

8 Mental health questionnaires

Many women experience mixed emotions during pregnancy and early parenthood. But some women are more likely to experience emotional difficulties at this time, especially if they've experienced mental health problems in the past. For this reason, Australian women are being routinely asked questions about their feelings during pregnancy and soon after the birth (much as tests are done for blood sugar levels and baby health during this time). Below is an example of a tool that may be used to conduct a psychosocial assessment.

PSYCHOSOCIAL ASSESSMENT

The questions below and on the following page will not show whether you have depression or another mental health problem — they are designed to help your midwife or doctor understand whether you may benefit from some extra help during this time of change.

If you would like some help with any of the issues in the questions, please discuss this with your midwife or doctor.

Instructions

Please circle the number that most closely describes your situation or tick Yes/No as applicable. **Please complete all items.**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------|---|----------------|
| 1. I have had times when I feel particularly low or down for 2 weeks or more. | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 2. I sometimes worry so much that it affects my day-to-day life | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 3. I have needed treatment for a mental health condition (e.g. depression, anxiety, bipolar disorder, psychosis) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, please tick the type(s) of treatment <input type="checkbox"/> Talking therapy <input type="checkbox"/> Medication | | |
| 4. A member of my immediate family (grandparent, parent, brother/sister) has experienced mental health problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | |
| 5. When I was growing up I always felt cared for and protected | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 6. I feel safe with my current partner | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 7. I think that I (or my partner) may have a problem with drugs or alcohol | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 8. In the last 12 months I have experienced stress, change or loss (e.g. relationship problems, loss of someone close, illness, pregnancy loss or complications, financial worries, moving house) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | |
| 9. When I was growing up, my mother was emotionally supportive of me | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 10. If I need practical support, I have someone who could help me | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |
| 11. If I need emotional support, I have someone who could help me | 1 not at all | 2 | 3 somewhat | 4 | 5 very much |