><input type="checkbox"/> No, not at all</li></ul>	<p>6. Things have been getting on top of me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li><li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li><li><input type="checkbox"/> No, most of the time I have coped quite well</li><li><input type="checkbox"/> No, I have been coping as well as ever</li></ul> <p>7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>8. I have felt sad or miserable</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Only occasionally</li><li><input type="checkbox"/> No, never</li></ul> <p>10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Sometimes</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Never</li></ul>
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Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

**12. How comfortable did you feel when you were completing the questions for the EPDS?**  
*(please cross one box only for your answer)*

**Very comfortable**

**Fairly comfortable**

**Comfortable**

**Fairly uncomfortable**

**Uncomfortable**

**13. Was it easy or difficult to understand the meaning of the 10 questions?** *(please cross one box only for your answer)*

**Very easy**

**Fairly easy**

**Easy**

**Fairly difficult**

**Difficult**

**14. Were there any questions (from 1-10) which were particularly difficult to understand?**  
*(please cross the box if you found that question difficult to understand)*

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**15. Was it easy or difficult to remember how you have been feeling in the past 7 days to answer the 10 questions for the EPDS?**

**Very easy**

**Fairly easy**

**Easy**

**Fairly difficult**

**Difficult**

**16. Were there any questions (from 1-10) which were particularly difficult to remember how you were feeling?** *(please cross the box if you found that question difficult to remember)*

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**17. How sure do you feel about your answers for the 10 questions for the EPDS?**

**Very sure**

**Fairly sure**

**Sure**

**Fairly unsure**

**Very unsure**

**18. Were there any questions (from 1-10) which you were particularly unsure about your answer?** *(please cross the box if you were unsure about your answer to that question)*

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. Please provide any additional information about completing the EPDS screening questions you would like to share in the box below.**

**Thank you for taking the time to complete this questionnaire**

## Identifying Depression in Pregnancy & Early Motherhood

### Acceptability Questionnaire (Postnatal)

We would like you to tell us your views about the types of questions used to find out about how you are feeling during early motherhood. Please take a few minutes to read the questions for the different screening questionnaires and respond to the following questions.

#### NICE Ultra Brief Screening Questionnaire

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
2. During the past month, have you often been bothered by little interest or pleasure in doing things?

If yes to either of the above two questions, a third help question may be asked:

3. Is this something you feel you need or want help with?

1. Do you think it is a good idea to ask women about how you are feeling during early motherhood using the NICE Ultra Brief Screening Questionnaire? *(please cross one box only for your answer)*

Yes  No  Unsure

2. How comfortable did you feel when you were completing the questions for the NICE Ultra Brief Screening questionnaire? *(please cross one box only for your answer)*

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Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

5. How sure do you feel about your answer for question 1 about feeling down?

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure

6. Was it easy or difficult to understand the meaning of question 2? *(please cross one box only for your answer)*

Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

7. Was it easy or difficult to remember whether you have often been bothered by little interest or pleasure in doing things in the past month?

Very  
easy

Fairly  
easy

Easy

Fairly  
difficult

Difficult

8. How sure do you feel about your answer for question 2 about feeling little interest?

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure

9. How sure do you feel about your answer for question 3 about needing help (if asked)?  
*(please cross one box only for your answer)*

Not asked

Very  
sure

Fairly  
sure

Sure

Fairly  
unsure

Very  
unsure



**10. Please provide any additional information about completing the NICE ultra-brief screening questions you would like to share in the box below.**

**11. Do you think it is a good idea to ask women about how you are feeling during early motherhood using the EPDS (see questions for your information below)? (please cross one box only for your answer)**

Yes  No  Unsure

**Edinburgh Postnatal Depression Scale (EPDS)**

In the past 7 days:

- |  |   |
|--|---|
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**Very easy**

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**Easy**

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**14. Were there any questions (from 1-10) which were particularly difficult to understand?**  
*(please cross the box if you found that question difficult to understand)*

**1**

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**17. How sure do you feel about your answers for the 10 questions for the EPDS?**

**Very sure**

**Fairly sure**

**Sure**

**Fairly unsure**

**Very unsure**

**18. Were there any questions (from 1-10) which you were particularly unsure about your answer?** *(please cross the box if you were unsure about your answer to that question)*

**1    2    3    4    5    6    7    8    9    10**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**19. Please provide any additional information about completing the EPDS screening questions you would like to share in the box below.**

**Thank you for taking the time to complete this questionnaire**



# **ECONOMIC PATIENT QUESTIONNAIRE**

## **(Prenatal)**

Participant ID:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Session:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

We would like to know how many (if any) contacts you have had with the services listed below **during your current pregnancy**.

