

Use this checklist to help you start a conversation with your healthcare provider. Check the boxes that best describe your experience over the past 2 weeks. Bring this with you to your provider.

In the past 2 weeks (14 days), how often have you:	A few days	Over half the days	Every day
Felt sad or low?			
Felt more tired than usual, or have less energy during the day			
Felt like you have no one to talk to?			
Felt that you just can't make it through the day?			
Felt upset or annoyed at little things?			
Felt worthless or hopeless?			
Had headaches, back pain or stomach aches?			
Had no appetite or been eating too much?			
Had trouble enjoying things that used to be fun?			
Had trouble thinking, concentrating, or making decisions?			
Worried that you might hurt yourself or felt like you wanted to die?			
Complete the following questions only if you	u have given bir	th a baby in the la	st 12 months.
Felt guilty or ashamed about your job as a mom?			
Felt numb or disconnected from your baby?			
Felt worried or scared that something bad might happen?			
Had problems sleeping when your baby sleeps, or sleeping too much?			
Had scary or negative thoughts about your baby?			
Worried that you might hurt your baby?			