

<b>Social support</b>		
10.6.1	There are members of my family or friends who can be relied on no matter what happens.	Not true <sup>1</sup> Partly true <sup>2</sup> Certainly true <sup>3</sup>
10.6.2	There are members of my family or friends who give me support and encouragement.	Not true <sup>1</sup> Partly true <sup>2</sup> Certainly true <sup>3</sup>
10.6.3	There are members of my family or friends who I can talk to whenever I like.	Not true <sup>1</sup> Partly true <sup>2</sup> Certainly true <sup>3</sup>

## MAMA

These questions are asking you to reflect on your experiences of motherhood.

Please complete each question by putting a circle around the answer, which most closely applies to you. Work quickly and please remember to **ANSWER EVERY QUESTION**. We want to know how you have been **FEELING DURING THE PAST MONTH**. If you have not considered some of the questions during the past month, go ahead and answer them on your present feelings.

Here are some examples of completed questions:

Have you felt attractive?      Never      Rarely      **Often**      Very often

Have you felt proud of your appearance?      Very much      **A lot**      A little      Not at all

### **IN THE PAST MONTH**

4.1.	Have you been worrying that you might not be a good mother?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.2.	Have you worried about hurting your baby?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.3.	Have you had enough time for yourself since you had the baby?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.4.	Have you regretted having the baby?	Never <sup>a</sup>	Rarely <sup>a</sup>	Often <sup>a</sup>	Very often <sup>a</sup>
4.5.	Have you felt proud of being a mother?	Very much <sup>a</sup>	A lot <sup>a</sup>	A little <sup>a</sup>	Not at all <sup>a</sup>
4.6.	Have you been feeling happy that you have a baby?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.7.	Has the thought of having several children appealed to you?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.8.	Have you felt disappointed by motherhood?	Very much <sup>a</sup>	A lot <sup>a</sup>	A little <sup>a</sup>	Not at all <sup>a</sup>
4.9.	Have you enjoyed caring for your baby's needs?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.10.	Have you been wondering whether your baby will be healthy and normal?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.11.	Has life been more difficult since the baby was born?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>
4.12.	Have you enjoyed feeding your baby?	Not at all <sup>a</sup>	A little <sup>a</sup>	A lot <sup>a</sup>	Very much <sup>a</sup>

## PAPA

These questions are asking you to reflect on your experiences of fatherhood.

Please complete each question by putting a circle around the answer which most closely applies to you. Work quickly and please remember to answer each question. We want to know how **YOU** have been feeling during the past **MONTH**. If you have not considered some of the questions during the past month go ahead and answer them on your present feelings.

Here are some examples of completed questions:

Have you helped in the running of the house?      Never      Rarely      **Often**      Very often

Has the thought of having more children appealed to you?      Very much      **A lot**      A little      Not at all

All the information will be treated in the strict confidence.

### **IN THE PAST MONTH**

4.1	Has there been tension between you and your partner - irritability, unpleasant silence, etc?	Never*	Rarely*	Often*	Very often*
4.2	Have you been worrying that you might not be a good father?	Not at all*	A little*	A lot*	Very much*
4.3	Have arguments between you and your partner come close to blows?	Very often*	Often*	Rarely*	Never*
4.4	Have you worried about hurting your baby?	Not at all*	A little*	A lot*	Very much*
4.5	Have you had enough time for yourself since you had the baby?	Not at all*	A little*	A lot*	Very much*
4.6	Have you found it easy to show affection to your partner?	Very often*	Often*	Rarely*	Never*
4.7	Have you regretted having the baby?	Never*	Rarely*	Often*	Very often*
4.8	Have you felt proud of being a father?	Very much*	A lot*	A little*	Not at all*
4.9	Have you been feeling happy that you have the baby?	Not at all*	A little*	A lot*	Very much*

4.10	Have you helped in the running of the house?	Very much*	A lot*	A little*	Not at all*
4.11	Has the thought of having more children appealed to you?	Not at all*	A little*	A lot*	Very much*
4.12	Have you felt that your partner was paying you too little attention?	Very often*	Often*	Rarely*	Never*
4.13	Have you felt disappointed by fatherhood?	Very much*	A lot*	A little*	Not at all*
4.14	Has your partner seemed to ignore how you were feeling?	Very often*	Often*	Rarely*	Never*
4.15	Has your partner tried to share your interests?	Never*	Rarely*	Often*	Very often*
4.16	Have you enjoyed caring for your baby's needs?	Not at all*	A little*	A lot*	Very much*
4.17	Have you felt that you wanted to spend time away from your partner?	Never*	Rarely*	Often*	Very often*
4.18	Have you been feeling close to your partner since the baby was born?	Never*	Rarely*	Often*	Very often*
4.19	Have you felt like putting your arms round your partner and cuddling her?	Very much*	A lot*	A little*	Not at all*
4.20	Have you been wondering whether your baby will be healthy and normal?	Not at all*	A little*	A lot*	Very much*
4.21	Has your partner shown affection to you?	Very often*	Often*	Rarely*	Never*
4.22	Has life been more difficult since the baby was born?	Not at all*	A little*	A lot*	Very much*
4.23	Have you wished you could rely more on your partner to look after you?	Very often*	Often*	Rarely*	Never*
4.24	Have you enjoyed feeding and looking after your baby?	Not at all*	A little*	A lot*	Very much*

## SF-12 Social Functioning Questionnaire

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions PLEASE MARK AN "X" IN THE ONE BOX that best describes your answer. If you are unsure about how to answer a question, please give the best answer you can.