<b>SECTION 1: HOSPITAL-BASED SERVICES</b>
---

Please tell us the **total number** of appointments with and visits to the following **HOSPITAL-BASED SERVICES during your current pregnancy**. If none, enter zero.

<b>HOSPITAL-BASED SERVICES</b>	<b>Number of appointments or visits</b>
Total number of <b>hospital outpatient appointments</b> (note: please do not count hospital admissions)	
Total number of <b>nights spent in hospital as an inpatient</b> (note: if you had more than one admission, please <u>add all nights</u> )	
Total number of <b>hospital day admissions</b> (without overnight stay)	
Total number of <b>Accidents and Emergency (A &amp; E) visits</b>	

<b>SECTION 2: NON-HOSPITAL-BASED SERVICES</b>
---

Please tell us the **total number** of appointments with and visits to the following **COMMUNITY-BASED SERVICES during your current pregnancy**. If none, enter zero. Please do not count hospital appointments which were included in the previous question.

<b>COMMUNITY-BASED SERVICES</b>	<b>Number of appointments or visits</b>
General practitioner (GP) at the <u>surgery</u>	
General practitioner (GP) at your <u>home</u>	
General practitioner (GP) on the <u>telephone</u>	
Nurse at GP <u>surgery</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse at your <u>home</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse on the <u>telephone</u>	
Community psychiatric nurse	
Psychiatrist in the community	
Counsellor	
Clinical Psychologist	
Occupational therapist	
Art, drama or music therapy sessions in the community	
Health visitor (do not include midwife)	
Social worker	

COMMUNITY-BASED SERVICES	Number of appointments or visits
Marriage counselling service, e.g. Relate	
Advice service, e.g. Citizen's Advice Bureau	
Family therapist	
Family support worker	
Helpline (e.g. Samaritans, MIND)	
Drug/alcohol support worker	
Other services – please write details here	

**SECTION 3: MEDICATION**

Have you taken any medication for mental health problems during your current pregnancy?

Yes  No

If YES, write the details below. Please include e.g. medications for depression, anxiety, psychosis, sleep problems and other mental health problems.

Name of Medication	Date started	Dose (mg)*	Number per day	Continuing at present?	Date Stopped
<i>e.g. Fluoxetine/Prozac</i>	<i>01/04/2013</i>	<i>20</i>	<i>1</i>	<i>Yes/no</i>	<i>10/09/2013</i>

\*For current medication use please tell us current dose; for medication no longer taken please tell us final dose.

**SECTION 4: EMPLOYMENT**

**4.1 What is your current occupational status? Please tick the appropriate box.**

- Full-time employment (30+ hours per week)
- Part-time employment (<30 hours per week)
- Voluntary work
- Unemployed & looking for work
- Unemployed & not looking for work (e.g. housewife)
- Unemployed & not able to work for medical reasons
- Student
- Retired
- Other (specify) .....

**4.2 If employed:**

**Please state your occupation.**

- Manager
- Professional (e.g. health, teaching, legal)
- Associate professional (e.g. technical, nursing)
- Clerical worker/secretary
- Services/sales (e.g. retail)
- Skilled agricultural/fishery worker
- Skilled labourer/craftsman (e.g. building, electrical etc.)
- Elementary occupation (e.g. domestic, caretaker, labourer)
- Armed Forces
- Other (specify) .....

