

How are you Feeling this Week?

Name _____

Date: ____/____/____

As part of your routine health care, we would like to know how you are feeling. Please check (✓) the answer that best describes how you have felt IN THE LAST SEVEN DAYS, not just how you are feeling today.

1. I have been able to laugh and see the sunny 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 been looking forward to enjoying things.

- As much as I ever did
- A little less than I used to
- Definitely less than I use to
- Hardly at all

3. I have been blaming myself unnecessarily when things go wrong.

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

4. I have been anxious or worried for no good reason.

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

5. I have felt scared or panicky for no good reason.

- Yes, a whole lot
- Yes, sometimes
- No, not much
- No, not at all

6. Things have really gotten to 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've been coping quite well
- No, I have been coping as well as ever

7. I have been so unhappy I've had trouble 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, very 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, very often
- Only occasionally
- No, not at all

10. The thought of hurting myself has occurred to me.

- Yes, quite often
- Sometimes
- Hardly at all
- No, not at all

Finally, are there any feelings or thoughts that you would like to share?

We hope you have a joyful and blessed day!

For Office Use Only

Date of Last Screening: _____
Client Type: Pregnant / Postpartum / Wellness
Screened by: _____

Date Scored: _____
Scored by: _____
Score: _____