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| Date (YYYY/MM/DD): | |
| Mother's name: | |
| Child's name: | |

Answer the following questions about how you are feeling and caring for your child. Circle the answer that applies the most.

☆1 How is your physical health?

Good Average Poor

☆2 How is your mental health?

Good Average Poor

3 How did you become pregnant?

Through natural conception With the assistance of fertility treatment

4 How did you feel when you learned about this pregnancy?

Happy Neither happy or unhappy Unhappy

5 When you gave birth, how did you feel?

Happy Neither happy or unhappy Unhappy

6 Have you ever experienced a miscarriage, stillbirth, or death of an infant (under 1 year of age)?

No Yes

☆7 The following questions are about who you feel comfortable talking to when you need support.

(1) Can you talk about your concerns with your husband?

Yes No N/A

(2) Can you talk about your concerns with your mother?

Yes No N/A

(3) Do you have anyone else you can talk to about your concerns besides your husband and mother?

Yes No

☆8 Are there organisations or people you can ask for support when you need help?

Yes No

9 Have you ever been seen by a psychiatrist (psychiatry department) or spoken to a counselor about a psychological (mental health) concern?

Yes No

10 Do you have a good relationship with your husband?

Yes Neutral No

☆11 Do you have any financial concerns in your day-to-day life?

Yes No

12 You tend to feel uncomfortable if things are not done perfectly.

Agree Disagree Neither

13 You tend to be concerned about what others think of you.

Agree Disagree Neither

14 You tend not to rely on others or seek support even when you need help.

Agree Disagree Neither

15 You tend to be meticulous and have a strong sense of responsibility and duty.

Agree Disagree Neither

16 Do you feel like you were raised with love when you were growing up?

Yes No Neither

17 Do you have any worries or concerns about living with your baby?

Yes No Neither