**4.3 If you are employed, what is your gross pay per year (before tax) for your current or most recent employment?**

£  per year

**4.4 In a typical week, how many hours do you work?**  hours per week

**4.5 Have you missed any full days of work during your current pregnancy because of your health? Please include only days missed for your own health.**

Yes  No

If YES, how many days did you miss from work during your current pregnancy?  days

**4.6 Did you miss part of a day's work during your current pregnancy because of your health? Please include only days missed for your own health.**

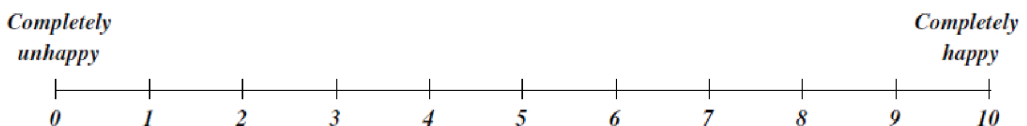
Yes  No

If YES, how many days did this occur during your current pregnancy?  days

**4.7 How many weeks were you unemployed during your current pregnancy?**  weeks

**Section 5: SUBJECTIVE WELL-BEING**

Please, indicate with a cross how happy you are at this moment on the scale below.



**Thank you for taking the time to complete this questionnaire.**



# ECONOMIC PATIENT QUESTIONNAIRE

## (Postnatal)

Participant ID:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Session:	3-4 months after birth / 12 months after birth (please circle)
Date of Session:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



We would like to know how many (if any) contacts you have had with the services listed below **since the last time you completed this questionnaire.**

<b>SECTION 1: HOSPITAL-BASED SERVICES</b>
---

Please tell us the **total number** of appointments with and visits to the following **HOSPITAL-BASED SERVICES since the last time you completed this questionnaire.** If none, enter zero. **Please report appointments, visits and admissions that were for you alone or mainly for you (please do NOT include appointments, visits or admissions that were mainly for your baby or your other children).**

<b>HOSPITAL-BASED SERVICES</b>	<b>Number of appointments or visits</b>
Total number of <b>hospital outpatient appointments</b> (note: please do not count hospital admissions)	
Total number of <b>nights spent in hospital as an inpatient</b> (note: if you had more than one admission, please add all nights)	
Total number of <b>hospital day admissions</b> (without overnight stay)	
Total number of <b>Accidents and Emergency (A &amp; E) visits</b>	

<b>SECTION 2: NON-HOSPITAL-BASED SERVICES</b>
---

Please tell us the **total number** of appointments with and visits to the following **COMMUNITY-BASED SERVICES since the last time you completed this questionnaire.** If none, enter zero. **Please do not count hospital appointments which were included in the previous question. Please report appointments and visits that were for you alone or mainly for you (please do NOT include appointments and visits that were mainly for your baby or your other children).**

<b>COMMUNITY-BASED SERVICES</b>	<b>Number of appointments or visits</b>
General practitioner (GP) at the <u>surgery</u>	
General practitioner (GP) at your <u>home</u>	
General practitioner (GP) on the <u>telephone</u>	
Nurse at GP <u>surgery</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse at your <u>home</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse on the <u>telephone</u>	
Community psychiatric nurse	
Psychiatrist in the community	
Counsellor	

<b>COMMUNITY-BASED SERVICES</b>	<b>Number of appointments or visits</b>
Clinical Psychologist	
Occupational therapist	
Art, drama or music therapy sessions in the community	
Health visitor – include ALL visits to you and your baby. Do NOT include midwife visits.	
Social worker	
Marriage counselling service, e.g. Relate	
Advice service, e.g. Citizen’s Advice Bureau	
Family therapist	
Family support worker	
Helpline (e.g. Samaritans, MIND)	
Drug/alcohol support worker	
Other services – please write here	

**SECTION 3: MEDICATION**

**Have you been taking any medication for mental health problems since the last time you completed this questionnaire?**

Yes

No

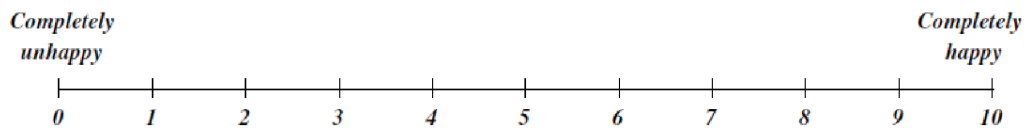
If YES, write the details below. Please include e.g. medications for depression, anxiety, psychosis, sleep problems and other mental health problems.

