

Patient ID# & Initials: _____

Over the past week, how much have you been experiencing...

Date: _____

None of the time

All of the time

1 2 3 4 5 6 7

- 16) Feeling downhearted, blue, sad, unhappy, depressed, gloomy 1 2 3 4 5 6 7
- 17) Feeling frustrated 1 2 3 4 5 6 7
- 18) Feeling fed up with being sick 1 2 3 4 5 6 7
- 19) Not feeling that your symptoms are all part of normal pregnancy 1 2 3 4 5 6 7
- 20) Feeling that you can't enjoy your pregnancy 1 2 3 4 5 6 7
- 21) That everything is an effort 1 2 3 4 5 6 7
- 22) Feeling like you have accomplished less than you would like 1 2 3 4 5 6 7
- 23) That it takes longer to get things done than usual 1 2 3 4 5 6 7
- 24) Difficulty performing your work and activities 1 2 3 4 5 6 7
- 25) Difficulty maintaining your normal social activities 1 2 3 4 5 6 7
- 26) Relying on your partner for doing things that you would normally do 1 2 3 4 5 6 7
- 27) Difficulty looking after your home 1 2 3 4 5 6 7
- 28) Difficulty shopping for food 1 2 3 4 5 6 7
- 29) Difficulty preparing or cooking meals 1 2 3 4 5 6 7
- 30) Cutting down on amount of time you spend at work or other activities 1 2 3 4 5 6 7

If you work outside of your home, are you currently working there? No Yes Don't work outside of home