

Health Survey

Our health can be affected by emotional problems, alcohol, tobacco, drug use, and violence. Our health may also be affected when those same problems are present in people close to us. Please take the time to consider the following questions carefully.

	Yes	No
Do any of your parents have a problem with alcohol or other drug use?		
Do any of your friends have a problem with alcohol or other drug use?		
Does your partner have a problem with alcohol or other drug use?		
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?		
If yes, please list any substances that apply.		
Have you smoked in the past 3 months ?		
If yes, what have you smoked?		
How much do you smoke each day?		
<i>In the past month</i> , Did you drink any alcohol or use any drugs?		
If so, please list the alcohol or substance used.		
If so, how many days per month?		
How many drinks do you have on any given day?		
How often did you have 4 or more drinks per day?		
Have you ever felt that you needed to cut down on your alcohol or drug use?		
<i>The next 7 questions ask about safety in your relationships.</i>		
Did you ever experience physical, sexual, or emotional abuse as a child?		
Have you experienced a past trauma that may be triggered by a medical procedure or exam?		
Has your partner ever forced you to do something sexually that you did not want to do?		
Has your partner ever tampered with your birth control, or tried to get you pregnant when you didn't want to be?		
Has your partner ever refused your request to use a condom or made you have sex without a condom?		
Have you ever been pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt by your partner or ex-partner?		
Have you ever been in a situation in which you were afraid of someone hurting you?		

Please answer the following questions based on how you have been feeling *in the past 7 days*:

<p>1. I have been able to laugh and see the funny side of things.</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p>	<p>2. I have looked forward with enjoyment to things.</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p>
<p>3. I have blamed myself unnecessarily when things went wrong.</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, some of the time</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, never</p>	<p>4. I have been anxious or worried for no good reason.</p> <p><input type="checkbox"/> No, not at all</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, very often</p>
<p>5. I have felt scared or panicky for no very good reason.</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No, not much</p> <p><input type="checkbox"/> No, not at all</p>	<p>6. I have been feeling overwhelmed.</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="checkbox"/> No, most of the time I have coped quite well</p> <p><input type="checkbox"/> No, I have been coping as well as ever</p>
<p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p>	<p>8. I have felt sad or miserable.</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p>
<p>9. I have been so unhappy that I have been crying.</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Only occasionally</p> <p><input type="checkbox"/> No, never</p>	<p>10. The thought of harming myself has occurred to me.</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Never</p>

Edinburgh Postnatal Depression Scale (EPDS).

SCORE _____