

How is your baby feeding?

 Breast Bottle

G100_P_FEED

What milk is your baby drinking?

 Breast Artificial

G100_P_MILK

Is either parent from a multiple birth themselves?

Mother No Yes

G100_PM_TWIN

Father No Yes

G100_PF_TWIN

TRAUMA

Have you been involved in a motor vehicle accident since you became pregnant?

 Y N

G100_P_MVA

G100_P_MVAW

Specify: _____ Gestation: _____ weeks

Have you suffered any other physical trauma since you became pregnant?

 Y N

G100_P_PHYS

G100_P_PHYSW

Specify: _____ Gestation: _____ weeks

Have you suffered any emotional trauma since your update questionnaire?

 Y N

G100_P_EMOT

G100_P_EMOTW

Specify: _____ Gestation: _____ weeks

As part of the Raine Study, we are interested to know how you are feeling a few days after having had your baby, in order to collect information about the frequency of the "Post-Natal Blues". Please tick the box next to the answer which comes closest to how you have been feeling over the past two days (including today).

1. I have been feeling anxious or worried for no good reason

No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

G100_WORY

2. I have felt sad or miserable

Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

G100_MIS

3. My mood has been very changeable and unpredictable

Yes, all the time
 Yes, quite often
 Only occasionally
 No, not at all - it has been very stable

G100_MOOD

4. I have found myself having crying episodes

- Yes, most of the time
- Yes quite often
- Only occasionally
- No, none at all

G100_CRY

5. As far as my appetite is concerned, I have been eating normally

- Yes, all meals
- Yes, most meals but not all
- No, mostly I am not very hungry
- No, I can't eat at all

G100_EAT

6. I have been so upset that I have had trouble sleeping

- Yes, most of the time
- Yes, sometimes
- No, only very occasionally
- No, not at all

G100_SLEP

(Please try not to include sleep disturbances in order to care for the baby.)

BLUES SCORE (Sum items 1-6): G100_BLUE1

Below is a list of some different feelings that you may have experienced over the past two days. Please mark the relevant section for each one.

I have been feeling:

	Very much	Moderate	A little	Not at all	
Frustrated . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_FRUS
Unloved . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_UNLV
Happy . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G100_HAP
Tired . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G100_TIR
Angry . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_ANG
Over-sensitive .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_SENS
Wonderful . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G100_WAND
Sad . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_SAD
Irritable . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G100_IRR
Lacking confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_FID
Excited / Elated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_ELAT
Apprehensive .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_PREH
Confused . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_FUS
Anxious . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_ANX
Proud . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G100_PRD
Vulnerable . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G100_VULN