<b>Name of Medication</b>	<b>Date started</b>	<b>Dose (mg)*</b>	<b>Number per day</b>	<b>Continuing at present?</b>	<b>Date Stopped</b>
<i>e.g. Fluoxetine/Prozac</i>	<i>01/04/2013</i>	<i>20</i>	<i>1</i>	<i>Yes/no</i>	<i>10/09/2013</i>

\*For current medication use please tell us current dose; for medication no longer taken please tell us final dose.

**SECTION 4: SUBJECTIVE WELL-BEING**

Please, indicate with a cross how happy you are at this moment on the scale below.



***Thank you for taking the time to complete this questionnaire.***



Identifying Depression in  
Pregnancy & Early Motherhood

Biographical Questionnaire

**1.** What is your highest educational qualification? (please tick one of the boxes)

No qualifications

GCSEs/O-Levels

AS/A-Levels

NVQ or other vocational qualification

Undergraduate degree

Postgraduate degree

Doctoral degree

Professional degree (e.g. MD)

**2.** Do you have children already? (please tick)

Yes

No

If yes, how many children do you have? (please write here) \_\_\_\_\_

We would like to ask you a few questions to find out whether you have ever suffered from anxiety or depression and whether you may have received help for

**3.** Have you ever suffered from anxiety? (please tick one)

a) Yes, I am currently suffering from anxiety

b) Yes, I am currently suffering from anxiety and have suffered in the past

c) Yes, I have suffered with anxiety in the past

d) No

e) Don't know

f) No response

**3a.** If yes to question 3, did you seek help for your anxiety?

- a) Current anxiety    Yes     No     Don't know
- b) Previous anxiety    Yes     No     Don't know
- c) No response

**3b.** If yes to question 3a, were you prescribed any medication to help with your anxiety?

- a) Current anxiety    Yes     No     Don't know
- b) Previous anxiety    Yes     No     Don't know
- c) No response

**3c.** If yes to question 3a, have you ever seen anyone other than your GP for help with your anxiety?

- a) Current anxiety    Yes     No     Don't know
- b) Previous anxiety    Yes     No     Don't know
- c) No response

**3d.** If yes to question 3c, who did you see?

- a) **Psychiatrist:** current anxiety  previous anxiety  don't know
- b) **Psychologist:** current anxiety  previous anxiety  don't know
- c) **Counsellor:** current anxiety  previous anxiety  don't know
- d) **Community psychiatric nurse:** current anxiety  previous anxiety   
don't know
- e) **Social worker:** current anxiety  previous anxiety  don't know
- f) **Other statutory/voluntary agency:** current anxiety  previous anxiety   
don't know
- g) **Other:** current anxiety  previous anxiety  don't know
- h) **No response**

**4.** Have you ever suffered with depression? (please tick one)

- a) Yes, I am currently suffering with depression
- b) Yes, I am currently suffering with depression and have suffered with depression  
in the past
- c) Yes, I have suffered with depression in the past
- d) No
- e) Don't know

**4a.** If yes to question 4, did you seek help for your depression?

a) Current depression Yes  No  Don't know

b) Previous depression Yes  No  Don't know

c) No response

**4b.** If yes to question 4a, were you prescribed antidepressants?

a) Current depression Yes  No  Don't know

b) Previous depression Yes  No  Don't know

c) No response

**4c.** If yes to question 4a, have you ever seen anyone other than your GP for help with your depression?

a) Current depression Yes  No  Don't know

b) Previous depression Yes  No  Don't know

c) No response

**4d.** If yes to question 4c, who did you see?

a) **Psychiatrist:** current depression  previous depression  don't know

b) **Psychologist:** current depression  previous depression  don't know

c) **Counsellor:** current depression  previous depression  don't know

d) **Community psychiatric nurse:** current depression  previous depression  don't know

e) **Social worker:** current depression  previous depression  don't know

f) **Other statutory/voluntary agency:** current depression  previous depression  don't know

g) **Other:** current depression  previous depression  don't know

h) **No response**