3.1 In general, would you say your health is:

Excellent <sup>a</sup>	Very good <sup>a</sup>	Good <sup>a</sup>	Fair <sup>a</sup>	Poor <sup>a</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

	Yes, limited a lot <sup>a</sup>	Yes, limited a little <sup>a</sup>	No, not limited at all <sup>a</sup>
(a) <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Climbing <u>several</u> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time <sup>a</sup>	Most of the time <sup>a</sup>	Some of the time <sup>a</sup>	A little of the time <sup>a</sup>	None of the time <sup>a</sup>
(a) <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Were limited in the <u>kind of</u> work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time <sup>a</sup>	Most of the time <sup>a</sup>	Some of the time <sup>a</sup>	A little of the time <sup>a</sup>	None of the time <sup>a</sup>
(a) <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Did work or activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

Not at all\*

A little bit\*

Moderately\*

Quite a bit\*

Extremely\*

3.6 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time*	Most of the time*	Some of the time*	A little of the time*	None of the time*
(a) Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you felt downhearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.7 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time\*

Most of the time\*

Some of the time\*

A little of the time\*

None of the time\*

Reproduced from Ware *et al.*,<sup>78</sup> with permission from QualityMetric Incorporated. SF-36®, SF-36v2®, SF-12®, and SF-12v2® are trademarks of the Medical Outcomes Trust and are used under licence. The SF-36v2® Health Survey is copyrighted by QualityMetric Incorporated.

## Adherence

These questions ask you about how easy it is to remember to take your medication. If you have been prescribed antidepressant drugs as part of this study please complete the following section. **If you have not been prescribed antidepressants please go to section 9.**

### 7.1 In the past 4 weeks...

(a) Did you ever forget to take your antidepressants? YES<sup>a</sup> NO<sup>a</sup>

*If NO go to question. 7.2*

**If YES**

(b) How many times did you miss a dose?

(c) Did you ever miss more than one dose at a time? YES<sup>a</sup> NO<sup>a</sup>

(d) What was the most times you missed a dose before starting them again?

7.2 If you felt better did you sometimes stop taking your antidepressants? YES<sup>a</sup> NO<sup>a</sup>

7.3 If you felt worse did you sometimes stop taking your antidepressants? YES<sup>a</sup> NO<sup>a</sup>

7.4 Below are four examples of people describing how they take their antidepressants.

Thinking back over the past 4 weeks, please circle the number next to the ONE description that you feel comes closest to your experience of taking antidepressants.

Please remember, we are interested in knowing about your experiences and we are not looking for a particular answer. **PLEASE CIRCLE ONE NUMBER ONLY.**

Level	During the past 4 weeks
1	"I took all my antidepressant tablets at the same time every day"
2	"I managed to take all my antidepressant tablets - but not always at the same time of day"
3	"I sometimes did not take all of my antidepressant tablets, but I never missed more than one dose at a time"
4	"I missed many of my antidepressant tablets and on one or two occasions I missed my tablets for two or more days"

Adapted from Morisky et al.<sup>95</sup> and Schroeder et al.<sup>96</sup>

## Relationship Questionnaire

These questions ask you about your current relationship.

Each statement is followed by a series of possible responses: strongly disagree, disagree, agree and strongly agree. Please read each statement carefully and decide which response best describes how you feel about your relationship with your partner; then circle the corresponding response.

Please respond to every statement. If none of the responses seem completely accurate, circle the one you feel is most appropriate. Do not spend too long on each question.

Please answer this questionnaire without discussing any of the statements with your partner. In order for us to obtain valid information it is important for you to be as honest and as accurate as possible.

All information will be treated in the strictest confidence.

5.1	My partner is usually sensitive to and aware of my needs	Strongly disagree	Disagree	Agree	Strongly agree
5.2	My partner doesn't seem to listen to me any more	Strongly disagree	Disagree	Agree	Strongly agree
5.3	I am dissatisfied with our relationship	Strongly disagree	Disagree	Agree	Strongly agree
5.4	I enjoy just sitting and talking with my partner	Strongly disagree	Disagree	Agree	Strongly agree
5.5	I sometimes feel lonely even when I am with my partner	Strongly disagree	Disagree	Agree	Strongly agree
5.6	There is plenty of "give and take" in our relationship	Strongly disagree	Disagree	Agree	Strongly agree
5.7	Our relationship is still full of joy and excitement	Strongly disagree	Disagree	Agree	Strongly agree
5.8	I wish there was more warmth and affection between us	Strongly disagree	Disagree	Agree	Strongly agree
5.9	I suspect we may be on the brink of separation	Strongly disagree	Disagree	Agree	Strongly agree
5.10	We can always make up quickly after an argument	Strongly disagree	Disagree	Agree	Strongly agree

Adapted from Rust *et al.*<sup>81</sup>