

How is your baby feeding?

 Breast Bottle

What milk is your baby drinking?

 Breast Artificial

Is either parent from a multiple birth themselves?

Mother No YesFather No Yes**TRAUMA**

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

 Y N

Specify: _____ Gestation: _____ weeks

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

 Y N

Specify: _____ Gestation: _____ weeks

Have you suffered any emotional trauma since your update questionnaire?

 Y N

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

2. I have felt sad or miserable

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

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

4. I have found myself having crying episodes
- Yes, most of the time
 - Yes quite often
 - Only occasionally
 - No, none at all
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
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

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

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"/>
Unloved . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Happy . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Over-sensitive .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wonderful . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irritable . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lacking confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excited / Elated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Apprehensive .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confused . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anxious . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proud . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>